

GM

11-27-03

**ATTACHMENT "4B"**

Book 3 of 22

Part 1 of 22

GENERAL MOTORS CORPORATION  
CHEVROLET DIVISION  
GM RESTRICTEDCUSTOMER:  
ADDRESS:  
HOME PHONE:

LUTCHER, LA

CASE NUMBER: 05864009 VIN: 1G1YY12G0Y5108685  
MODEL YEAR: 2000  
DATE OPENED: 2001-11-13 SERIES: UNKNOWN  
DATE CLOSED: 2001-12-20 MILEAGE: 19500  
SOURCE: DELIVERY DATE:  
BRC TYPE: PAR Yes DEALER NAME: RAINBOW CHEVROLET-PONTIAC, INC.  
BRC PARENT: 05863561 DEALER ADDRESS:

## \*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

C31 Supplemental Inflatable Restrain (SIR) - Driver

Other  
Did not deploy during incident

0 REPAIR ATTEMPT(S)

M41 Steering Column/Lock/Attaching Parts

Other  
par

0 REPAIR ATTEMPT(S)

T01 Product Allegation GM 1241

Other  
locked up while being driven

0 REPAIR ATTEMPT(S)

A Brakes

Other  
locked up

0 REPAIR ATTEMPT(S)

A04 Possible Safety Concern

Other  
par

0 REPAIR ATTEMPT(S)

TBD (To Be Determined)

## \*\*\*\*\*WORK HISTORY\*\*\*\*\*

Crm received and reviewed the file, crm called the cust @ phone number on file, and received an automated voice advising my call can not be completed @ dialed, crm tried the number again, and received the same response. Crm will try to contact cust again, if same response crm will send out 10 day letter. Karen Smith/tampa-par.ext/ 58548.; 0; 374693692 2001-11-15

Crm called cust again @ phone number on file, and received the same automated response, my call can not be completed as dialed. Crm sending out 10 day letter. Karen Smith/tampa-par/ext. 58548.; 0; 374704004 2001-12-10

Crm received an "ALARMED" message from Debra Gorham/AVM Mobility TM. AVM Dave Sanders called stating that he seeks to update the closed CAC file 05863561. AVM states that the cust was incorrectly informed to have the repairs done. AVM advises that he will be alerting all area GM dlrs that the veh was wrecked in a collision & no warranty work (related to collision damage) will be performed until the PAR investigation has been completed. CRM advised AVM that this closed file would be updated. Debra Gorham/AVM & Mobility/Tampa\*\*\*\*\*CRM KAREN SMITH/TAMPA-PAR---HAS BEEN TRYING TO REACH THE CUST BY THE PHN# DOCUMENTED ON FILE NO ANSWER, ONLY AND AUTOMATED VOICE MESSAGE. CRM SENT OUT 10 DAY LETTER TO CUST ON 11/15/01, NO CONTACT FROM CUST PER THE 10 DAY LETTER. KAREN SMITH/TAMPA-PAR/EXT. 58548.; 0; 376852232 2001-12-13

Crm received documentation that the cust has retained an attorney regarding this matter. Crm received the attachments on file, crm contacted the attorney and advised him of the phone number to ESIS. Crm closed and forwarded the file to ESIS. KarenSmith/tampa-par/ext. 548.; 0; 377115794  
2001-12-13

Crm called the Law Offices of Daniel Becnel and was placed on hold and the phone disconnected, crm called back and was placed on hold for 10 minutes. Crm disconnected the call and called back, crm spoke w/ Tiffany and advised her that I just want to leave Mr. Daniel Becnel III a vm, crm was advised he do not have vm, and Tiffany did take the address and phone number to ESIS. Crm forwarded the file to ESIS. Karen Smith/tampa-par/ext.; 0; 377117085  
2001-12-13

BUSINESS SUMMARY: 1. Crm received and reviewed the file. 2. Crm made several attempts to reach cust by phone. 3. Crm sent out 10 day letter. 4. Crm was notified by the cust's attorney. 5. Crm contacted the attorney Mr. Daniel Becnel III and advised him of the address/phone number to ESIS. 6. Crm closed and forwarded the file to ESIS. Karen Smith/tampa-par/ext 58548.  
.; 0; 377117217  
2001-12-19

Crm called the cust attorney @ Daniel E. Becnel Jr. and left a message w/Stephanie the receptionist, that the cust is contacting GM and wanting to know what to do about his veh. Crm advised that the attorney gives his client a call and advise, crm also advised that the attorney contacts me back, crm advised of name, number, and the cust's file number. Crm also advised Stephanie this same information was given to Tiffany on 12/13/01 and the attorney still have not responded to my call. Karen Smith/tampa-par/ext. 58548.; 0; 377639146  
2001-12-20

Crm received a vm from the cust's attorney Daniel Becnel who advised his number he can be reached is 985-651-6101, crm did call the attorney to advised that his client is contacting GM in regards to this matter, crm advised to inform cust he needs to speak w/ his attorney regarding this matter. Crm also advised that Mr. Becnel contact ESIS, crm advised of the phone number and address to ESIS. Karen Smith/tampa-par/ext. 58548.; 0; 377716022  
MARSHALL, CHRISTOPHER S

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: 2001-11-09 INCIDENT TIME: 06:35:00  
INCIDENT LOCATION: WEST BOUND ON HWY 44 IN GRANERCY LOUISIANA

DRIVER NAME: [REDACTED]  
DRIVER AGE: [REDACTED]

DRIVER DISABILITY: NONE

OWNER DESCRIPTION: STEERING & BRAKES LOCKED, VEH WENT INTO DITCH, AIRBAGS DID NOT DEPLOY

ALLEGED DEFECTIVE COMPONENT: STEERING COLUMN & AIRBAG

INCIDENT RESULT: 12/13/01 File forwarded to ESIS for further processing.  
POLICE REPORT: Y ROAD CONDITION: Other ROAD SURFACE:  
NUMBER OF PEOPLE: 1 BODY INJURY: Y  
INJURIES: Y

IS ANOTHER VEHICLE INVOLVED: N  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED: Y INSURANCE COMPANY NAME: ALLSTATE

INSURANCE COMPANY ADDRESS: 1510 W AIRLINE HWY LAPLACE LA

77068

AGENT NAME: CHARLES HEINE JR.

AGENT PHONE NUMBER: 985-652-4917

MORE INFORMATION: THERE ARE PREVIOUS CONCERN/REPAIR RELATED TO STEERING & STEERING COLUMN &  
ALSO CAMPAIGN ON AIRBAGS

MAINTENANCE LOCATION: RAINBOW CHEVROLET - LAPLACE LA

CURRENT LOCATION OF VEHICLE: RAINBOW CHEVROLET - LAPLACE LA

NOTIFY NAME: UNKNOWN

WAS VEHICLE INSPECTED: N

INSPECTORS NAME: INSPECTION DATE:

MILEAGE AT INSPECTION:

WHERE WAS INSPECTION DONE:

WAS VEHICLE ROAD TESTED: N

ROAD TEST DESCRIPTION:

ROAD TEST RESULT:

COMP INSPECTED:

INVESTIGATIVE SUMMARY: File Forwarded to ESIS&gt;

PAR STATUS: Accepted

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:

TRANSACTION:

REQUEST TYPE:

REPURCHASE REASON:

DEALER BAC:

DEALER NAME:

DEALER ADDRESS: , ,

CONTACT: ,

PHONE NUMBER:

FAX NUMBER:

PRODUCT CODE:

BODY TYPE:

TRIM:

ENGINE TYPE:

TRANSMISSION:

VEHICLE DRIVEABLE:

MILEAGE @ BUY-BACK: 0

BRC WARRANTY DATE:

MSRP:

NADA: 0

SALES TAX:

DEPRECIATION:

UPGRADE:

AFTERMARKET:

LEASE TERM:

DAMAGE:

OTHER:

BRANCH:

NAME:

ACCOUNT NUMBER:

INTEREST PAID:

INTEREST RATE:

DEALER BUYOUT:

ACCOUNT BALANCE:

LEGAL:

LEGAL TYPE:

LEMON LAW:

DEALER ADMINISTRATION:

VEHICLE DESTINATION:

RELEASE:

LIEN PAYOFF:

TITLE BRAND:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0

COMMENTS:

NAME:

LOCATION:

ADDRESS:

CITY/STATE: LUTHER, LA

PHONE NUMBER: [REDACTED]

SEATING POSITION: DRIVER

RESTRAINT:

TYPE OF INJURY: SPRAIN

TREATED: N

IF SO, WHERE: PHYSICIAN

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER:

DATE:

TITLE NAMES:

BUSINESS:

% BUSINESS: 0

ACCIDENT:

DATE OF ACCIDENT:

DESCRIPTION OF DAMAGE:

PURCHASE/LEASE: 0

DATE OF PURCHASE/LEASE:

MILEAGE AT PURCHASE: 0

PURCHASE/LEASE AS:

DOES OWNER HAVE POSSESSION OF VEHICLE:

RESOLUTION SOUGHT:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME:

CONTACT NUMBER:

1

COMPANY:

CONTACT TYPE:

Claimant

ADDRESS:

CONTACT PHONE:

LUTCHER, LA [REDACTED]

THE LAW OFFICES OF

**DANIEL B. BECNEL, JR.**

ATTORNEYS AND COUNSELORS AT LAW  
NOTARIES PUBLIC

426 WEST AIRLINE HIGHWAY  
SUITE B  
LAPLACE, LOUISIANA 70068



PM METER  
848567

0.57

U.S. POSTAGE

RECEIVED  
DEC 3 2001

*AK*  
General Motors Business Resource Center  
ATTN: Ms. Karen Smith  
MSX International  
1464 John A. Papalas Drive  
Lincoln Park, Michigan 48146

65864009

THE LAW OFFICES OF

**DANIEL E. BECNEL, JR.**

ATTORNEYS AND COUNSELORS AT LAW  
NOTARIES PUBLIC

DANIEL E. BECNEL, JR.\*  
DANIEL S. BECNEL, III  
DANIEL J. BECNEL  
LENN E. SWANSON  
CHERYL J. BELL

\* Also Admitted to Colorado

Please Reply To:  
1428 WEST AIRLINE HIGHWAY  
SUITE B  
LA PLACE, LOUISIANA 70068  
(504) 881-6181  
(504) 882-3668  
(504) 882-3688  
FAX (504) 881-6184  
E-MAIL: [Becknel@becknel.com](mailto:Becknel@becknel.com)

1186 WEST SEVENTH STREET  
P.O. DRAWER H  
RESERVE, LOUISIANA 70084  
(504) 886-1186  
(504) 886-7998  
FAX (504) 886-6418  
E-MAIL: [dbecknel@gulfcoast.net](mailto:dbecknel@gulfcoast.net)

November 27, 2001

ATTN: Ms. Karen Smith  
Customer Relationship Manager  
General Motors Business Resource Center  
MSX International  
1484 John A. Popaloe Drive  
Lincoln Park, Michigan 48148

REF:

Date of Incident: November 9, 2001

File Number:

Vehicle Identification Number: 1G1YY12G0Y5106885

Dear Ms. Smith:

This is to advise that I have been retained by [REDACTED] in regards to the accident he was involved in on Friday, November 9, 2001.

At the time of this accident, my client received serious personal injuries and is currently receiving treated. Also, I have attached a copy of the accident report for your file.

I would appreciate you acknowledging my representation and getting in touch with me at your earliest convenience.

I trust I will hear from you in the near future.

Very cordially yours,



Daniel E. Becnel, III  
Attorney at Law

DEBIII/r

## UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

**1744E17**

PAGE 1  
01

[illegible]

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01

LONG.		TIME		DATE/TIME		TREC	
NAME OF		1. 67		200		10K 45	
ON PAGE 1 OF		S 18		T 10		F 5	
THE PROPERTY INVENTORY		1. 67		200		10K 45	
MILEPOST		1. 67		200		10K 45	
DAY OR TOWN		1. 67		200		10K 45	
MILEAGE		1. 67		200		10K 45	
DISTANCE		1. 67		200		10K 45	
MILEAGE		1. 67		200		10K 45	
DISTANCE		1. 67		200		10K 45	

**DUPON**  
**OCCURRED ON**

(C) A. DUPONT  
B. J.R. DUTY  
CLERK NEW  
DUPON-  
HONG  
E. CITY STAFF  
& FINANCE  
PROPERTY  
H. TELL ROSS  
I. OTHER

VEHICLE #	YEAR	MAKE	MODEL	TYPE	REASON TOWED
2000	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2001	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2002	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2003	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2004	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2005	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2006	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2007	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2008	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2009	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2010	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2011	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2012	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2013	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2014	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2015	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2016	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2017	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2018	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2019	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage
2020	1991	Chrysler	LeBaron	Passenger Car	Vehicle Damage

YEAR	NAME	TYPE	YEAR	DATE	NUMBER
1960	JOHN F. KELLEY	1	1960	10/10/60	1
1961	JOHN F. KELLEY	1	1961	10/10/61	1
1962	JOHN F. KELLEY	1	1962	10/10/62	1
1963	JOHN F. KELLEY	1	1963	10/10/63	1
1964	JOHN F. KELLEY	1	1964	10/10/64	1
1965	JOHN F. KELLEY	1	1965	10/10/65	1
1966	JOHN F. KELLEY	1	1966	10/10/66	1
1967	JOHN F. KELLEY	1	1967	10/10/67	1
1968	JOHN F. KELLEY	1	1968	10/10/68	1
1969	JOHN F. KELLEY	1	1969	10/10/69	1
1970	JOHN F. KELLEY	1	1970	10/10/70	1
1971	JOHN F. KELLEY	1	1971	10/10/71	1
1972	JOHN F. KELLEY	1	1972	10/10/72	1
1973	JOHN F. KELLEY	1	1973	10/10/73	1
1974	JOHN F. KELLEY	1	1974	10/10/74	1
1975	JOHN F. KELLEY	1	1975	10/10/75	1
1976	JOHN F. KELLEY	1	1976	10/10/76	1
1977	JOHN F. KELLEY	1	1977	10/10/77	1
1978	JOHN F. KELLEY	1	1978	10/10/78	1
1979	JOHN F. KELLEY	1	1979	10/10/79	1
1980	JOHN F. KELLEY	1	1980	10/10/80	1
1981	JOHN F. KELLEY	1	1981	10/10/81	1
1982	JOHN F. KELLEY	1	1982	10/10/82	1
1983	JOHN F. KELLEY	1	1983	10/10/83	1
1984	JOHN F. KELLEY	1	1984	10/10/84	1
1985	JOHN F. KELLEY	1	1985	10/10/85	1
1986	JOHN F. KELLEY	1	1986	10/10/86	1
1987	JOHN F. KELLEY	1	1987	10/10/87	1
1988	JOHN F. KELLEY	1	1988	10/10/88	1
1989	JOHN F. KELLEY	1	1989	10/10/89	1
1990	JOHN F. KELLEY	1	1990	10/10/90	1
1991	JOHN F. KELLEY	1	1991	10/10/91	1
1992	JOHN F. KELLEY	1	1992	10/10/92	1
1993	JOHN F. KELLEY	1	1993	10/10/93	1
1994	JOHN F. KELLEY	1	1994	10/10/94	1
1995	JOHN F. KELLEY	1	1995	10/10/95	1
1996	JOHN F. KELLEY	1	1996	10/10/96	1
1997	JOHN F. KELLEY	1	1997	10/10/97	1
1998	JOHN F. KELLEY	1	1998	10/10/98	1
1999	JOHN F. KELLEY	1	1999	10/10/99	1
2000	JOHN F. KELLEY	1	2000	10/10/00	1
2001	JOHN F. KELLEY	1	2001	10/10/01	1
2002	JOHN F. KELLEY	1	2002	10/10/02	1
2003	JOHN F. KELLEY	1	2003	10/10/03	1
2004	JOHN F. KELLEY	1	2004	10/10/04	1
2005	JOHN F. KELLEY	1	2005	10/10/05	1
2006	JOHN F. KELLEY	1	2006	10/10/06	1
2007	JOHN F. KELLEY	1	2007	10/10/07	1
2008	JOHN F. KELLEY	1	2008	10/10/08	1
2009	JOHN F. KELLEY	1	2009	10/10/09	1
2010	JOHN F. KELLEY	1	2010	10/10/10	1
2011	JOHN F. KELLEY	1	2011	10/10/11	1
2012	JOHN F. KELLEY	1	2012	10/10/12	1
2013	JOHN F. KELLEY	1	2013	10/10/13	1
2014	JOHN F. KELLEY	1	2014	10/10/14	1
2015	JOHN F. KELLEY	1	2015	10/10/15	1
2016	JOHN F. KELLEY	1	2016	10/10/16	1
2017	JOHN F. KELLEY	1	2017	10/10/17	1
2018	JOHN F. KELLEY	1	2018	10/10/18	1
2019	JOHN F. KELLEY	1	2019	10/10/19	1
2020					

WILLIAM ROSE LAUTNERMAN  
[REDACTED] DATE OF BIRTH [REDACTED]

UTAH STATE BUREAU OF INVESTIGATION      TELEPHONE ROOM      [REDACTED]

CITY San Francisco STATE CA ZIP 94102  
 WORK CLASS Managerial/Professional OCCUPATION Software Engineer  
 UNEMPLOYED TO MILITARY FACILITY  
 A. YES ☐ B. NO ☐

[illegible]

UNCLASSIFIED NAME - LAST, FIRST, OR ONE COMPANY NAME										SAME AS COMPANY?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

[illegible]

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NOTICE OF VIOLATION REQUEST YES ☒ NO ☐

[illegible]

2025 RELEASE UNDER E.O. 14176

[illegible]

SPRINT/CLASSTIME	NAME OF ADDRESS	TIME OF NOTIFICATION	TIME OF ARRIVAL	TIME ALL LAYERS OPENED
11/1/5	11/1/5	11/1/5	11/1/5	11/1/5

11-08-2001

*[Handwritten signature]*

100-3-100



1744217 - 03  
A1-01128

ROAD SURFACE (ONE PRECEDENCE)		ROADWAY CONDITIONS		LIMITS		KIND OF LOCATION		PRIMARY FACTOR	
<p><b>A</b> BEST</p> <p><b>B</b> SECOND</p> <p><b>C</b> THIRD</p> <p><b>D</b> FOURTH</p> <p><b>E</b> FIFTH</p> <p><b>F</b> SIXTH</p> <p><b>G</b> SEVENTH</p> <p><b>H</b> EIGHTH</p> <p><b>I</b> NINTH</p> <p><b>J</b> TENTH</p> <p><b>K</b> ELEVENTH</p> <p><b>L</b> TWELFTH</p> <p><b>M</b> THIRTEENTH</p> <p><b>N</b> FOURTEENTH</p> <p><b>O</b> FIFTEENTH</p> <p><b>P</b> SIXTEENTH</p> <p><b>Q</b> SEVENTEENTH</p> <p><b>R</b> EIGHTEENTH</p> <p><b>S</b> NINETEENTH</p> <p><b>T</b> TWENTIETH</p> <p><b>U</b> TWENTY-FIRST</p> <p><b>V</b> TWENTY-SECOND</p> <p><b>W</b> TWENTY-THIRD</p> <p><b>X</b> TWENTY-FOURTH</p> <p><b>Y</b> TWENTY-FIFTH</p> <p><b>Z</b> TWENTY-SIXTH</p> <p><b>AA</b> TWENTY-SEVENTH</p> <p><b>AB</b> TWENTY-EIGHTH</p> <p><b>AC</b> TWENTY-NINTH</p> <p><b>AD</b> THIRTIETH</p> <p><b>AE</b> THIRTY-FIRST</p> <p><b>AF</b> THIRTY-SECOND</p> <p><b>AG</b> THIRTY-THIRD</p> <p><b>AH</b> THIRTY-FOURTH</p> <p><b>AI</b> THIRTY-FIFTH</p> <p><b>AJ</b> THIRTY-SIXTH</p> <p><b>AK</b> THIRTY-SEVENTH</p> <p><b>AL</b> THIRTY-EIGHTH</p> <p><b>AM</b> THIRTY-NINTH</p> <p><b>AN</b> FORTIETH</p> <p><b>AO</b> FORTY-FIRST</p> <p><b>AP</b> FORTY-SECOND</p> <p><b>AQ</b> FORTY-THIRD</p> <p><b>AR</b> FORTY-FOURTH</p> <p><b>AS</b> FORTY-FIFTH</p> <p><b>AT</b> FORTY-SIXTH</p> <p><b>AU</b> FORTY-SEVENTH</p> <p><b>AV</b> FORTY-EIGHTH</p> <p><b>AW</b> FORTY-NINTH</p> <p><b>AX</b> FIFTIETH</p> <p><b>AY</b> FIFTY-FIRST</p> <p><b>AZ</b> FIFTY-SECOND</p> <p><b>BA</b> FIFTY-THIRD</p> <p><b>BB</b> FIFTY-FOURTH</p> <p><b>BC</b> FIFTY-FIFTH</p> <p><b>BD</b> FIFTY-SIXTH</p> <p><b>BE</b> FIFTY-SEVENTH</p> <p><b>BF</b> FIFTY-EIGHTH</p> <p><b>BG</b> FIFTY-NINTH</p> <p><b>BH</b> SIXTIETH</p> <p><b>BI</b> SIXTY-FIRST</p> <p><b>BJ</b> SIXTY-SECOND</p> <p><b>BK</b> SIXTY-THIRD</p> <p><b>BL</b> SIXTY-FOURTH</p> <p><b>BM</b> SIXTY-FIFTH</p> <p><b>BN</b> SIXTY-SIXTH</p> <p><b>BO</b> SIXTY-SEVENTH</p> <p><b>BP</b> SIXTY-EIGHTH</p> <p><b>BQ</b> SIXTY-NINTH</p> <p><b>BR</b> SEVENTIETH</p> <p><b>BS</b> SEVENTY-FIRST</p> <p><b>BT</b> SEVENTY-SECOND</p> <p><b>BU</b> SEVENTY-THIRD</p> <p><b>BV</b> SEVENTY-FOURTH</p> <p><b>BW</b> SEVENTY-FIFTH</p> <p><b>BX</b> SEVENTY-SIXTH</p> <p><b>BY</b> SEVENTY-SEVENTH</p> <p><b>BZ</b> SEVENTY-EIGHTH</p> <p><b>CA</b> SEVENTY-NINTH</p> <p><b>CB</b> EIGHTIETH</p> <p><b>CC</b> EIGHTY-FIRST</p> <p><b>CD</b> EIGHTY-SECOND</p> <p><b>CE</b> EIGHTY-THIRD</p> <p><b>CF</b> EIGHTY-FOURTH</p> <p><b>CG</b> EIGHTY-FIFTH</p> <p><b>CH</b> EIGHTY-SIXTH</p> <p><b>CI</b> EIGHTY-SEVENTH</p> <p><b>CJ</b> EIGHTY-EIGHTH</p> <p><b>CK</b> EIGHTY-NINTH</p> <p><b>CL</b> NINETY</p> <p><b>CM</b> NINETY-FIRST</p> <p><b>CN</b> NINETY-SECOND</p> <p><b>CO</b> NINETY-THIRD</p> <p><b>CP</b> NINETY-FOURTH</p> <p><b>CQ</b> NINETY-FIFTH</p> <p><b>CR</b> NINETY-SIXTH</p> <p><b>CS</b> NINETY-SEVENTH</p> <p><b>CT</b> NINETY-EIGHTH</p> <p><b>CU</b> NINETY-NINTH</p> <p><b>CV</b> HUNDRED</p> <p><b>CW</b> HUNDRED AND ONE</p> <p><b>CX</b> HUNDRED AND TWO</p> <p><b>CY</b> HUNDRED AND THREE</p> <p><b>CZ</b> HUNDRED AND FOUR</p> <p><b>DA</b> HUNDRED AND FIVE</p> <p><b>DB</b> HUNDRED AND SIX</p> <p><b>DC</b> HUNDRED AND SEVEN</p> <p><b>DD</b> HUNDRED AND EIGHT</p> <p><b>DE</b> HUNDRED AND NINE</p> <p><b>DF</b> HUNDRED AND TEN</p> <p><b>DF</b> HUNDRED AND ELEVEN</p> <p><b>DF</b> HUNDRED AND TWELVE</p> <p><b>DF</b> HUNDRED AND THIRTEEN</p> <p><b>DF</b> HUNDRED AND FOURTEEN</p> <p><b>DF</b> HUNDRED AND FIFTEEN</p> <p><b>DF</b> HUNDRED AND SIXTEEN</p> <p><b>DF</b> HUNDRED AND SEVENTEEN</p> <p><b>DF</b> HUNDRED AND EIGHTEEN</p> <p><b>DF</b> HUNDRED AND NINETEEN</p> <p><b>DF</b> HUNDRED AND TWENTY</p> <p><b>DF</b> HUNDRED AND TWENTY-ONE</p> <p><b>DF</b> HUNDRED AND TWENTY-TWO</p> <p><b>DF</b> HUNDRED AND TWENTY-THREE</p> <p><b>DF</b> HUNDRED AND TWENTY-FOUR</p> <p><b>DF</b> HUNDRED AND TWENTY-FIVE</p> <p><b>DF</b> HUNDRED AND TWENTY-SIX</p> <p><b>DF</b> HUNDRED AND TWENTY-SEVEN</p> <p><b>DF</b> HUNDRED AND TWENTY-EIGHT</p> <p><b>DF</b> HUNDRED AND TWENTY-NINE</p> <p><b>DF</b> HUNDRED AND THIRTY</p> <p><b>DF</b> HUNDRED AND THIRTY-ONE</p> <p><b>DF</b> HUNDRED AND THIRTY-TWO</p> <p><b>DF</b> HUNDRED AND THIRTY-THREE</p> <p><b>DF</b> HUNDRED AND THIRTY-FOUR</p> <p><b>DF</b> HUNDRED AND THIRTY-FIVE</p> <p><b>DF</b> HUNDRED AND THIRTY-SIX</p> <p><b>DF</b> HUNDRED AND THIRTY-SEVEN</p> <p><b>DF</b> HUNDRED AND THIRTY-EIGHT</p> <p><b>DF</b> HUNDRED AND THIRTY-NINE</p> <p><b>DF</b> HUNDRED AND FORTY</p> <p><b>DF</b> HUNDRED AND FORTY-ONE</p> <p><b>DF</b> HUNDRED AND FORTY-TWO</p> <p><b>DF</b> HUNDRED AND FORTY-THREE</p> <p><b>DF</b> HUNDRED AND FORTY-FOUR</p> <p><b>DF</b> HUNDRED AND FORTY-FIVE</p> <p><b>DF</b> HUNDRED AND FORTY-SIX</p> <p><b>DF</b> HUNDRED AND FORTY-SEVEN</p> <p><b>DF</b> HUNDRED AND FORTY-EIGHT</p> <p><b>DF</b> HUNDRED AND FORTY-NINE</p> <p><b>DF</b> HUNDRED AND FIFTY</p> <p><b>DF</b> HUNDRED AND FIFTY-ONE</p> <p><b>DF</b> HUNDRED AND FIFTY-TWO</p> <p><b>DF</b> HUNDRED AND FIFTY-THREE</p> <p><b>DF</b> HUNDRED AND FIFTY-FOUR</p> <p><b>DF</b> HUNDRED AND FIFTY-FIVE</p> <p><b>DF</b> HUNDRED AND FIFTY-SIX</p> <p><b>DF</b> HUNDRED AND FIFTY-SEVEN</p> <p><b>DF</b> HUNDRED AND FIFTY-EIGHT</p> <p><b>DF</b> HUNDRED AND FIFTY-NINE</p> <p><b>DF</b> HUNDRED AND SIXTY</p> <p><b>DF</b> HUNDRED AND SIXTY-ONE</p> <p><b>DF</b> HUNDRED AND SIXTY-TWO</p> <p><b>DF</b> HUNDRED AND SIXTY-THREE</p> <p><b>DF</b> HUNDRED AND SIXTY-FOUR</p> <p><b>DF</b> HUNDRED AND SIXTY-FIVE</p> <p><b>DF</b> HUNDRED AND SIXTY-SIX</p> <p><b>DF</b> HUNDRED AND SIXTY-SEVEN</p> <p><b>DF</b> HUNDRED AND SIXTY-EIGHT</p> <p><b>DF</b> HUNDRED AND SIXTY-NINE</p> <p><b>DF</b> HUNDRED AND SEVENTY</p> <p><b>DF</b> HUNDRED AND SEVENTY-ONE</p> <p><b>DF</b> HUNDRED AND SEVENTY-TWO</p> <p><b>DF</b> HUNDRED AND SEVENTY-THREE</p> <p><b>DF</b> HUNDRED AND SEVENTY-FOUR</p> <p><b>DF</b> HUNDRED AND SEVENTY-FIVE</p> <p><b>DF</b> HUNDRED AND SEVENTY-SIX</p> <p><b>DF</b> HUNDRED AND SEVENTY-SEVEN</p> <p><b>DF</b> HUNDRED AND SEVENTY-EIGHT</p> <p><b>DF</b> HUNDRED AND SEVENTY-NINE</p> <p><b>DF</b> HUNDRED AND EIGHTY</p> <p><b>DF</b> HUNDRED AND EIGHTY-ONE</p> <p><b>DF</b> HUNDRED AND EIGHTY-TWO</p> <p><b>DF</b> HUNDRED AND EIGHTY-THREE</p> <p><b>DF</b> HUNDRED AND EIGHTY-FOUR</p> <p><b>DF</b> HUNDRED AND EIGHTY-FIVE</p> <p><b>DF</b> HUNDRED AND EIGHTY-SIX</p> <p><b>DF</b> HUNDRED AND EIGHTY-SEVEN</p> <p><b>DF</b> HUNDRED AND EIGHTY-EIGHT</p> <p><b>DF</b> HUNDRED AND EIGHTY-NINE</p> <p><b>DF</b> HUNDRED AND NINETY</p> <p><b>DF</b> HUNDRED AND NINETY-ONE</p> <p><b>DF</b> HUNDRED AND NINETY-TWO</p> <p><b>DF</b> HUNDRED AND NINETY-THREE</p> <p><b>DF</b> HUNDRED AND NINETY-FOUR</p> <p><b>DF</b> HUNDRED AND NINETY-FIVE</p> <p><b>DF</b> HUNDRED AND NINETY-SIX</p> <p><b>DF</b> HUNDRED AND NINETY-SEVEN</p> <p><b>DF</b> HUNDRED AND NINETY-EIGHT</p> <p><b>DF</b> HUNDRED AND NINETY-NINE</p> <p><b>DF</b> HUNDRED AND ONE HUNDRED</p> <p><b>DF</b> HUNDRED AND ONE HUNDRED AND ONE</p> <p><b>DF</b> HUNDRED AND ONE HUNDRED AND TWO</p> <p><b>DF</b> HUNDRED AND ONE HUNDRED AND THREE</p> <p><b>DF</b> HUNDRED AND ONE HUNDRED AND FOUR</p> <p><b>DF</b> HUNDRED AND ONE HUNDRED AND FIVE</p> <p><b>DF</b> HUNDRED AND ONE HUNDRED AND SIX</p> <p><b>DF</b> HUNDRED AND ONE HUNDRED AND SEVEN</p> <p><b>DF</b> HUNDRED AND ONE HUNDRED AND EIGHT</p> <p><b>DF</b> HUNDRED AND ONE HUNDRED AND NINE</p> <p><b>DF</b> HUNDRED AND ONE HUNDRED AND TEN</p> <p><b>DF</b> HUNDRED AND ONE H</p>									

3. NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS. INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC. IF NECESSARY, INDICATE DAMAGE TO PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE NARRATIVE. REFER TO EACH BY VEHICLE NUMBER.

PAGE 8  
04

Damon VI was heading South on LA 44 in the Area of Kaiser. His tree became on his moultle began to lean trouble in his front tree. His wheels then started causing him to lose control and run up the side of the tree. The wheel were was evident in the front wheels as the wrecker removed the damaged vehicle. He advised his car had recently been in the shop for this same reason. Marks in the road support his story.

VEHICLE 1 A	VEHICLE 2 B	VEHICLE 3 C	VEHICLE 4 D	VEHICLE 5 E	VEHICLE 6 F	VEHICLE 7 G	VEHICLE 8 H	VEHICLE 9 I	VEHICLE 10 J	VEHICLE 11 K	VEHICLE 12 L	VEHICLE 13 M	VEHICLE 14 N	VEHICLE 15 O	VEHICLE 16 P	VEHICLE 17 Q	VEHICLE 18 R	VEHICLE 19 S	VEHICLE 20 T	VEHICLE 21 U	VEHICLE 22 V	VEHICLE 23 W	VEHICLE 24 X	VEHICLE 25 Y	VEHICLE 26 Z	VEHICLE 27 AA	VEHICLE 28 AB	VEHICLE 29 AC	VEHICLE 30 AD	VEHICLE 31 AE	VEHICLE 32 AF	VEHICLE 33 AG	VEHICLE 34 AH	VEHICLE 35 AI	VEHICLE 36 AJ	VEHICLE 37 AK	VEHICLE 38 AL	VEHICLE 39 AM	VEHICLE 40 AN	VEHICLE 41 AO	VEHICLE 42 AP	VEHICLE 43 AQ	VEHICLE 44 AR	VEHICLE 45 AS	VEHICLE 46 AT	VEHICLE 47 AU	VEHICLE 48 AV	VEHICLE 49 AW	VEHICLE 50 AX	VEHICLE 51 AY	VEHICLE 52 AZ	VEHICLE 53 BA	VEHICLE 54 BB	VEHICLE 55 BC	VEHICLE 56 BD	VEHICLE 57 BE	VEHICLE 58 BF	VEHICLE 59 BG	VEHICLE 60 BH	VEHICLE 61 BI	VEHICLE 62 BJ	VEHICLE 63 BK	VEHICLE 64 BL	VEHICLE 65 BM	VEHICLE 66 BN	VEHICLE 67 BO	VEHICLE 68 BP	VEHICLE 69 BQ	VEHICLE 70 BR	VEHICLE 71 BS	VEHICLE 72 BT	VEHICLE 73 BU	VEHICLE 74 BV	VEHICLE 75 BW	VEHICLE 76 BX	VEHICLE 77 BY	VEHICLE 78 BZ	VEHICLE 79 CA	VEHICLE 80 CB	VEHICLE 81 CC	VEHICLE 82 CD	VEHICLE 83 CE	VEHICLE 84 CF	VEHICLE 85 CG	VEHICLE 86 CH	VEHICLE 87 CI	VEHICLE 88 CJ	VEHICLE 89 CK	VEHICLE 90 CL	VEHICLE 91 CM	VEHICLE 92 CN	VEHICLE 93 CO	VEHICLE 94 CP	VEHICLE 95 CQ	VEHICLE 96 CR	VEHICLE 97 CS	VEHICLE 98 CT	VEHICLE 99 CU	VEHICLE 100 CV	VEHICLE 101 CW	VEHICLE 102 CX	VEHICLE 103 CY	VEHICLE 104 CZ	VEHICLE 105 DA	VEHICLE 106 DB	VEHICLE 107 DC	VEHICLE 108 DD	VEHICLE 109 DE	VEHICLE 110 DF	VEHICLE 111 DG	VEHICLE 112 DH	VEHICLE 113 DI	VEHICLE 114 DJ	VEHICLE 115 DK	VEHICLE 116 DL	VEHICLE 117 DM	VEHICLE 118 DN	VEHICLE 119 DO	VEHICLE 120 DP	VEHICLE 121 DQ	VEHICLE 122 DR	VEHICLE 123 DS	VEHICLE 124 DT	VEHICLE 125 DU	VEHICLE 126 DV	VEHICLE 127 DW	VEHICLE 128 DX	VEHICLE 129 DY	VEHICLE 130 DZ	VEHICLE 131 EA	VEHICLE 132 EB	VEHICLE 133 EC	VEHICLE 134 ED	VEHICLE 135 EE	VEHICLE 136 EF	VEHICLE 137 EG	VEHICLE 138 EH	VEHICLE 139 EI	VEHICLE 140 EJ	VEHICLE 141 EK	VEHICLE 142 EL	VEHICLE 143 EM	VEHICLE 144 EN	VEHICLE 145 EO	VEHICLE 146 EP	VEHICLE 147 EQ	VEHICLE 148 ER	VEHICLE 149 ES	VEHICLE 150 ET	VEHICLE 151 EU	VEHICLE 152 EV	VEHICLE 153 EW	VEHICLE 154 EX	VEHICLE 155 EY	VEHICLE 156 EZ	VEHICLE 157 FA	VEHICLE 158 FB	VEHICLE 159 FC	VEHICLE 160 FD	VEHICLE 161 FE	VEHICLE 162 FF	VEHICLE 163 FG	VEHICLE 164 FH	VEHICLE 165 FI	VEHICLE 166 FJ	VEHICLE 167 FK	VEHICLE 168 FL	VEHICLE 169 FM	VEHICLE 170 FN	VEHICLE 171 FO	VEHICLE 172 FP	VEHICLE 173 FQ	VEHICLE 174 FR	VEHICLE 175 FS	VEHICLE 176 FT	VEHICLE 177 FU	VEHICLE 178 FV	VEHICLE 179 FW	VEHICLE 180 FX	VEHICLE 181 FY	VEHICLE 182 FZ	VEHICLE 183 GA	VEHICLE 184 GB	VEHICLE 185 GC	VEHICLE 186 GD	VEHICLE 187 GE	VEHICLE 188 GF	VEHICLE 189 GG	VEHICLE 190 GH	VEHICLE 191 GI	VEHICLE 192 GJ	VEHICLE 193 GK	VEHICLE 194 GL	VEHICLE 195 GM	VEHICLE 196 GN	VEHICLE 197 GO	VEHICLE 198 GP	VEHICLE 199 GQ	VEHICLE 200 GR	VEHICLE 201 GS	VEHICLE 202 GT	VEHICLE 203 GU	VEHICLE 204 GV	VEHICLE 205 GW	VEHICLE 206 GX	VEHICLE 207 GY	VEHICLE 208 GZ	VEHICLE 209 HA	VEHICLE 210 HB	VEHICLE 211 HC	VEHICLE 212 HD	VEHICLE 213 HE	VEHICLE 214 HF	VEHICLE 215 HG	VEHICLE 216 HH	VEHICLE 217 HI	VEHICLE 218 HJ	VEHICLE 219 HK	VEHICLE 220 HL	VEHICLE 221 HM	VEHICLE 222 HN	VEHICLE 223 HO	VEHICLE 224 HP	VEHICLE 225 HQ	VEHICLE 226 HR	VEHICLE 227 HS	VEHICLE 228 HT	VEHICLE 229 HU	VEHICLE 230 HV	VEHICLE 231 HW	VEHICLE 232 HX	VEHICLE 233 HY	VEHICLE 234 HZ	VEHICLE 235 IA	VEHICLE 236 IB	VEHICLE 237 IC	VEHICLE 238 ID	VEHICLE 239 IE	VEHICLE 240 IF	VEHICLE 241 IG	VEHICLE 242 IH	VEHICLE 243 II	VEHICLE 244 IJ	VEHICLE 245 IK	VEHICLE 246 IL	VEHICLE 247 IM	VEHICLE 248 IN	VEHICLE 249 IO	VEHICLE 250 IP	VEHICLE 251 IQ	VEHICLE 252 IR	VEHICLE 253 IS	VEHICLE 254 IT	VEHICLE 255 IU	VEHICLE 256 IV	VEHICLE 257 IW	VEHICLE 258 IX	VEHICLE 259 IY	VEHICLE 260 IZ	VEHICLE 261 JA	VEHICLE 262 JB	VEHICLE 263 JC	VEHICLE 264 JD	VEHICLE 265 JE	VEHICLE 266 JF	VEHICLE 267 JG	VEHICLE 268 JH	VEHICLE 269 JI	VEHICLE 270 JJ	VEHICLE 271 JK	VEHICLE 272 JL	VEHICLE 273 JM	VEHICLE 274 JN	VEHICLE 275 JO	VEHICLE 276 JP	VEHICLE 277 JQ	VEHICLE 278 JR	VEHICLE 279 JS	VEHICLE 280 JT	VEHICLE 281 JU	VEHICLE 282 JV	VEHICLE 283 JW	VEHICLE 284 JX	VEHICLE 285 JY	VEHICLE 286 JZ	VEHICLE 287 KA	VEHICLE 288 KB	VEHICLE 289 KC	VEHICLE 290 KD	VEHICLE 291 KE	VEHICLE 292 KF	VEHICLE 293 KG	VEHICLE 294 KH	VEHICLE 295 KI	VEHICLE 296 KJ	VEHICLE 297 KK	VEHICLE 298 KL	VEHICLE 299 KM	VEHICLE 300 KN	VEHICLE 301 KO	VEHICLE 302 KP	VEHICLE 303 KQ	VEHICLE 304 KR	VEHICLE 305 KS	VEHICLE 306 KT	VEHICLE 307 KU	VEHICLE 308 KV	VEHICLE 309 KW	VEHICLE 310 KX	VEHICLE 311 KY	VEHICLE 312 KZ	VEHICLE 313 LA	VEHICLE 314 LB	VEHICLE 315 LC	VEHICLE 316 LD	VEHICLE 317 LE	VEHICLE 318 LF	VEHICLE 319 LG	VEHICLE 320 LH	VEHICLE 321 LI	VEHICLE 322 LJ	VEHICLE 323 LK	VEHICLE 324 LL	VEHICLE 325 LM	VEHICLE 326 LN	VEHICLE 327 LO	VEHICLE 328 LP	VEHICLE 329 LQ	VEHICLE 330 LR	VEHICLE 331 LS	VEHICLE 332 LT	VEHICLE 333 LU	VEHICLE 334 LV	VEHICLE 335 LW	VEHICLE 336 LX	VEHICLE 337 LY	VEHICLE 338 LZ	VEHICLE 339 MA	VEHICLE 340 MB	VEHICLE 341 MC	VEHICLE 342 MD	VEHICLE 343 ME	VEHICLE 344 MF	VEHICLE 345 MG	VEHICLE 346 MH	VEHICLE 347 MI	VEHICLE 348 MJ	VEHICLE 349 MK	VEHICLE 350 ML	VEHICLE 351 MM	VEHICLE 352 MN	VEHICLE 353 MO	VEHICLE 354 MP	VEHICLE 355 MQ	VEHICLE 356 MR	VEHICLE 357 MS	VEHICLE 358 MT	VEHICLE 359 MU	VEHICLE 360 MV	VEHICLE 361 MW	VEHICLE 362 MX	VEHICLE 363 MY	VEHICLE 364 MZ	VEHICLE 365 NA	VEHICLE 366 NB	VEHICLE 367 NC	VEHICLE 368 ND	VEHICLE 369 NE	VEHICLE 370 NF	VEHICLE 371 NG	VEHICLE 372 NH	VEHICLE 373 NI	VEHICLE 374 NJ	VEHICLE 375 NK	VEHICLE 376 NL	VEHICLE 377 NM	VEHICLE 378 NN	VEHICLE 379 NO	VEHICLE 380 NP	VEHICLE 381 NQ	VEHICLE 382 NR	VEHICLE 383 NS	VEHICLE 384 NT	VEHICLE 385 NU	VEHICLE 386 NV	VEHICLE 387 NW	VEHICLE 388 NX	VEHICLE 389 NY	VEHICLE 390 NZ	VEHICLE 391 OA	VEHICLE 392 OB	VEHICLE 393 OC	VEHICLE 394 OD	VEHICLE 395 OE	VEHICLE 396 OF	VEHICLE 397 OG	VEHICLE 398 OH	VEHICLE 399 OI	VEHICLE 400 OJ	VEHICLE 401 OK	VEHICLE 402 OL	VEHICLE 403 OM	VEHICLE 404 ON	VEHICLE 405 OO	VEHICLE 406 OP	VEHICLE 407 OQ	VEHICLE 408 OR	VEHICLE 409 OS	VEHICLE 410 OT	VEHICLE 411 OU	VEHICLE 412 OV	VEHICLE 413 OW	VEHICLE 414 OX	VEHICLE 415 OY	VEHICLE 416 OZ	VEHICLE 417 PA	VEHICLE 418 PB	VEHICLE 419 PC	VEHICLE 420 PD	VEHICLE 421 PE	VEHICLE 422 PF	VEHICLE 423 PG	VEHICLE 424 PH	VEHICLE 425 PI	VEHICLE 426 PJ	VEHICLE 427 PK	VEHICLE 428 PL	VEHICLE 429 PM	VEHICLE 430 PN	VEHICLE 431 PO	VEHICLE 432 PP	VEHICLE 433 PQ	VEHICLE 434 PR	VEHICLE 435 PS	VEHICLE 436 PT	VEHICLE 437 PU	VEHICLE 438 PV	VEHICLE 439 PW	VEHICLE 440 PX	VEHICLE 441 PY	VEHICLE 442 PZ	VEHICLE 443 QA	VEHICLE 444 QB	VEHICLE 445 QC	VEHICLE 446 QD	VEHICLE 447 QE	VEHICLE 448 QF	VEHICLE 449 QG	VEHICLE 450 QH	VEHICLE 451 QI	VEHICLE 452 QJ	VEHICLE 453 QK	VEHICLE 454 QL	VEHICLE 455 QM	VEHICLE 456 QN	VEHICLE 457 QO	VEHICLE 458 QP	VEHICLE 459 QQ	VEHICLE 460 QR	VEHICLE 461 QS	VEHICLE 462 QT	VEHICLE 463 QU	VEHICLE 464 QV	VEHICLE 465 QW	VEHICLE 466 QX	VEHICLE 467 QY	VEHICLE 468 QZ	VEHICLE 469 RA	VEHICLE 470 RB	VEHICLE 471 RC	VEHICLE 472 RD	VEHICLE 473 RE	VEHICLE 474 RF	VEHICLE 475 RG	VEHICLE 476 RH	VEHICLE 477 RI	VEHICLE 478 RJ	VEHICLE 479 RK	VEHICLE 480 RL	VEHICLE 481 RM	VEHICLE 482 RN	VEHICLE 483 RO	VEHICLE 484 RP	VEHICLE 485 RQ	VEHICLE 486 RR	VEHICLE 487 RS	VEHICLE 488 RT	VEHICLE 489 RU	VEHICLE 490 RV	VEHICLE 491 RW	VEHICLE 492 RX	VEHICLE 493 RY	VEHICLE 494 RZ	VEHICLE 495 SA	VEHICLE 496 SB	VEHICLE 497 SC	VEHICLE 498 SD	VEHICLE 499 SE	VEHICLE 500 SF	VEHICLE 501 SG	VEHICLE 502 SH	VEHICLE 503 SI	VEHICLE 504 SJ	VEHICLE 505 SK	VEHICLE 506 SL	VEHICLE 507 SM	VEHICLE 508 SN	VEHICLE 509 SO	VEHICLE 510 SP	VEHICLE 511 SQ	VEHICLE 512 SR	VEHICLE 513 SS	VEHICLE 514 ST	VEHICLE 515 SU	VEHICLE 516 SV	VEHICLE 517 SW	VEHICLE 518 SX	VEHICLE 519 SY	VEHICLE 520 SZ	VEHICLE 521 TA	VEHICLE 522 TB	VEHICLE 523 TC	VEHICLE 524 TD	VEHICLE 525 TE	VEHICLE 526 TF	VEHICLE 527 TG	VEHICLE 528 TH	VEHICLE 529 TI	VEHICLE 530 TJ	VEHICLE 531 TK	VEHICLE 532 TL	VEHICLE 533 TM	VEHICLE 534 TN	VEHICLE 535 TO	VEHICLE 536 TP	VEHICLE 537 TQ	VEHICLE 538 TR	VEHICLE 539 TS	VEHICLE 540 TT	VEHICLE 541 TU	VEHICLE 542 TV	VEHICLE 543 TW	VEHICLE 544 TX	VEHICLE 545 TY	VEHICLE 546 TZ	VEHICLE 547 UA	VEHICLE 548 UB	VEHICLE 549 UC	VEHICLE 550 UD	VEHICLE 551 UE	VEHICLE 552 UF	VEHICLE 553 UG	VEHICLE 554 UH	VEHICLE 555 UI	VEHICLE 556 UJ	VEHICLE 557 UK	VEHICLE 558 UL	VEHICLE 559 UM	VEHICLE 560 UN	VEHICLE 561 UO	VEHICLE 562 UP	VEHICLE 563 UQ	VEHICLE 564 UR	VEHICLE 565 US	VEHICLE 566 UT	VEHICLE 567 UU	VEHICLE 568 UV	VEHICLE 569 UW	VEHICLE 570 UX	VEHICLE 571 UY	VEHICLE 572 UZ	VEHICLE 573 VA	VEHICLE 574 VB	VEHICLE 575 VC	VEHICLE 576 VD	VEHICLE 577 VE	VEHICLE 578 VF	VEHICLE 579 VG	VEHICLE 580 VH	VEHICLE 581 VI	VEHICLE 582 VJ	VEHICLE 583 VK	VEHICLE 584 VL	VEHICLE 585 VM	VEHICLE 586 VN	VEHICLE 587 VO	VEHICLE 588 VP	VEHICLE 589 VQ	VEHICLE 590 VR	VEHICLE 591 VS	VEHICLE 592 VT	VEHICLE 593 VU	VEHICLE 594 VV	VEHICLE 595 VW	VEHICLE 596 VX	VEHICLE 597 VY	VEHICLE 598 VZ	VEHICLE 599 WA	VEHICLE 600 WB	VEHICLE 601 WC	VEHICLE 602 WD	VEHICLE 603 WE	VEHICLE 604 WF	VEHICLE 605 WG	VEHICLE 606 WH	VEHICLE 607 WI	VEHICLE 608 WJ	VEHICLE 609 WK	VEHICLE 610 WL	VEHICLE 611 WM	VEHICLE 612 WN	VEHICLE 613 WO	VEHICLE 614 WP	VEHICLE 615 WQ	VEHICLE 616 WR	VEHICLE 617 WS	VEHICLE 618 WT	VEHICLE 619 WU	VEHICLE 620 WV	VEHICLE 621 WW	VEHICLE 622 WX	VEHICLE 623 WY	VEHICLE 624 WZ	VEHICLE 625 XA	VEHICLE 626 XB	VEHICLE 627 XC	VEHICLE 628 XD	VEHICLE 629 XE	VEHICLE 630 XF	VEHICLE 631 XG	VEHICLE 632 XH	VEHICLE 633 XI	VEHICLE 634 XJ	VEHICLE 635 XK	VEHICLE 636 XL	VEHICLE 637 XM	VEHICLE 638 XN	VEHICLE 639 XO	VEHICLE 640 XP	VEHICLE 641 XQ	VEHICLE 642 XR	VEHICLE 643 XS	VEHICLE 644 XT	VEHICLE 645 XU	VEHICLE 646 XV	VEHICLE 647 XW	VEHICLE 648 XX	VEHICLE 649 XY	VEHICLE 650 XZ	VEHICLE 651 YA	VEHICLE 652 YB	VEHICLE 653 YC	VEHICLE 654 YD	VEHICLE 655 YE	VEHICLE 656 YF	VEHICLE 657 YG	VEHICLE 658 YH	VEHICLE 659 YI	VEHICLE 660 YJ	VEHICLE 661 YK	VEHICLE 662 YL	VEHICLE 663 YM	VEHICLE 664 YN	VEHICLE 665 YO	VEHICLE 666 YP	VEHICLE 667 YQ	VEHICLE 668 YR	VEHICLE 669 YS	VEHICLE 670 YT	VEHICLE 671 YU	VEHICLE 672 YV	VEHICLE 673 YW	VEHICLE 674 YX	VEHICLE 675 YY	VEHICLE 676 YZ	VEHICLE 677 ZA	VEHICLE 678 ZB	VEHICLE 679 ZC	VEHICLE 680 ZD	VEHICLE 681 ZE	VEHICLE 682 ZF	VEHICLE 683 ZG	VEHICLE 684 ZH	VEHICLE 685 ZI	VEHICLE 686 ZJ	VEHICLE 687 ZK	VEHICLE 688 ZL	VEHICLE 689 ZM	VEHICLE 690 ZN	VEHICLE 691 ZO	VEHICLE 692 ZP	VEHICLE 693 ZQ	VEHICLE 694 ZR	VEHICLE 695 ZS	VEHICLE 696 ZT	VEHICLE 697 ZU	VEHICLE 698 ZV	VEHICLE 699 ZW	VEHICLE 700 ZX	VEHICLE 701 ZY	VEHICLE 702 ZZ
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VEHICLE 1		VEHICLE 2	
AREA DAMAGED	EXTENT OF DAMAGE	AREA DAMAGED	EXTENT OF DAMAGE
	1. <input type="checkbox"/> FRONT 2. <input type="checkbox"/> REAR 3. <input type="checkbox"/> SIDE 4. <input type="checkbox"/> TOP 5. <input type="checkbox"/> BOTTOM 6. <input type="checkbox"/> OTHER		1. <input type="checkbox"/> FRONT 2. <input type="checkbox"/> REAR 3. <input type="checkbox"/> SIDE 4. <input type="checkbox"/> TOP 5. <input type="checkbox"/> BOTTOM 6. <input type="checkbox"/> OTHER

VEHICLE NO.	VEHICLE NO.	R.S. OR C.R. NO.
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	

From: VORSEMANA VS KILPATRICK (813)305-4130  
GM CUST SERV GROUP/TAMPA  
5701 E HILLSBOROUGH AVE  
SUITE 4000  
TAMPA, FL 33610

REVENUE BARCODE



FedEx

To: GWS/STEL (248)475-7314  
c/o MSX International  
1428 Pacific Drive

SHIP DATE: 15FEB02  
WEIGHT: 5 LBS

Auburn Hills, MI, 48326

Ref: PAR File



TRK # 7917 7588 3526

FedEx 2DAY

48326-MI-US

FI MTCA

DTW

FRI  
AA

Driver by:  
15FEB02

FEB 20 2002



Please fold this document in half and place it in the window pouch affixed to your shipment so that the barcode portion of the label can be read and scanned.  
WARNING: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional  
siding charges, along with the cancellation of your FedEx account number.

# GENERAL MOTORS CORPORATION

BRAND: Chevrolet

DATE: 12/14/01

ESIS/GM Central Claims  
300 Renaissance Center  
Mail Code 482 C20 D71  
Detroit, MI 48265-3000

RE: Claimant: 

Date of Incident: November 9, 2001

File Number: 05864089

Gentlemen:

Attached is a PAR report with information on the above captioned incident. This Report of Preliminary Investigation is submitted to you, as we believe this claim may deserve further investigation.

If you do not agree, or if subsequent facts come to your attention indicating the advisability of a different approach, we would appreciate being advised promptly.

Please Contact:

Customer Relationship Manager  
General Motors Corporation  
5701 E. Hillsborough Avenue  
Suite 2300  
Tampa, FL 33610

Further inquiries regarding this claim should be directed to the undersigned.

Sincerely,

  
Karen Smith  
Customer Relationship Manager  
General Motors Corporation  
Product Allegation Resolution Team

Enclosures:

- ☒ Customer File
- ☒ VIN Profile
- ☒ Inspection Report
- ☒ Pictures
- ☒ Estimates
- ☒ Copies of Parts Reports
- ☒ Repair Orders
- ☐ Demo Tape
- ☐ Other: (Description)



**GMC**

GENERAL MOTORS BUSINESS RESOURCE CENTER

November 15, 2001

[REDACTED]  
Lutcher LA [REDACTED]

RE: File Number: 05864009

Vehicle Identification Number: 1G1YY12G0Y5108685

Dear Ms. Marshall:

Thank you for allowing us the opportunity to review the product allegation involving your 2000 Chevrolet Corvette. Unfortunately our attempt to reach you by phone on November 14, 2001 and November 15, 2001 were unsuccessful.

Therefore, we will not be able to take any further action regarding your concern until we have an opportunity to discuss this with you. We will continue to hold your file open for 10 days. You can reach me at 1-800-231-1841 X 58548 for further review.

Sincerely,

*Karen Smith*  
Karen Smith  
Customer Relationship Manager  
Product Allegation Resolution Team

**GM****PAR CASE INFORMATION**

Problem ID: 05884009

**CONTACT INFORMATION**

Name: [REDACTED]  
Address: [REDACTED]  
LUTCHER, L [REDACTED]  
Phone: [REDACTED]

VIN: 1G1YY12G0Y8108888  
MAKE: CHEVROLET  
MODEL: UNKNOWN  
YEAR: 2000  
ODOMETER: 18,800

**CONTACT INFORMATION**

NAME: [REDACTED]  
COMPANY: [REDACTED]  
ADDRESS: [REDACTED]  
PHONE: [REDACTED]  
TYPE: Claimant

ACCOUNT/POLICY:  
SERVICE DEALER: RAINBOW CHEVROLET-PONTIA  
CONTRACT: N/A  
SELLING DEALER: RAINBOW CHEVROLET-PONTIA  
CONTRACT: N/A  
PAYEE: No

**PAR DETAILS**

CONTACT ID: C000020277181  
DRIVER NAME: [REDACTED]  
DRIVER AGE: [REDACTED]  
DISABILITIES: NONE  
ROAD SURFACE: Concrete  
ROAD CONDITION: Other  
# PEOPLE IN VEHICLE: 1  
INJURIES: Yes  
OTHER VEHICLES INVOLVED: No  
NUMBER INVOLVED:  
DEFECTIVE COMPONENT: STEERING COLUMN & AIRB  
POLICE REPORT: Yes  
INSURANCE: Yes  
INSURANCE COMPANY: ALLSTATE  
INSURANCE COMPANY ADDR: 1810 W AIRLINE HWY LAPLA  
INSPECTION: No  
INSP NAME:  
INSP DATE:  
INSP MILES:  
INSP DONE:  
PROPERTY DAMAGE:  
INCIDENT LOCATION: WEST BOUND ON HWY 44 IN GRAMERCY LOUISIANA  
INCIDENT RESULT: 12/13/01 File forwarded to E808 for further processing.  
VEHICLE LOCATION: RAINBOW CHEVROLET - LAPLACE LA  
MAINTENANCE LOCATION: RAINBOW CHEVROLET - LAPLACE LA  
OWNER DESC: STEERING & BRAKES LOCKED, VEH WENT INTO DITCH, AIRBAGS DID NOT DEPLOY  
MORE INFO: THERE ARE PREVIOUS CONCERN/REPAIR RELATED TO STEERING & STEERING COLUMN &  
ALSO CAMPAIGN ON AIRBAGS

BODY INJURY: Yes  
COLLISION: Yes  
PROPERTY DMG: No  
NON COLL: No  
DMG ABV K: No  
NOTIFY NAME: UNKNOWN  
AGENT NAME: CHARLES HEINE JR.  
STATUS: Accepted  
REJECT REASON:  
ROAD TEST: No  
ROAD TEST DESC:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVEST SUMMARY: File Forwarded to E818>  
AGENT PHONE: 888-888-4817  
INCIDENT DATE & TIME: 11/09/2001 09:38:00 AM

**REIMBURSEMENT INFORMATION**

ID:  
PAYEE:  
ADDRESS:  
COMPANY:  
AMOUNT:  
ACCT\_TYPE:  
ACCT\_NUM:  
TAX\_ID:  
ISSUE\_1099:  
POLICY NUM:

**GM**

# PAR CASE INFORMATION

Problem ID: 05884009

## CASE CODE INFORMATION

DESCRIPTION:

SOLUTION:

COMPONENT CODE 1: C31

COMPONENT DESCRIPTION 1: Did not deceler during incident

COMPLAINT CODE 1: Other

COMPLAINT DESCRIPTION 1: Supplemental Inflatable Restrain (SIR) - Driver

REPAIR ATTEMPTS 1: 0

COMPONENT CODE 2: M41

COMPONENT DESCRIPTION 2: par

COMPLAINT CODE 2: Other

COMPLAINT DESCRIPTION 2: Steering Column/Lock/Attaching Parts

REPAIR ATTEMPTS 2: 0

COMPONENT CODE 3: T01

COMPONENT DESCRIPTION 3: locked up while being driven

COMPLAINT CODE 3: Other

COMPLAINT DESCRIPTION 3: Product Allegation GM 1241

REPAIR ATTEMPTS 3: 0

COMPONENT CODE 4: H01

COMPONENT DESCRIPTION 4: locked up

COMPLAINT CODE 4: Other

COMPLAINT DESCRIPTION 4: Brakes

REPAIR ATTEMPTS 4: 0

COMPONENT CODE 5: A04

COMPONENT DESCRIPTION 5: par

COMPLAINT CODE 5: Other

COMPLAINT DESCRIPTION 5: Possible Safety Concern

REPAIR ATTEMPTS 5: 0

COMPONENT CODE 6:

COMPONENT DESCRIPTION 6:

COMPLAINT CODE 6:

COMPLAINT DESCRIPTION 6:

REPAIR ATTEMPTS 6:

**GM****PAR CASE INFORMATION**

Problem ID: 05884009

11/15/2001 - 11:34:06 AM Crm received and reviewed the file, crm called the cust @ phone number on file, and received an automated voice advising my call can not be completed @ dialed, crm tried the number again, and received the same response. Crm will try to contact cust again, if same response crm will send out 10 day letter. Karen Smith/tampa-par.ext. 58548.

11/15/2001 - 02:26:34 AM Crm called cust again @ phone number on file, and received the same automated response, my call can not be completed as dialed. Crm sending out 10 day letter. Karen Smith/tampa-par.ext. 58548.

12/10/2001 - 11:23:56 AM Crm received an "ALARMED" message from Debra Gortem/AVM Mobility TM. 'AVM Dave Sanders called stating that he seeks to update the closed CAC file 05863551. AVM states that the cust was incorrectly informed to have the repairs done. AVM advises that he will be starting all area GM cars that the veh was wrecked in a collision & no warranty work (related to collision damage) will be performed until the PAR investigation has been completed. CRM advised AVM that this closed file would be updated. Debra Gortem/AVM & Mobility/Tampa-----CRM KAREN SMITH/TAMPA-PAR---HAS BEEN TRYING TO REACH THE CUST BY THE PHONE DOCUMENTED ON FILE NO ANSWER, ONLY AND AUTOMATED VOICE MESSAGE. CRM SENT OUT 10 DAY LETTER TO CUST ON 11/15/01, NO CONTACT FROM CUST PER THE 10 DAY LETTER. KAREN SMITH/TAMPA-PAR/EXT. 58548.

12/13/2001 - 12:23:27 AM Crm received documentation that the cust has retained an attorney regarding this matter. Crm received the attachments on file, crm contacted the attorney and advised him of the phone number to ESIS. Crm closed and forwarded the file to ESIS. Karen Smith/tampa-par.ext. 58548.

12/13/2001 - 12:46:35 AM BUSINESS SUMMARY: 1. Crm received and reviewed the file. 2. Crm made several attempts to reach cust by phone. 3. Crm sent out 10 day letter. 4. Crm was notified by the cust's attorney. 5. Crm contacted the attorney Mr. Daniel Becnel III and advised him of the address/phone number to ESIS. 6. Crm closed and forwarded the file to ESIS. Karen Smith/tampa-par.ext. 58548.

12/13/2001 - 12:25:06 AM Crm called the Law Offices of Daniel Becnel and was placed on hold and the phone disconnected, crm called back and was placed on hold for 10 minutes. Crm disconnected the call and called back, crm spoke w/ Tiffany and advised her that I just want to see Mr. Daniel Becnel III a vm, crm was advised he do not have vm, and Tiffany did take the address and phone number to ESIS. Crm forwarded the file to ESIS. Karen Smith/tampa-par.ext. 58548.

12/19/2001 - 01:37:13 AM Crm called the cust attorney @ Daniel E. Becnel Jr. and left a message w/ Stephanie the receptionist, that the cust is contacting GM and wanting to know what to do about his veh. Crm advised that the attorney gives his client a call and advise, crm also advised that the attorney contacts me back, crm advised of name, number, and the cust's file number. Crm also advised Stephanie this same information was given to Tiffany on 12/13/01 and the attorney still have not responded to my call. Karen Smith/tampa-par.ext. 58548.

12/28/2001 - 09:36:03 AM Crm received a vm from the cust's attorney Daniel Becnel who advised his number he can be reached is 985-651-8101, crm did call the attorney to advise that his client is contacting GM in regards to this matter, crm advised to inform cust he needs to speak w/ his attorney regarding this matter. Crm also advised that Mr. Becnel contact ESIS, crm advised of the phone number and address to ESIS. Karen Smith/tampa-par.ext. 58548.

[illegible]



# 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:	1G1YY1200Y5108685
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### VEHICLE INFORMATION

Merchandising Model:	JYY37 - 2000 UN AUTOMOVIL CHEVROLET CORVETTE			Warranty Start Date:	10/22/1999		
BARS Order Type	70 - RETAIL - STOCK						
Delivering Dealer :	BEST CHEVROLET, INC. PO BOX 1586 KENNER, LA 70063-1586 (504) 468-9817				Selling Source:	13 - CHEVROLET	
					Site Code:	24034	
					Business Associate Code:	114307	
Service Contract:	No	Branded Title:	No	Warranty Block:	No	PDI Status:	Paid

### CAMPAIGN ELIGIBILITY

Campaign Number	Description	Owner Notified	Campaign Status
01044	CORVETTE ELECTRONIC COLUMN LOCK	07/10/2001	Open

### APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36 BUMPER TO BUMPER - NO DEDUCTIBLE	10/22/1999	14 miles	10/22/2002	36014 miles
72/100 SHEET METAL RUST-THROUGH	10/22/1999	14 miles	10/22/2005	100014 miles
36/36 CORROSION	10/22/1999	14 miles	10/22/2002	36014 miles
96/88 PCM/CC EMISSIONS	10/22/1999	14 miles	10/22/2007	80014 miles
36/36 FEDERAL EMISSIONS	10/22/1999	14 miles	10/22/2002	36014 miles

### CLAIM HISTORY

R.O. Date	R.O. Number	Type	Labor Operation	Odometer Reading
09/11/2001	037414	#	77910 - WARRANTY POWER	18970 miles
09/11/2001	037414	#	27910 - COURTESY TRANSPORTATION - SHUTTLE (1 WAY)	18970 miles
09/11/2001	037414	#	N0110 - BATTERY REPLACE ONE	18970 miles

07/12/2001	036112	#	T2020 - WARRANTY TOWING	18075 miles
06/28/2001	035791	#	C9835 - INFLAT CUSH MOD RPL	17665 miles
06/28/2001	035791	#	C0101 - LEFT FRONT DOOR - ALKIN.	17665 miles
06/28/2001	035791	G	C0101 - LEFT FRONT DOOR - ALKIN.	0 miles
06/19/2001	035546	#	C0182 - RIGHT FT DOOR WINDOW (POWER) R&R OR REPLACE.	17520 miles
06/19/2001	035546	#	C0020 - WINDSHIELD GLASS RESEAL	17520 miles
06/19/2001	035546	G	C0020 - WINDSHIELD GLASS RESEAL	0 miles
03/13/2001	033653	#	C0182 - RIGHT FT DOOR WINDOW (POWER) R&R OR REPLACE.	15376 miles
03/13/2001	033653	#	Z7901 - COURTESY TRANSPORTATION DAY 1	15376 miles
09/26/2000	030684	#	B4261 - LT FT DR LCK R&R/RP	10518 miles
09/26/2000	030684	#	Z5000 - DEALER/RETAILER TRADE(PART OBTAINED LOCALLY)	10518 miles
09/20/2000	030570	#	N3215 - LF DR LOCK ACT RPL	10364 miles
07/31/2000	029592	#	C0182 - RIGHT FT DOOR WINDOW (POWER) R&R OR REPLACE.	9126 miles
07/27/2000	029514	#	N0850 - RT FOG LAMP BULB RP	9051 miles
10/11/1999	508685	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

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## CAC - CASE PRINT

Request Date: 11/15/2001

PROBLEM ID 08863861 VIN NUMBER 1G1YY130078168888  
 CONTACT NAME [REDACTED] MAKE CHEVROLET  
 ADDRESS [REDACTED] MODEL UNKNOWN  
 CITY, STATE LUTHER, LA YEAR 2000  
 ZIP [REDACTED] VEHICLE MILEAGE 19,500  
 COUNTRY USA  
 PHONE NUMBER [REDACTED]

COMPONENT CODE 1 C31  
 COMPONENT DESCRIPTION 1 Did not deploy in veh accident  
 COMPLAINT CODE 1 Other  
 COMPLAINT DESCRIPTION 1 Supplemental Inflatable Restrain (SIR) - Driver  
 COMPONENT CODE 2 M41  
 COMPONENT DESCRIPTION 2 possible cause of accident  
 COMPLAINT CODE 2 Other  
 COMPLAINT DESCRIPTION 2 Steering Column/Lock/Attaching Parts  
 COMPONENT CODE 3 M01  
 COMPONENT DESCRIPTION 3 locked up while being driven  
 COMPLAINT CODE 3 Other  
 COMPLAINT DESCRIPTION 3 Steering General  
 COMPONENT CODE 4 Y01  
 COMPONENT DESCRIPTION 4 Steering locked up/no airbag  
 COMPLAINT CODE 4 Customer Satisfaction  
 COMPLAINT DESCRIPTION 4 Product Allegation GM 1241  
 COMPONENT CODE 5 H01  
 COMPONENT DESCRIPTION 5 locked up  
 COMPLAINT CODE 5 Other  
 COMPLAINT DESCRIPTION 5 Brakes  
 COMPONENT CODE 6 A04  
 COMPONENT DESCRIPTION 6 steering, brakes lock up  
 COMPLAINT CODE 6 Other  
 COMPLAINT DESCRIPTION 6 Possible Safety Concern

11/13/01 Wife Patricia Marshall called 911 accident husband was involved in where steering & brakes locked & airbag did not deploy. Cust states incident date: November 9th 2001 at 6:35 a.m. going west bound on Hwy 44 in Gretna LA. Cust states driver was Christop

[REDACTED] w/ no disabilities. Cust states it was concrete hwy road w/ little dew on road & weather was misty. [REDACTED] states [REDACTED] was only one in veh. Cust states [REDACTED] was driving west bound on Hwy 44 when steering locked up so cust applied brakes which then locked up as well then veh started to hydroplane & fell in side dirt ditch. Cust states airbags did not deploy. Cust states veh was towed to Advanced Collision in Laplace La off of Hwy 81. Cust states all maintenance is done at Rainbow Chevrolet. Cust states on June 26th 2001 veh was taken to Rainbow Chev where a campaign was performed on the veh for the airbag system.

11/13/01 Cust states previous to this concern veh's steering had locked up once before where veh was towed to Rainbow Chevrolet where it under went repairs from July 12th to July 23rd 2001. Cust states during that time Rainbow Chev replaced steering column in veh



## CAC - CASE PRINT

Request Date: 11/15/2001

Cust states after incident on November 8th 2001 Christopher Marshall went to local Physician where cust was found to have sprained shoulder from the accident. Cust states no property damage, no other veh's involved. Cust states alleged defective component steering column & airbags. Cust states insurance as follows:

Allstate

1510 W. Airline Hwy

Laplace LA 77068

Agent - Charles Heine Jr. - (985) 882-4017

Claim # [REDACTED]

Inspector - Louis Celato (800) 349-3185 ext 656

Cust seeks PAR request started to have steering & airbag concern inspected for possible defects & links to accident. GRM advised this GRM will transfer request to PAR team who will contact cust within 3 business days. Cust satisfied. Request closed satisfied.  
Ben Sprague.pdx/oa

GM RESTRICTED

332132

CASE NUMBER: 01423314 VIN: 1G1YY22G0X5122834  
 DATE OPENED: 08/30/00 MODEL YEAR: 1999  
 DATE CLOSED: 11/20/00 SERIES: CORVETTE COUPE  
 SOURCE: PAR MILEAGE: 19000  
 CUSTOMER: [REDACTED]  
 ADDRESS: [REDACTED]  
 HOME PHONE: [REDACTED] STATE: FL  
 BUS. PHONE: [REDACTED]

DELIVERY DATE: DEALER NAME: MAHER CHEVROLET INC

RMC PARENT: 01423313 DEALER ADDRESS: 2901 34TH ST N., SAINT PETERSBURG, FL 33713, USA

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

T01 Product Allegation GM 1241	Other
0 REPAIR ATTEMPT(S)	PRODUCT ALLEGATION
A04 Possible Safety Concern	Other
0 REPAIR ATTEMPT(S)	POSSIBLE SAFETY CONCERN
M01 Steering General	Other
0 REPAIR ATTEMPT(S)	STEERING CONCERN

STEERING LOCKUP

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

CRM rec'd file for review... Sam Foster/TPA/PAR x57110; 0; 337012062  
 2000-09-06

CRM contacted dirship (Maher Chev) and spoke w/svc mgr, Bill Palicka. States that the veh was brought in for svc on 08/28 re: locked steering. States they replaced the steering lock under warranty. States he will fax over copies of cust's x/o history.; 0; 337102092  
 2000-09-06

CRM contacted cust, not available. Left msg.; 0; 337109097  
 2000-09-06

CRM spoke w/customer re: 1241 facts. Cust states that he was driving in a parking lot when suddenly his steering locked up and he ran over a curb, doing some minor underbody damage to his vehicle. States the vehicle has already been repaired by the dirship. Would like to have the physical damage repaired by the dirship. CRM contacted Maher Chev and spoke w/Bill Palicka, who agreed to perform (cont); 0; 337111270  
 2000-09-06

(cont) the physical repairs. CRM contacted cust and advised to bring the vehicle in to the dirship for physical repairs.; 0; 337111612  
 2000-11-20

GM RESTRICTED

332132

CRM contacted dirship & spoke w/Terry, who was covering for svc mgr, Bill Palicka. Terry states that the vehicle has been repaired under warranty by dirship for both bodily damage and mechanical concerns. CRM closing file. - Sam Foster/TPA/EAR x57110; 0; 343588904  
DOUGHERTY, TOM

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: 2000-08-25 INCIDENT TIME: 19:30:00  
INCIDENT LOCATION: DALE HARRY HWY/INTERSTATE 275, TAMPA FL

DRIVER NAME: TOM DOUGHERTY  
DRIVER DISABILITY: NONE

DRIVER AGE: [REDACTED]

OWNER DESCRIPTION: DRIVING 5MPH, WENT OVER CURB WHEN STEERING LOCKED, BACKED OFF CURB, STEERING STILL LOCKED

ALLIRED DEFECTIVE COMPONENT: STEERING

INCIDENT RESULT:  
POLICE REPORT: N  
NUMBER OF PEOPLE: 2  
INJURIES: Y

ROAD CONDITION: Dry  
BODY INJURY: N

ROAD SURFACE:

WAS ANOTHER VEHICLE INVOLVED: N  
NUMBER OF VEHICLES:

PROPERTY DAMAGE:

WAS VEHICLE INSURED: Y  
CONTACT

INSURANCE COMPANY NAME: CUST REFUSES UNTIL FURTHER

INSURANCE COMPANY ADDRESS: LATER  
AGENT NAME: WILL NOT GIVE UNTIL CONTACTED  
AGENT PHONE NUMBER: 555-555-5555

MORE INFORMATION: HAS 5 WITNESSES ON THE SCENE WHO CHECKED STEERING FOR LOCKUP; STEERING HAS BEEN REPAIRED 8/28 AT DLR  
MAINTENANCE LOCATION: MAHER CHEVROLET, ST PETERSBURG, FL  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

WAS VEHICLE INSPECTED: N  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

INSPECTOR'S NAME: INSPECTION DATE:

WAS VEHICLE ROAD TESTED: N  
ROAD TEST DESCRIPTION:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVESTIGATIVE SUMMARY:  
PAR STATUS: Accepted

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:  
REQUEST TYPE:  
REPURCHASE REASON:

TRANSACTION:

GM RESTRICTED

332132

DEALER BAC:  
 DEALER NAME:  
 DEALER ADDRESS: , ,  
 CONTACT: ,  
 PHONE NUMBER:  
 PRODUCT CODE:

FAX NUMBER:  
 BODY TYPE:  
 TRIM:  
 TRANSMISSION:  
 VEHICLE DRIVEABLE:  
 BRC WARRANTY DATE:  
 MADA: 0  
 SALES TAX:

ENGINE TYPE:  
 MILEAGE @ BUY-BACK: 0  
 MSRP:

DEPRECIATION:  
 UPGRADE:  
 AFTERMARKET:  
 LEASE TERM:  
 DAMAGE:  
 OTHER:  
 BRANCH:  
 ACCOUNT NUMBER:  
 INTEREST RATE:

NAME:  
 INTEREST PAID:  
 DEALER BUYOUT:

ACCOUNT BALANCE:  
 LEGAL:

LEGAL TYPE:  
 LESSON LAW:  
 VEHICLE DESTINATION:  
 LINE PAYOFF:  
 TITLE BRAND:

DEALER ADMINISTRATION:  
 RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
 COMMENTS:

NAME: [REDACTED]	LOCATION:
ADDRESS: [REDACTED]	
CITY/STATE: [REDACTED] ST PETERSBURG, FL [REDACTED]	
PHONE NUMBER: [REDACTED]	
SEATING POSITION: DRIVER	RESTRAINT: SEAT BELT
TYPE OF INJURY: BACK & NECK STRAIN	
TREATED: N	IF SO, WHERE: DR DAVID ROBB, ST PETERSBURG, FL

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER:	DATE:
TITLE NAMES:	
BUSINESS:	% BUSINESS: 0
ACCIDENT:	DATE OF ACCIDENT:
DESCRIPTION OF DAMAGE:	
PURCHASE/LEASE: 0	DATE OF PURCHASE/LEASE:
MILEAGE AT PURCHASE: 0	PURCHASE/LEASE AS:
DOES OWNER HAVE POSSESSION OF VEHICLE:	
RESOLUTION SUGGEST:	

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

G M R E S T R I C T E D

332132

NAME: [REDACTED]

COMPANY: [REDACTED]

ADDRESS: [REDACTED]

CONTACT NUMBER: 1

CONTACT TYPE: Claimant

CONTACT PHONE: [REDACTED]

NE ST PETERSBURG, FL [REDACTED]

GM RESTRICTED

332132

CASE NUMBER: 01423314 VIN: 1G1YY22G0X5122834  
 DATE OPENED: 08/30/00 MODEL YEAR: 99  
 DATE CLOSED: 11/20/00 SERIES: CORVETTE COUPE  
 SOURCE: PAR MILEAGE: 19000  
 CUSTOMER:  
 ADDRESS:  
 HOME PHONE: [REDACTED] STATE: FL  
 BUS. PHONE:

GENERAL MOTORS CORPORATION  
 CHEVROLET DIVISION  
 GM RESTRICTED

CUSTOMER: [REDACTED]  
 ADDRESS: [REDACTED] SAINT PETERSBURG  
 FL [REDACTED]  
 HOME PHONE: [REDACTED]

CASE NUMBER: 01423314 VIN: 1G1YY22G0X5122834  
 MODEL YEAR: 1999  
 DATE OPENED: 2000-08-30 SERIES: CORVETTE COUPE  
 DATE CLOSED: 2000-11-20 MILEAGE: 19000  
 SOURCE: DELIVERY DATE:  
 BRC TYPE: PAR DEALER NAME: MAHER CHEVROLET INC  
 BRC PARENT: 01423313 DEALER ADDRESS: 2901 34TH ST N, SAINT PETERSBURG, FL, 33713, USA

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

T01 Product Allegation GM 1241	Other
0 REPAIR ATTEMPT(S)	PRODUCT ALLEGATION
A04 Possible Safety Concern	Other
0 REPAIR ATTEMPT(S)	POSSIBLE SAFETY CONCERN
M01 Steering General	Other
0 REPAIR ATTEMPT(S)	STEERING CONCERN

STEERING LOCKUP

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

CRM recv'd file for review... Sam Foster/TPA/PAR x57110; 0; 337012062  
 2000-09-06

CRM contacted dlrship (Maher Chev) and spoke w/svc mgr, Bill Palicka. States that the veh was brought in for svc on 08/28 re: locked steering. States they replaced the steering rack under warranty. States he will fax over copies of cust's r/o history.; 0; 337102092  
 2000-09-06

CRM contacted cust, not available. Left msg.; 0; 337109097

G M R E S T R I C T E D

332132

00-09-06

CRM spoke w/customer re: 1241 facts. Cust states that he was driving in a parking lot when suddenly his steering locked up and he ran over a curb, doing some minor underbody damage to his vehicle. States the vehicle has already been repaired by the dlrship. Would like to have the physical damage repaired by the dlrship. CRM contacted Maher Chev and spoke w/Bill Palicka, who agreed to perform (cont); 0; 337111270  
2000-09-06

(cont) the physical repairs. CRM contacted cust and advised to bring the vehicle in to the dlrship for physical repairs.; 0; 337111612  
2000-11-20

CRM contacted dlrship @ spoke w/Terry, who was covering for svc mgr, Bill Palicka. Terry states that the vehicle has been repaired under warranty by dlrship for both bodily damage and mechanical concerns. CRM closing file. - Sam Foster/TPA/PAR x57110; 0; 343588904  
DOUGHERTY, TOM

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: 2000-08-25                      INCIDENT TIME: 19:30:00  
INCIDENT LOCATION: DALE MABRY HWY/INTERSTATE 275,TAMPA FL

DRIVER NAME: TOM [REDACTED]                      DRIVER AGE: [REDACTED]  
DRIVER DISABILITY: NONE

VEHICLE DESCRIPTION: DRIVING 5MPH, WENT OVER CURB WHEN STEERING LOCKED, BACKED OFF CURB, STEERING STILL LOCKED

ALLEGED DEFECTIVE COMPONENT: STEERING

INCIDENT RESULT:  
POLICE REPORT: N                      ROAD CONDITION: Dry                      ROAD SURFACE:  
NUMBER OF PEOPLE: 2                      BODY INJURY: N  
INJURIES: Y

WAS ANOTHER VEHICLE INVOLVED: N  
NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED: Y                      INSURANCE COMPANY NAME: CUST REFUSES UNTIL FURTHER CONTACT

INSURANCE COMPANY ADDRESS: LATER  
AGENT NAME: WILL NOT GIVE UNTIL CONTACTED  
AGENT PHONE NUMBER: 555-555-5555

MORE INFORMATION: HAS 5 WITNESSES ON THE SCENE WHO CHECKED STEERING FOR LOCKUP; STEERING HAS BEEN REPAIRED 8/28 AT DLR  
MAINTENANCE LOCATION: MAHER CHEVROLET, ST PETERSBURG, FL  
CURRENT LOCATION OF VEHICLE:  
NOTIFY NAME:

VEHICLE INSPECTED: N                      INSPECTORS NAME: INSPECTION DATE:  
MILEAGE AT INSPECTION:  
WHERE WAS INSPECTION DONE:

C M R E S T R I C T E D

332132

WAS VEHICLE ROAD TESTED: N

ROAD TEST DESCRIPTION:

ROAD TEST RESULT:

COMP INSPECTED:

INVESTIGATIVE SUMMARY:

PAR STATUS: Accepted

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:

TRANSACTION:

REQUEST TYPE:

REPURCHASE REASON:

DEALER BAC:

DEALER NAME:

DEALER ADDRESS: , ,

CONTACT: ,

PHONE NUMBER:

FAX NUMBER:

PRODUCT CODE:

BODY TYPE:

TRIM:

ENGINE TYPE:

TRANSMISSION:

VEHICLE DRIVEABLE:

MILEAGE @ BUY-BACK: 0

BRC WARRANTY DATE:

MERP:

NADA: 0

SALES TAX:

DEPRECIATION:

UPGRADE:

INTERMARKET:

LEASE TERM:

DAMAGE:

OTHER:

BRANCH:

NAME:

ACCOUNT NUMBER:

INTEREST RATE:

INTEREST PAID:

DEALER BUYOUT:

ACCOUNT BALANCE:

LEGAL:

LEGAL TYPE:

LEMON LAW:

DEALER ADMINISTRATION:

VEHICLE DESTINATION:

RELEASE:

LIEN PAYOFF:

TITLE BRAND:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0

COMMENTS:

NAME:

LOCATION:

ADDRESS:

CITY/STATE: NE ST PETERSBURG, FL

PHONE NUMBER:

SEATING POSITION: DRIVER

RESTRAINT: SEAT BELT

TYPE OF INJURY: BACK &amp; NECK STRAIN

TREATED: N

IF SO, WHERE: DR DAVID ROBB, ST PETERSBURG, FL

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

G M R E S T R I C T E D

332132

INTERNAL CASE NUMBER:                      DATE:  
TITLE NAMES:  
BUSINESS:                                      & BUSINESS: 0  
ACCIDENT:                                      DATE OF ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0                              DATE OF PURCHASE/LEASE:  
MILEAGE AT PURCHASE: 0                          PURCHASE/LEASE AS:  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:

## \*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME: [REDACTED]                              CONTACT NUMBER: 1  
COMPANY: [REDACTED]                              CONTACT TYPE: Claimant  
ADDRESS: [REDACTED]                              CONTACT PHONE: [REDACTED]  
  
NE ST PETERSEBURG, FL [REDACTED]

GM

## PAR CASE INFORMATION

332132

Problem ID: 01423314

Name: [REDACTED]  
Address: [REDACTED]  
SAINT PETERSBURG, FL [REDACTED]  
Phone: [REDACTED]

VIN: 1G1YY22G0D5122884  
MAKE: CHEVROLET  
MODEL: CORVETTE COUPE  
YEAR: 1999  
ODOMETER: 19,000

NAME: [REDACTED]  
COMPANY: [REDACTED]  
ADDRESS: [REDACTED]  
PHONE: [REDACTED]  
TYPE: Contract

ACCOUNT/POLICY:  
SERVICE DEALER: MAHER CHEVROLET INC  
CONTRACT: BILL PALICKA  
SELLING DEALER: MAHER CHEVROLET INC  
CONTRACT: BILL PALICKA  
PAYEE: No

CONTACT ID: C0000039925422  
DRIVER NAME: [REDACTED]  
DRIVER AGE: [REDACTED]  
DISABILITIES: NONE  
ROAD SURFACE: Asphalt  
ROAD CONDITION: Dry  
# PEOPLE IN VEHICLE: 2  
INJURIES: Yes  
OTHER VEHICLES INVOLVED: No  
NUMBER INVOLVED:  
DEFECTIVE COMPONENT: STEERING  
POLICE REPORT: No  
INSURANCE: Yes  
INSURANCE COMPANY: CUST REFUSES UNTIL FURT  
INSURANCE COMPANY ADDR: LATER  
INSPECTION: No  
INSP NAME:  
INSP DATE:  
INSP MILES:  
INSP DONE:  
PROPERTY DAMAGE:  
INCIDENT LOCATION: DALL MARRY HWY/INTERSTATE 275, TAMPA FL  
INCIDENT RESULT:  
VEHICLE LOCATION:  
MAINTENANCE LOCATION: MAHER CHEVROLET, ST PETERSBURG, FL  
OWNER DESC: DRIVING 80MPH, WENT OVER CURB WHEN STEERING LOCKED, BACKED OFF CURB, STEERING  
STILL LOCKED  
MORE INFO: HAS 5 WITNESSES ON THE SCENE WHO CHECKED STEERING FOR LOCKUP; STEERING HAS  
BEEN REPAIRED 8/28 AT DLR

BODY INJURY: No  
COLLISION: Yes  
PROPERTY DMG: No  
NON COLL: No  
DMB ADV K: No  
NOTIFY NAME:  
AGENT NAME: WILL NOT GIVE UNTIL CONTACTED  
STATUS: Accepted  
REJECT REASON:  
ROAD TEST: No  
ROAD TEST DESC:  
ROAD TEST RESULT:  
COMP INSPECTED:  
INVEST SUMMARY:  
AGENT PHONE: 855-555-5555  
INCIDENT DATE & TIME: 08/25/2000 07:30:00 AM

ID:  
PAYEE:  
ADDRESS:

COMPANY:  
AMOUNT:  
ACOT\_TYPE:  
ACOT\_NUM:  
TAX\_ID:  
ISSUE\_1000:  
POLICY NUM:



# PAR CASE INFORMATION

Problem ID: 01423314

## DESCRIPTION:

### SOLUTION:

COMPONENT CODE 1: T01

COMPONENT DESCRIPTION 1: PRODUCT ALLEGATION

COMPLAINT CODE 1: Other

COMPLAINT DESCRIPTION 1: Product Allegation GM 1241

REPAIR ATTEMPTS 1: 0

COMPONENT CODE 2: A04

COMPONENT DESCRIPTION 2: POSSIBLE SAFETY CONCERN

COMPLAINT CODE 2: Other

COMPLAINT DESCRIPTION 2: Possible Safety Concern

REPAIR ATTEMPTS 2: 0

COMPONENT CODE 3: M01

COMPONENT DESCRIPTION 3: STEERING CONCERN

COMPLAINT CODE 3: Other

COMPLAINT DESCRIPTION 3: Steering General

REPAIR ATTEMPTS 3: 0

COMPONENT CODE 4:

COMPONENT DESCRIPTION 4:

COMPLAINT CODE 4:

COMPLAINT DESCRIPTION 4:

REPAIR ATTEMPTS 4:

COMPONENT CODE 5:

COMPONENT DESCRIPTION 5:

COMPLAINT CODE 5:

COMPLAINT DESCRIPTION 5:

REPAIR ATTEMPTS 5:

COMPONENT CODE 6:

COMPONENT DESCRIPTION 6:

COMPLAINT CODE 6:

COMPLAINT DESCRIPTION 6:

REPAIR ATTEMPTS 6:

09/03/2000 - 09:09:42 AM CRM rec'd file for review... Sam Foster/TPA/PAR x57110

09/06/2000 - 09:39:28 AM CRM contacted dirship (Maher Chev) and spoke w/vo mgr, Bill Pellica. States that the veh was brought in for ave on 08/28 re: locked steering. States they replaced the steering lock under warranty. States he will fax over copies of cust's c/o history.

09/06/2000 - 12:13:51 AM (cont) the physical repairs. CRM contacted cust and advised to bring the vehicle in to the dirship for physical repairs.

09/06/2000 - 12:06:53 AM CRM spoke w/customer re: 1241 facts. Cust states that he was driving in a parking lot when suddenly his steering locked up and he ran over a curb, doing some minor underbody damage to his vehicle. States the vehicle has already been repaired by the dirship. Would like to have the physical damage repaired by the dirship. CRM contacted Maher Chev and spoke w/Bill Pellica, who agreed to perform (cont)

09/06/2000 - 11:37:37 AM CRM contacted cust, not available. Left msg.

11/28/2000 - 11:07:28 AM CRM contacted dirship @ spoke w/Terry, who was covering for vo mgr, Bill Pellica. Terry states that the vehicle has been repaired under warranty by dirship for both bodily damage and mechanical concerns. CRM closing file. - Sam Foster/TPA/PAR x57110

NEW YORK STATE Department of Motor Vehicles  
POLICE ACCIDENT REPORT (NYC)  
MV-104AN (5/99)

Page 1  
Accident No. **061**  
4845

Accident Date: **12.17.00** Day of Week: **MON** Time: **1000** AM ☐ PM ☐ No. of Vehicles: **3** No. Injured: **0** No. Killed: **0** Not Investigated ☐ Accident Reconstructed ☐ Lat. Signs ☐ Police Photos ☐

VEHICLE 1  
Name: [REDACTED] DMV USE  
Address: [REDACTED] Apt. No.: [REDACTED]  
City or Town: **BKLYN** State: **NY** Zip Code: [REDACTED]  
Date of Birth: [REDACTED] Sex: [REDACTED] Unlicensed ☐ No. of Occup. [REDACTED] Public Property Damaged ☐ State of Lic. [REDACTED]  
Date of Birth: [REDACTED] Name: [REDACTED] Apt. No.: [REDACTED] Her. Met. Code: [REDACTED] Released ☐  
City or Town: **NY** State: **NY** Zip Code: [REDACTED]  
Vehicle Year & Make: **98 CHEV 20SD** License: **01** State of Reg. **NY** Vehicle Year & Make: **95 MADA 4DSD** License: **45**

VEHICLE 1 DAMAGE CODES  
Box 1 - Point of Impact: **33**  
Box 2 - Most Damage: **214**  
Vehicle Towed: **VEREZANO** To: **101 62.3T**

VEHICLE 2 DAMAGE CODES  
Box 1 - Point of Impact: **1010**  
Box 2 - Most Damage: **1196**  
Vehicle Towed: **VEREZANO** To: **201 62.3T**

VEHICLE 3 DAMAGE CODING:  
1-13. See diagram on right.  
14. UNDERCARRIAGE  
15. TRAILER  
16. OVERTURNED  
17. DEMOLISHED  
18. NO DAMAGE  
19. OTHER

ACCIDENT DIAGRAM  
#8  
Estimated cost of repairs to any one vehicle meets criteria for "reportable" threshold. ☐ Yes ☐ No

Location Code: ☐ Bronx ☒ Kings ☐ New York ☐ Queens ☐ Richmond  
Route No. or Street Name: **OCEAN AVE** on **AVE T**  
Ticket/Arrest Number(s): **407683563-3** Complaint No.: [REDACTED]  
Violation Description(s): [REDACTED]

Accident Description/Officer's Notes: **AT 1100 PM #1 WAS TRAVELING S/B ON OCEAN AVE AND  
SPUN TWO PARKED VEHICLES THAT WERE PARKING S/B ON OCEAN AVE  
VIA #2 IN E/D VEH #3 OFFICER #1 STATED ALL GATES IN  
HIS AUTO SPUN DOWN AND AIRBAGS DID NOT DEPLOY**

9 10 11 12 13 14 15 16 17 BY TO 18  
[REDACTED] **OFFICER #1**  
**PARKED**  
**PARKED**

Department: [REDACTED] Precinct: [REDACTED] Post/Sector: [REDACTED] Reviewing Officer: [REDACTED] Date/Time Reviewed: [REDACTED]

A Last Name			First			Middle			Address		
B Last Name			First			Middle			Address		
C Last Name			First			Middle			Address		
D Last Name			First			Middle			Address		
E Last Name			First			Middle			Address		
F Last Name			First			Middle			Address		
G Last Name			First			Middle			Address		
H Last Name			First			Middle			Address		
I Last Name			First			Middle			Address		
J Last Name			First			Middle			Address		
K Last Name			First			Middle			Address		
L Last Name			First			Middle			Address		
M Last Name			First			Middle			Address		
N Last Name			First			Middle			Address		
O Last Name			First			Middle			Address		
P Last Name			First			Middle			Address		
Q Last Name			First			Middle			Address		
R Last Name			First			Middle			Address		
S Last Name			First			Middle			Address		
T Last Name			First			Middle			Address		
U Last Name			First			Middle			Address		
V Last Name			First			Middle			Address		
W Last Name			First			Middle			Address		
X Last Name			First			Middle			Address		
Y Last Name			First			Middle			Address		
Z Last Name			First			Middle			Address		

\*ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD (Injured cases ONLY)

Vehicle No. 1

Vehicle No. 2

WITNESS (Attach separate sheet, if necessary)

Name Address Phone

NONE

#### DUPLICATE COPY REQUIRED FOR:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Dept. of Motor Vehicles<br>(Persons Killed/Injured) | <input type="checkbox"/> Motor Transport Division<br>(P.D. Vehicle Involved) | <input type="checkbox"/> NYC Taxi & Limousine Comm.<br>(Licensed Taxi or Limousine<br>Involved) | <input type="checkbox"/> Other City Agency<br>(Specify) |
| <input type="checkbox"/> Office of Comptroller<br>(Involved)                 | <input type="checkbox"/> Personnel Safety Unit<br>(P.D. Vehicle Involved)    | <input type="checkbox"/> NYS Thruway Authority  |   |

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list who at Missing Person Squad notified. In either case, give date and time of notification.)

N/A

PROPERTY DAMAGED (other than vehicles)

OWNER OF PROPERTY (include city agency, where applicable)

#### NYPD VEHICLE IS INVOLVED:

Vehicle Operator's First Name		Last Name		Rank	Shield No.	Tax Reg. No.	Command
Size of Vehicle	Year	Type of Vehicle	Plate No.	Dept. No.	Assigned To What Command		
Equipment in Use At Time of Accident							
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turn Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High-Level Warning Lights	<input type="checkbox"/> Traffic Cones	<input type="checkbox"/> Headlights	

#### ACTIONS OF POLICE VEHICLE

- |  |   |
|--|---|
| <input type="checkbox"/> Responding to Code Signal | <input type="checkbox"/> Complying with Station House Directive |
| <input type="checkbox"/> Pursuing Violator         | <input type="checkbox"/> Routine Patrol                         |
| <input type="checkbox"/> Other (Describe)          |   |

[illegible]

Accident Date Month Day Year			Day of Week		Time	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	No. of Vehicles	No. Injured	No. Killed	Non-Highway <input type="checkbox"/>	Not Investigated <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Name <input type="checkbox"/>	Police Station <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12 11 1966			MON		1020		03	0	0	<input type="checkbox"/>		<input type="checkbox"/>	

☐ **PERESTIMAN**

**ONLY  
LIFE**

**TABLE 1**

Time	Zin Obs
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**출판사**

Date of Birth:

Apr. 1950

State	Zip Code
Alabama	35001
Alabama	35002
Alabama	35003
Alabama	35004
Alabama	35005
Alabama	35006
Alabama	35007
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Alabama	35160
Alabama	35161
Alabama	35162
Alabama	

Value	Value
-------	-------

Check the diagram below that describes the accident or draw your own diagram in the space provided (D). Number the vehicles.

### ACCIDENT DIAGRAM

Read On  
— — —

Shirley

Vehicle To/From	By To
--------------------	----------

Estimated cost of repairs to any one vehicle meets criteria for "significant" threshold. ☐ Yes ☐ No

☐ Bronx    ☒ Kings    ☐ New York    ☐ Queens    ☐ Richmond

☐ Miss ☐ H ☐ E  
☐ Fast ☐ IS ☐ W of  
☐ At Intersection With

Ticket/Arrest Number(s):
Violation Section(s):

SEE PAGE # 1 FOR  
DETAIL

9	10	11	12	13	14	15	16	17	BY	TO	18	Name - If Deceased, Give Date of Death	
---	----	----	----	----	----	----	----	----	----	----	----	--	--

[illegible]

Officer's Rank and Name	Tax ID No.	Department	Product	Post/Section	Reviewing Officer	Date/Time Reviewed
	9181 5455		116			

Must correspond with letter designation on front)	
A Last Name First M.I. Address B Last Name First M.I. Address C Last Name First M.I. Address D Last Name First M.I. Address	E Last Name First M.I. Address F Last Name First M.I. Address G Last Name First M.I. Address Highway Dist. at Scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name: Shield No.

\*ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD (Injured cases ONLY)

Vehicle No. 1 784-16-25

Vehicle No.2

WITNESS (Attach separate sheet, if necessary)

Name Address Phone

NONE

#### Duplicate Copy Required For:

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> Dept. of Motor Vehicles<br>(Persons Killed/Injured) | <input type="checkbox"/> Motor Transport Division<br>(P.D. Vehicle Involved) | <input type="checkbox"/> NYC Taxi & Limousine Comm.<br>(Licensed Taxi or Limousine Involved) | <input type="checkbox"/> Other City Agency<br>(Specify) _____ |
| <input checked="" type="checkbox"/> Office of Comptroller<br>(City Involved)            | <input type="checkbox"/> Personnel Safety Unit<br>(P.D. Vehicle Involved)    | <input type="checkbox"/> NYS Thruway Authority   |   |

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list who at Missing Person Squad was notified. In either case, give date and time of notification.)

N/A

PROPERTY DAMAGED (other than vehicles)	OWNER OR PROPERTY (include city agency, where applicable)

#### IF POLICE VEHICLE IS INVOLVED:

Officer-Operator's First Name		Last Name		Rank	Shield No.	Tax Reg. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. No.	Assigned To What Command		

Equipment in Use At Time of Accident

☐ Siren  
 ☐ Horn  
 ☐ Turned Light  
 ☐ 4-Way Flasher  
 ☐ High-Level Warning Lights  
 ☐ Traffic Cones  
 ☐ Headlights

#### IF NOT POLICE VEHICLE

- |  |   |
|--|---|
| <input type="checkbox"/> Responding to Code Signal | <input type="checkbox"/> Complying with Station House Directive |
| <input type="checkbox"/> Pursuing Violator         | <input type="checkbox"/> Routine Patrol                         |
| <input type="checkbox"/> Other (Describe) _____    |   |

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES  
POLICE ACCIDENT REPORT (NYC)  
MV-104AN (5/89)

File No. **061**  
Accident No. **4845**

Date: <b>7/17/80</b>	Day: <b>MON</b>	Time: <b>1000</b>	AM/PM: <b>PM</b>	No. of Vehicles: <b>3</b>	No. Injured: <b>0</b>	No. Killed: <b>0</b>	No. Damaged: <b>0</b>	Police Dispatched: <input type="checkbox"/>	Police Station: <input type="checkbox"/>	Police Phone: <input type="checkbox"/>	
Vehicle 1				Vehicle 2				Vehicle 3			
Make-Model-Year: <b>BMW 528i</b>				Make-Model-Year: <b>BMW 528i</b>				Make-Model-Year: <b>BMW 528i</b>			
City or Town: <b>BROOKLYN</b>				City or Town: <b>BROOKLYN</b>				City or Town: <b>BROOKLYN</b>			
State: <b>NY</b>				State: <b>NY</b>				State: <b>NY</b>			
Zip Code: <b>11211</b>				Zip Code: <b>11211</b>				Zip Code: <b>11211</b>			
Date of Birth: <b>7/11/78</b>				Date of Birth: <b>7/11/78</b>				Date of Birth: <b>7/11/78</b>			
Sex: <b>M</b>				Sex: <b>M</b>				Sex: <b>M</b>			
Height: <b>5'10"</b>				Height: <b>5'10"</b>				Height: <b>5'10"</b>			
Weight: <b>170</b>				Weight: <b>170</b>				Weight: <b>170</b>			
Eye Color: <b>BRN</b>				Eye Color: <b>BRN</b>				Eye Color: <b>BRN</b>			
Hair Color: <b>BRN</b>				Hair Color: <b>BRN</b>				Hair Color: <b>BRN</b>			
Skin Color: <b>FAIR</b>				Skin Color: <b>FAIR</b>				Skin Color: <b>FAIR</b>			
Occupation: <b>STUDENT</b>				Occupation: <b>STUDENT</b>				Occupation: <b>STUDENT</b>			
Address: <b>101 62 ST</b>				Address: <b>101 62 ST</b>				Address: <b>101 62 ST</b>			
City: <b>BROOKLYN</b>				City: <b>BROOKLYN</b>				City: <b>BROOKLYN</b>			
State: <b>NY</b>				State: <b>NY</b>				State: <b>NY</b>			
Zip Code: <b>11211</b>				Zip Code: <b>11211</b>				Zip Code: <b>11211</b>			

<p>Check if broken or damaged:</p> <p><input type="checkbox"/> more than 10 inches wide</p> <p><input type="checkbox"/> more than 24 inch long</p> <p><input type="checkbox"/> equipped with an overhead mirror</p> <p><input type="checkbox"/> equipped with an overhead mirror</p>	<p>Check if broken or damaged:</p> <p><input type="checkbox"/> more than 10 inches wide</p> <p><input type="checkbox"/> more than 24 inch long</p> <p><input type="checkbox"/> equipped with an overhead mirror</p> <p><input type="checkbox"/> equipped with an overhead mirror</p>	<p>Check the diagram below that describes the accident or other police accident diagram in the space provided (e.g. Number the vehicles).</p>
<p>Vehicle 1 Damage Codes</p> <p>Box 1 - Point of Impact: <b>3 3</b></p> <p>Box 2 - Most Damage: <b>2 3 4</b></p> <p>Vehicle From: <b>VERMONT</b></p> <p>To: <b>101 62 ST</b></p>	<p>Vehicle 2 Damage Codes</p> <p>Box 1 - Point of Impact: <b>10 10</b></p> <p>Box 2 - Most Damage: <b>11 9 6</b></p> <p>Vehicle From: <b>VERMONT</b></p> <p>To: <b>101 62 ST</b></p>	<p>Accident Diagram</p> <p>Diagram showing vehicle positions and movement. Includes labels for Front End, Left Turn, Right Turn, Head On, etc.</p>

Vehicle 1 Damage Codes:

1-10 diagram on right.

14. UNDERDAMPAGE

15. TRAILER

16. OVERTURNED

17. DEMOLISHED

18. NO DAMAGE

19. OTHER

Location Code: ☐ Bronx ☒ Kings ☐ New York ☐ Queens ☐ Richmond

Route No. or Street Name: **CRAN AVE**

Intersection: **CRAN AVE & 101 62 ST**

Police Station: **101 62 ST**

Complaint No.:

Officer's Name: **SAKHTARNIK**

Officer's No.:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

Signature: **SAKHTARNIK**

Date: **7/17/80**

Time: **1000**

Place: **BROOKLYN**

A Last Name		B Last Name		C Last Name		D Last Name	
Address		Address		Address		Address	
E Last Name		F Last Name		G Last Name		H Last Name	
Address		Address		Address		Address	
I Last Name		J Last Name		K Last Name		L Last Name	
Address		Address		Address		Address	
M Last Name		N Last Name		O Last Name		P Last Name	
Address		Address		Address		Address	
Q Last Name		R Last Name		S Last Name		T Last Name	
Address		Address		Address		Address	
U Last Name		V Last Name		W Last Name		X Last Name	
Address		Address		Address		Address	

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD (Injured cases ONLY)  
 Vehicle No. 1 \_\_\_\_\_ Vehicle No. 2 \_\_\_\_\_

WITNESS (Attach separate sheet, if necessary)  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 NONE

DUPLICATE COPY REQUIRED FOR:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Dept. of Motor Vehicles<br>(Persons Killed/Injured) | <input type="checkbox"/> Motor Transport Division<br>(P.D. Vehicle Involved) | <input type="checkbox"/> NYC Taxi & Limousine Comm.<br>(Licensed Taxi or Limousine Involved) | <input type="checkbox"/> Other City Agency<br>(Specify) _____ |
| <input type="checkbox"/> Office of Comptroller<br>(City Involved)            | <input type="checkbox"/> Personnel Safety Unit<br>(P.D. Vehicle Involved)    | <input type="checkbox"/> NYS Thruway Authority   |   |

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If asked person is unidentified, list who at Missing Person Squad was called. In either case, give date and time of notification.)

NIA

PROPERTY DAMAGED (other than vehicles)	OWNER OR PROPERTY (include city agency, where applicable)

TYPE VEHICLE IS INVOLVED:

Is Vehicle Operator's First Name	Last Name	Rank	Shield No.	Rec. Reg. No.	Department
Is of Vehicle	Year	Type of Vehicle	Plate No.	Dept. No.	Assigned To What Department?

Report in Use At Time of Accident  
☐ siren ☐ Horn ☐ Turn Signal ☐ 4-Way Flasher ☐ High-Intensity Warning Light ☐ Traffic Cones ☐ Handlight

ROLES OF POLICE VEHICLE

<input type="checkbox"/> Responding to Code Signal	<input type="checkbox"/> Complying with Station House Directive
<input type="checkbox"/> Pursuing Violator	<input type="checkbox"/> Routine Patrol
<input type="checkbox"/> Other (Describe) _____	

**1. 000000**

#### Abstract - 2 Documented, Other Status of Deaths

20		21		22		23		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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FEB 05 2001 14:55 FR T380 ZB TC

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 06-14-2001 BY 60322 UCBAW

must correspond with letter identification on box

A Last Name			B Last Name		
First	M.I.	Address	First	M.I.	Address
C Last Name			D Last Name		
First	M.I.	Address	First	M.I.	Address
E Last Name			F Last Name		
First	M.I.	Address	First	M.I.	Address
G Last Name			H Last Name		
First	M.I.	Address	First	M.I.	Address
I Last Name			J Last Name		
First	M.I.	Address	First	M.I.	Address
K Last Name			L Last Name		
First	M.I.	Address	First	M.I.	Address
M Last Name			N Last Name		
First	M.I.	Address	First	M.I.	Address
O Last Name			P Last Name		
First	M.I.	Address	First	M.I.	Address
Q Last Name			R Last Name		
First	M.I.	Address	First	M.I.	Address
S Last Name			T Last Name		
First	M.I.	Address	First	M.I.	Address
U Last Name			V Last Name		
First	M.I.	Address	First	M.I.	Address
W Last Name			X Last Name		
First	M.I.	Address	First	M.I.	Address
Y Last Name			Z Last Name		
First	M.I.	Address	First	M.I.	Address

\*ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD (Injured cases ONLY)

Vehicle No. 1 784-16-25

Vehicle No.2

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone
Mr. J. H. Smith	123 Main St., New York, N.Y.	NY 1-2345
Mr. W. R. Jones	456 Elm St., Chicago, Ill.	CH 2-3456
Mr. T. A. Brown	789 Oak St., Los Angeles, Calif.	LA 3-4567
Mr. S. L. Green	101 Pine St., Boston, Mass.	BO 4-5678
Mr. M. K. White	202 Cedar St., Philadelphia, Pa.	PH 5-6789
Mr. R. D. Black	303 Birch St., San Francisco, Calif.	SF 6-7890
Mr. L. P. Gray	404 Spruce St., Portland, Me.	PO 7-8901
Mr. C. E. Hall	505 Ash St., Denver, Colo.	DE 8-9012
Mr. F. G. Young	606 Willow St., Salt Lake City, Utah	SL 9-0123
Mr. B. N. King	707 Hickory St., Kansas City, Mo.	KC 10-1234
Mr. A. S. Lee	808 Walnut St., St. Louis, Mo.	ST 11-2345
Mr. H. T. Scott	909 Chestnut St., Cincinnati, Ohio	CI 12-3456
Mr. J. M. Adams	1010 Maple St., Indianapolis, Ind.	IN 13-4567
Mr. K. L. Baker	1111 Elm St., Columbus, Ohio	CO 14-5678
Mr. N. O. Clark	1212 Oak St., Louisville, Ky.	LO 15-6789
Mr. P. Q. Evans	1313 Pine St., Memphis, Tenn.	ME 16-7890
Mr. R. S. Fisher	1414 Cedar St., Nashville, Tenn.	NA 17-8901
Mr. T. U. Hall	1515 Birch St., Knoxville, Tenn.	KN 18-9012
Mr. V. W. King	1616 Spruce St., Chattanooga, Tenn.	CH 19-0123
Mr. X. Y. Lee	1717 Ash St., Birmingham, Ala.	BI 20-1234
Mr. Z. A. Scott	1818 Willow St., Montgomery, Ala.	MO 21-2345
Mr. B. C. Adams	1919 Hickory St., Mobile, Ala.	MO 22-3456
Mr. D. E. Baker	2020 Walnut St., Tallahassee, Fla.	TA 23-4567
Mr. F. G. Clark	2121 Chestnut St., Jacksonville, Fla.	JA 24-5678
Mr. H. I. Evans	2222 Maple St., Miami, Fla.	MI 25-6789
Mr. J. K. Fisher	2323 Elm St., Fort Lauderdale, Fla.	FL 26-7890
Mr. L. M. Hall	2424 Oak St., Orlando, Fla.	OR 27-8901
Mr. N. O. King	2525 Pine St., Tampa, Fla.	TA 28-9012
Mr. P. Q. Lee	2626 Cedar St., St. Petersburg, Fla.	SP 29-0123
Mr. R. S. Scott	2727 Birch St., Clearwater, Fla.	CL 30-1234
Mr. T. U. Adams	2828 Spruce St., Dade City, Fla.	DC 31-2345
Mr. V. W. Baker	2929 Ash St., Palmdale, Calif.	PA 32-3456
Mr. X. Y. Clark	3030 Willow St., Lancaster, Calif.	LA 33-4567
Mr. Z. A. Evans	3131 Hickory St., Hanford, Calif.	HA 34-5678
Mr. B. C. Fisher	3232 Walnut St., Corcoran, Calif.	CO 35-6789
Mr. D. E. Hall	3333 Chestnut St., Wasco, Calif.	WA 36-7890
Mr. F. G. King	3434 Maple St., Arvin, Calif.	AR 37-8901
Mr. H. I. Lee	3535 Elm St., Taft, Calif.	TA 38-9012
Mr. J. K. Scott	3636 Oak St., Lemoore, Calif.	LE 39-0123
Mr. L. M. Adams	3737 Pine St., Hanford, Calif.	HA 40-1234
Mr. N. O. Baker	3838 Cedar St., Corcoran, Calif.	CO 41-2345
Mr. P. Q. Clark	3939 Birch St., Wasco, Calif.	WA 42-3456
Mr. R. S. Evans	4040 Spruce St., Arvin, Calif.	AR 43-4567
Mr. T. U. Fisher	4141 Ash St., Taft, Calif.	TA 44-5678
Mr. V. W. Hall	4242 Willow St., Lemoore, Calif.	LE 45-6789
Mr. X. Y. King	4343 Hickory St., Hanford, Calif.	HA 46-7890
Mr. Z. A. Lee	4444 Walnut St., Corcoran, Calif.	CO 47-8901
Mr. B. C. Scott	4545 Chestnut St., Wasco, Calif.	WA 48-9012
Mr. D. E. Adams	4646 Maple St., Arvin, Calif.	AR 49-0123
Mr. F. G. Baker	4747 Elm St., Taft, Calif.	TA 50-1234
Mr. H. I. Clark	4848 Oak St., Lemoore, Calif.	LE 51-2345
Mr. J. K. Evans	4949 Pine St., Hanford, Calif.	HA 52-3456
Mr. L. M. Fisher	5050 Cedar St., Corcoran, Calif.	CO 53-4567
Mr. N. O. Hall	5151 Birch St., Wasco, Calif.	WA 54-5678
Mr. P. Q. King	5252 Spruce St., Arvin, Calif.	AR 55-6789
Mr. R. S. Lee	5353 Ash St., Taft, Calif.	TA 56-7890
Mr. T. U. Scott	5454 Willow St., Lemoore, Calif.	LE 57-8901
Mr. V. W. Adams	5555 Hickory St., Hanford, Calif.	HA 58-9012
Mr. X. Y. Baker	5656 Walnut St., Corcoran, Calif.	CO 59-0123
Mr. Z. A. Clark	5757 Chestnut St., Wasco, Calif.	WA 60-1234
Mr. B. C. Evans	5858 Maple St., Arvin, Calif.	AR 61-2345
Mr. D. E. Fisher	5959 Elm St., Taft, Calif.	TA 62-3456
Mr. F. G. Hall	6060 Oak St., Lemoore, Calif.	LE 63-4567
Mr. H. I. King	6161 Pine St., Hanford, Calif.	HA 64-5678
Mr. J. K. Lee	6262 Cedar St., Corcoran, Calif.	CO 65-6789
Mr. L. M. Scott	6363 Birch St., Wasco, Calif.	WA 66-7890
Mr. N. O. Adams	6464 Spruce St., Arvin, Calif.	AR 67-8901
Mr. P. Q. Baker	6565 Ash St., Taft, Calif.	TA 68-9012
Mr. R. S. Clark	6666 Willow St., Lemoore, Calif.	LE 69-0123
Mr. T. U. Evans	6767 Hickory St., Hanford, Calif.	HA 70-1234
Mr. V. W. Fisher	6868 Walnut St., Corcoran, Calif.	CO 71-2345
Mr. X. Y. Hall	6969 Chestnut St., Wasco, Calif.	WA 72-3456
Mr. Z. A. King	7070 Maple St., Arvin, Calif.	AR 73-4567
Mr. B. C. Lee	7171 Elm St., Taft, Calif.	TA 74-5678
Mr. D. E. Scott	7272 Oak St., Lemoore, Calif.	LE 75-6789
Mr. F. G. Adams	7373 Pine St., Hanford, Calif.	HA 76-7890
Mr. H. I. Baker	7474 Cedar St., Corcoran, Calif.	CO 77-8901
Mr. J. K. Clark	7575 Birch St., Wasco, Calif.	WA 78-9012

**DUPLICATE COPY REQUIRED FOR:**

- ☒ Dept. of Motor Vehicles  
(Persons Killed/Injured)
 ☐ Motor Transport Division  
(P.D. Vehicle Involved)
 ☐ NYC Taxi & Limousine Comm.  
(Licensed Taxi or Limousine Involved)
 ☐ Other City Agency  
(Specify) \_\_\_\_\_
- ☒ Office of Comptroller  
(Person Involved)
 ☐ Personnel Safety Unit  
(P.D. Vehicle Involved)
 ☐ NY&J Thruway Authority

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If added person is unidentified, set one at Missing Person signed within. In other case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicle)

OWNER OR PROPERTY (include city agency where applicable)

**IPD WHOLE IS INVOLVED**

Vehicle - Owner's First Name	Last Name	Mark	Model Year	Time Rec. No.	Comments
------------------------------	-----------	------	------------	---------------	----------

at location	Year	Type of Vehicle	Plate No.	Event No.	Amount of Motor Insurance
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### NOT to Use All Time of Available

- ☐
- Sign
- ☐
- Flag
- ☐
- Thru Light
- ☐
- 4-Way Flasher
- ☐
- High/Low Warning Light
- ☐
- Traffic Cones
- ☐
- Hand Signals

### LIST OF POLICE VEHICLES

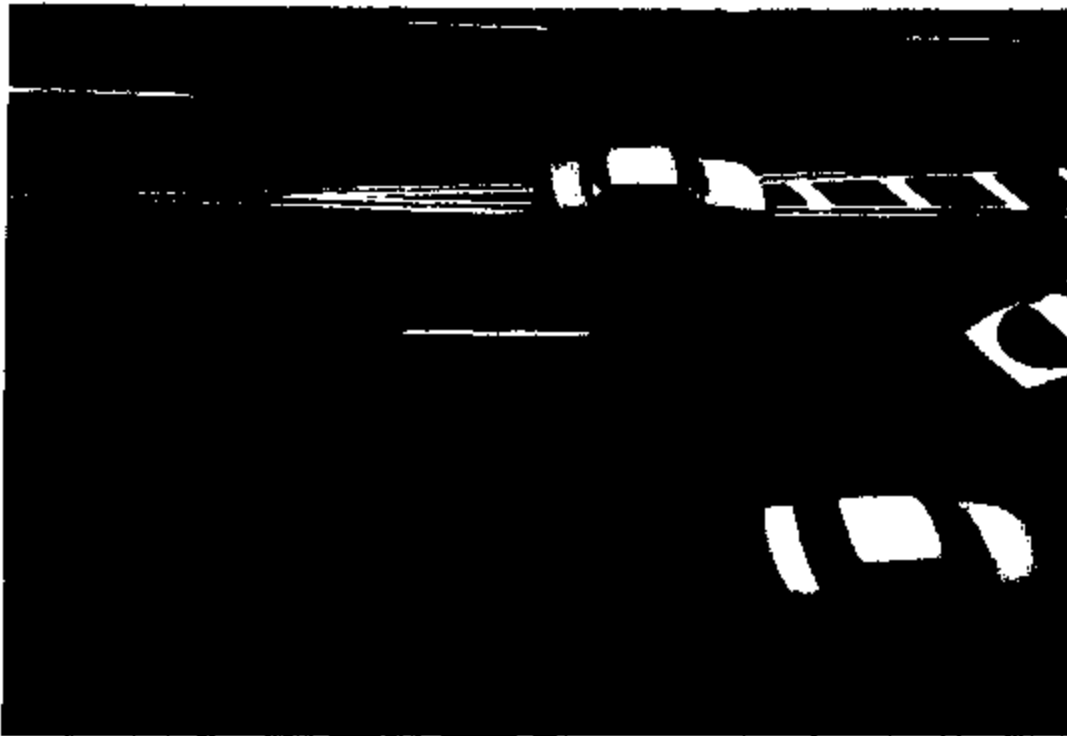
**Responding to Code Blue** \_\_\_\_\_

**Prüfungsausschuss**

**Editorial**

2004

- ☐ Complying with Italian House Directive  
☐ Booking Portal







# PAR CASE INFORMATION

Problem ID: 02550401

Name: [REDACTED]

Address: [REDACTED]

NEW YORK, NY [REDACTED]

Phone: [REDACTED]

VIN: 1G1YY22G2W5110120

MAKE: CHEVROLET

MODEL: CORVETTE COUPE

YEAR: 1998

ODOMETER: 29,000

NAME: [REDACTED]

COMPANY: [REDACTED]

ADDRESS: [REDACTED]

PHONE: [REDACTED]

TYPE: Claimant

ACCOUNT/POLICY:

SERVICE DEALER: KRISTAL CHEVROLET OLDSMOB

CONTRACT: UNK

SELLING DEALER: KRISTAL CHEVROLET OLDSMOB

CONTRACT: UNK

PAYEE: No

CONTACT ID: C0000030220511

DRIVER NAME: [REDACTED]

DRIVER AGE: 22

DISABILITIES: N/A

ROAD SURFACE: Asphalt

ROAD CONDITION: Wet

# PEOPLE IN VEHICLE: 1

INJURIES: Yes

OTHER VEHICLES INVOLVED: Yes

NUMBER INVOLVED: 2

DEFECTIVE COMPONENT: ENGINE FAILURE/STALL

POLICE REPORT: Yes

INSURANCE: Yes

INSURANCE COMPANY: ALLSTATE

INSURANCE COMPANY ADDR: 134 MIDDLE NECK RD. #A, G

INSPECTION: No

INSP NAME:

INSP DATE:

INSP MILES:

INSP DONE:

PROPERTY DAMAGE: OWNERS VEH, PLUS TWO PARKED VEH

INCIDENT LOCATION: OCEAN AVE BETWEEN AVENUE G & AVENUE U

INCIDENT RESULT: FWD TO E911 1/17/01

VEHICLE LOCATION: [REDACTED] BROOKLYN, NY [REDACTED]

MAINTENANCE LOCATION: KRISTAL CHEVROLET, 6301 KINGS HWY, BROOKLYN NY

OWNER DESC: ENGINE DIED, STEERING LOCKED, LOST BRAKES, COLLIDED W/2 OTHER VEH, NO AIR BAG DEPLOY

MORE INFO:

ID:

PAYEE:

ADDRESS:

COMPANY:

AMOUNT:

ACCT\_TYPE:

ACCT\_NUM:

TAX\_ID:

ISSUE\_1000:

POLICY NUM:

BODY INJURY: Yes

COLLISION: Yes

PROPERTY DMG: No

NON COLL: No

DMB ABV K: No

NOTIFY NAME: CUSTOMER

AGENT NAME: JOE ALON

STATUS: Accepted

REJECT REASON:

ROAD TEST: No

ROAD TEST DESC:

ROAD TEST RESULT:

COMP INSPECTED:

INVEST SUMMARY: ATTY INVOLVEMENT

AGENT PHONE: 516-773-2900

INCIDENT DATE & TIME: 12/11/2000 09:30:00 AM

**GM****PAR CASE INFORMATION****Problem ID: 02550401****DESCRIPTION:****SOLUTION:****COMPONENT CODE 1: T01****COMPONENT DESCRIPTION 1: ENGINE FAILURE****COMPLAINT CODE 1: Other****COMPLAINT DESCRIPTION 1: Product Allegation GM 1241****REPAIR ATTEMPTS 1: 0****COMPONENT CODE 2: J01****COMPONENT DESCRIPTION 2: STALL/FAILURE****COMPLAINT CODE 2: Other****COMPLAINT DESCRIPTION 2: Engine****REPAIR ATTEMPTS 2: 0****COMPONENT CODE 3: M01****COMPONENT DESCRIPTION 3: LOCKED W/OUT POWER****COMPLAINT CODE 3: Other****COMPLAINT DESCRIPTION 3: Steering General****REPAIR ATTEMPTS 3: 0****COMPONENT CODE 4: A04****COMPONENT DESCRIPTION 4: VEH STALLED****COMPLAINT CODE 4: Other****COMPLAINT DESCRIPTION 4: Possible Safety Concern****REPAIR ATTEMPTS 4: 0****COMPONENT CODE 5: C31****COMPONENT DESCRIPTION 5: FAILED TO DEPLOY****COMPLAINT CODE 5: Other****COMPLAINT DESCRIPTION 5: Supplemental Inflatable Restrain (SIR) - Driver****REPAIR ATTEMPTS 5: 0****COMPONENT CODE 6:****COMPONENT DESCRIPTION 6:****COMPLAINT CODE 6:****COMPLAINT DESCRIPTION 6:****REPAIR ATTEMPTS 6:**



# PAR CASE INFORMATION

Problem ID: 02550401

12/19/2000 - 08:41:14 AM

CRM reviewed file. CRM phoned cust. Lady stated that cust not home, then hung up. CRM unable to leave message. Latasha Hawkins/Par 58042

12/19/2000 - 01:14:13 AM

CRM contacted cust. No answer. Latasha Hawkins/Par 58042

12/19/2000 - 12:25:19 AM

CUST CALLED & STATED THAT HE IS WAITING TO HEAR FROM A REP IN BRC PAR. CRM LOOKED AT FILE & SAW THAT THE REP HAS BEEN UNABLE TO REACH CUST. CUST LEFT ANOTHER PHONE NUMBER TO USE DURING THE DAY.  
8178475151 PRIMARY DAYTIME PHONE #  
DANIEL NEWBROUGH/ PDX C  
AC

01/17/2001 - 08:42:44 AM

ON 12/21 CRM PHONED CUST. NO ANSWER. CRM MAILED 10 DAY/UNABLE TO REACH LETTER. LATASHA HAWKINS/PAR 58042

01/17/2001 - 10:53:01 AM

BUSINESS SUMMARY: 1. CRM REVIEWED FILE. 2. CRM CONTACTED CUST. 3. CRM MAILED 10 DAY/UNABLE TO REACH LETTER. 4. CRM RCVD MSG IN FILE W/CUST CONTACT #. 5. CRM SPOKE WITH CUST & OBTAINED INCIDENT DETAILS. 6. ATTORNEY INVOLVEMENT. 7. CRM PHONED ATTY  
. 8. FILE FORWARDED TO ESIS. LATASHA HAWKINS/PAR 58042

01/17/2001 - 10:45:57 AM

CRM PHONED ATTORNEY. CRM SPOKE WITH HAYDEE (MR. RIMLAND'S ASSISTANT). HAYDEE STATED THAT A LETTER OF REPRESENTATION WAS SENT TO ESIS ON 1/9/01. CRM FORWARDING FILE TO ESIS. LATASHA HAWKINS/PAR 58042

01/17/2001 - 10:43:14 AM

ATTORNEY INFO...EDWARD RIMLAND...32 COURT STREET, SUITE 1508...BROOKLYN, NY 11201...PH. 718-222-1919. CRM ADVISED CUST THAT DUE TO ATTORNEY INVOLVEMENT, CRM FORWARDING FILE TO ESIS. CRM ADVISED THAT ATTY WILL BE CONTACTED AND PROVIDED W/ESIS' INFORMATION. LATASHA HAWKINS/PAR 58042

01/17/2001 - 08:46:57 AM

CUST STATED THAT HIS VEH RECEIVED DAMAGES TO FRONT AND REAR END. CUST STATED HE FEELS THAT THE BRAKES OPERATED PROPERLY. CUST STATED THAT HE HAS NOT HAD ANY PRIOR CONCERNS WITH VEH STALLING. CUST STATED THAT HE PURCHASED VEH FROM MALCAR (LEASING COMP ANY) AT THE END OF 1999. CUST STATED THAT HE KNOWS THE VEH'S ORIGINAL OWNER. CUST STATED THAT HE & PREVIOUS OWNER HAS HAD CONCERNS WITH WATER LEAKING INTO THE VEH. CUST STATED THAT HE HAS RETAINED LEGAL COUNSEL REGARDING THIS ISSUE. LATASHA HAWKINS/PAR 58042

01/17/2001 - 08:43:30 AM

CRM SPOKE WITH CUST ON 1/18/01. CUST STATED THAT HIS 22 YEAR OLD BROTHER WAS DRIVING VEH AT TIME OF INCIDENT. CUST STATED THAT BROTHER'S NAME IS [REDACTED] CUST STATED THAT BROTHER ADVISED HIM THAT ENGINE STALLED, THE STEERING LOCKED AND HE COLLIDED WITH TWO OTHER VEH. CUST STATED THAT FRONT OF VEH HIT THE SIDE OF ONE VEH, THEN SPINNED AROUND AND HIT THE OTHER VEH WITH THE REAR OF HIS VEH. LATASHA HAWKINS/PAR 58042

Notebook

Customer Info

Last Name

Company Name

Phone

Fax

Make

Model

Year

CHEVROLET

CORVETTE COUPE

1998

2000

Original Agent ID

10289

Current Agent ID

100000

Property Damage

Agent

Date

Date of Loss

07/11/1978

Type of Damage

Weather Condition

Purpose of Vehicle

Where was vehicle last located

Report (Police) Number

Date

Time

Location

Remarks

Driver

Vehicle

Status

Comments

Signature

Date

Time

Page

2 PARKED VEH.

1998 MAZDA MILLENNIA

FRONT END/REAR END DAMAGE

LITTLE RAIN

PERSONAL USE

CRYSTAL CHEVROLET/CADILLAC

61 PRECINCT OF NEW YORK CITY.

DRIVER IS 22 YEARS OF AGE. VEH HAS T-TOPS.

RStart

Telephone

CARD

CARD

CARD

CARD

CARD

10:54 AM

16th Vehicle

16th Vehicle

16th Vehicle

# Notebook

Customer Info

Mr Name

Customer Name

Zone

No

Make

Model

Year

Color

CHEVROLET

CORVETTE COUPE

1998

2000

Original Agent ID

11221

Current Agent ID

11221

Copy Damage: Non-Collision Collision Bodily Injury

Insured Name	Address	City	State	Zip	Phone	Line Number
JOHN DOE	123456789	NEW YORK	NY	10001	212-555-1234	10001

Cost

Update

Zip

Phone

Insured Name

Insured Address

Insured City

10021

212-555-1234

DIZZINESS, LOWER BACK PAIN

LINK

DRIVER

Insured City

Insured State

LINK

Report Information

Report Information

Date

Telephone

Car

CAR

CAR

CAR

STEL

Don

10:59 AM

GM Vehicle

Lotus

Calendar

Microsoft

## GM Vehicle Inquiry System Summary

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

[Help](#)

VIN:	1G1YY22GZW5110120
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### VEHICLE INFORMATION

Merchandising Model:	1YY07		Warranty Start Date:		11/29/1997		
BARS Order Type:	N/A						
Delivering Dealer :	PARAMUS AUTO MALL CHEVROLET- GEO, INC. PO BOX 1688 PARAMUS, NJ 07653-1688 (201) 261-7100			Selling Source:		13 - CHEVROLET	
				Site Code:		02189	
				Business Associate Code:		133008	
Service Contract:	No	Branded Title:	No	Warranty Block:	No	PDI Status:	Paid

### CAMPAIGN ELIGIBILITY

Campaign Number	Description	Owner Notified	Campaign Status
00034	LAP BELT WEBBING TWISTED	11/10/2000	Open

### APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36 BUMPER TO BUMPER - NO DEDUCTIBLE	11/29/1997	5 miles	11/29/2000	36005 miles
72/100 SHEET METAL RUST-THROUGH	11/29/1997	5 miles	11/29/2003	100005 miles
36/36 CORROSION	11/29/1997	5 miles	11/29/2000	36005 miles
96/80 PCM/CC EMISSIONS	11/29/1997	5 miles	11/29/2005	80005 miles
16/36 FEDERAL EMISSIONS	11/29/1997	5 miles	11/29/2000	36005 miles

### CLAIM HISTORY

R.O. Date	R.O. Number	Type	Labor Operation	Odometer Reading
11/06/2000	046154	#	N0850 - RT FOG LAMP BULB RP	28485 miles
11/06/2000	046154	#	Z7901 - COURTESY TRANSPORTATION DAY 1	28485 miles
11/06/2000	046154	#	C1012 - FT ROOF W/STRIP RPL	28485 miles
11/06/2000	046154	#	C9040 - R/F ST BELT R&R/RPL	28485 miles

12/17/1999	144740	S	Z7906 - DEALER SERVICE LOANER REIMBURSEMENT (OVER FIVE DAYS)	28377 miles
08/27/1999	140032	#	H0042 - DISC PADS R&R/RPL	28068 miles
08/27/1999	140032	#	K7000 - TRANSMISSION RPL	28068 miles
03/11/1999	132424	#	H0127 - ROTOR ASSEMBLY - R&R OR REPLACE/BOTH	20743 miles
02/23/1999	131708	#	D1322 - A/C MOT/FAN R&R/RPL	19439 miles
11/18/1998	128041	#	N1466 - RT FOG LAMP ASSY RP	14999 miles
11/18/1998	128041	#	N4172 - EIP DRVR INFO RPL	14999 miles
11/06/1998	127520	#	B4240 - FRONT DOOR - R&R OR REPLACE (RIGHT)	14268 miles
07/10/1998	050831	#	C4201 - LT FLOOR CARPET REP	10050 miles
04/10/1998	048490	#	N1467 - LT FOG LAMP ASSY RP	6276 miles
11/04/1997	A10120	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

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**GMC**

GENERAL MOTORS BUSINESS RESOURCE CENTER

December 21, 2000

[REDACTED]  
New York, NY [REDACTED]

RE: File Number: C02550401  
VIN: 1G1YY22G2W5110120

Dear [REDACTED]

Thank you for allowing us the opportunity to review the product allegation involving your 1998 Chevrolet Corvette. Unfortunately our attempts to reach you by phone were unsuccessful.

Therefore, we will not be able to take any further action regarding your concern until we have an opportunity to discuss this with you. We will continue to hold your file open for 10 days. You can reach me at 1-800-231-1841 X 58042 for further review.

Sincerely,

Latasha Y. Hawkins  
Customer Relationship Manager  
Product Allegation Resolution Team

## GM Vehicle Inquiry System Summary

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

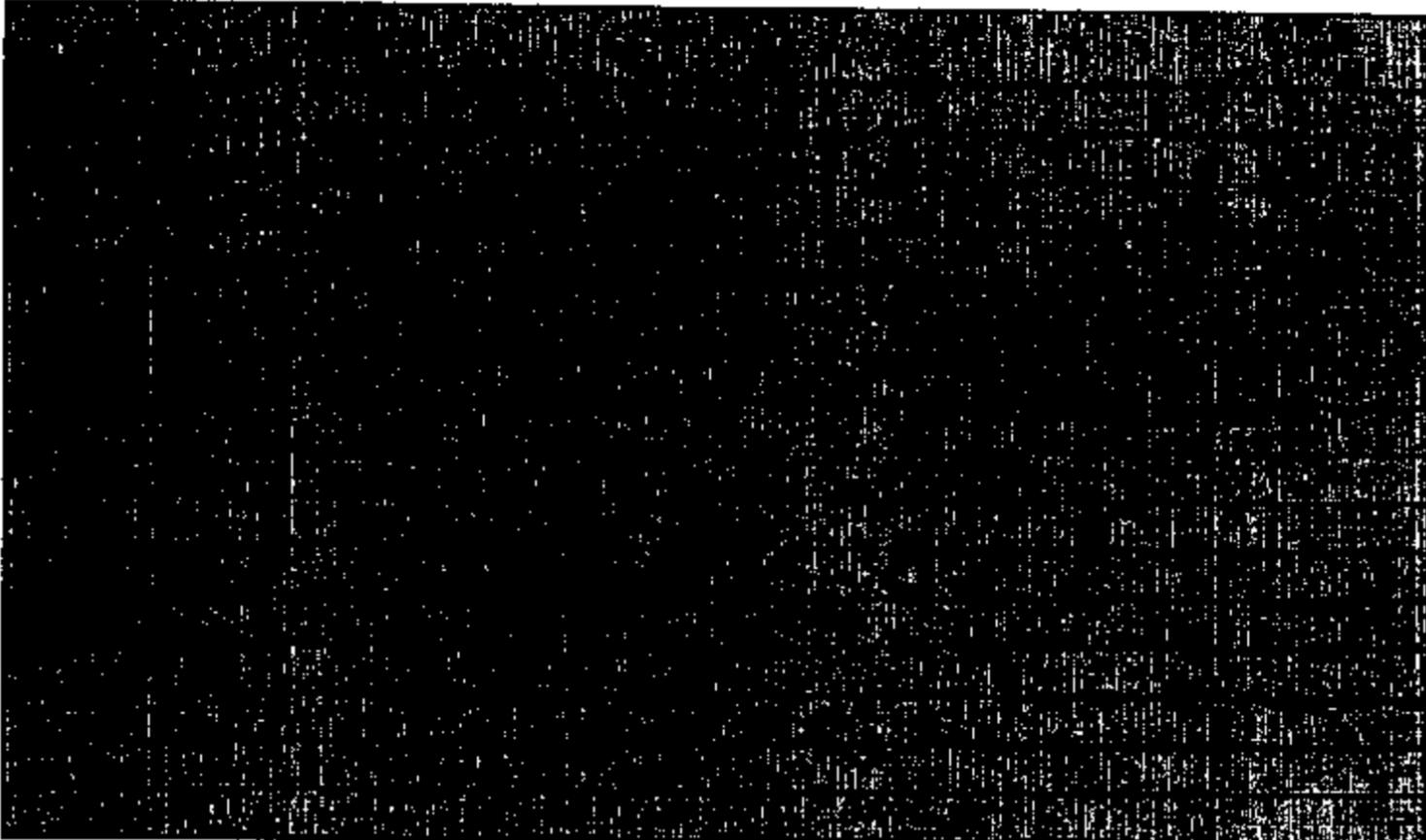
[Help](#)

### VEHICLE INFORMATION

### CAMPAIGN ELIGIBILITY

### APPLICABLE WARRANTIES

### CLAIM HISTORY



**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](#)

#### CLAIM HISTORY

Claim Number	Claim Date	Claim Description	Claim Status	Claim Amount
123456789	01/15/2001	Front End Collision	Closed	\$1,200.00
987654321	03/22/2001	Engine Problem	Open	\$500.00
567890123	05/10/2001	Brake Failure	Closed	\$800.00
345678901	07/05/2001	Transmission Issue	Open	\$1,500.00
234567890	09/18/2001	Electrical Problem	Closed	\$300.00
012345678	11/02/2001	Paint Damage	Open	\$400.00

Claim Number	Claim Date	Claim Description	Claim Status	Claim Amount
876543210	12/01/2001	Windshield Crack	Closed	\$200.00
765432109	02/14/2002	Door Hinge Problem	Open	\$600.00
654321098	04/28/2002	Exhaust System Issue	Closed	\$750.00
543210987	06/11/2002	Steering Knuckle	Open	\$900.00
432109876	08/25/2002	Oil Leak	Closed	\$150.00
321098765	10/08/2002	Window Regulator	Open	\$350.00

Claim Number	Claim Date	Claim Description	Claim Status	Claim Amount
210987654	11/20/2002	Seat Belt Problem	Closed	\$100.00
109876543	01/03/2003	Headlight Assembly	Open	\$450.00
098765432	02/16/2003	Door Lock Mechanism	Closed	\$250.00
987654321	03/29/2003	Engine Oil Change	Open	\$50.00
876543210	05/12/2003	Brake Pad Replacement	Closed	\$180.00

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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	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**CHECK HISTORY**

[REDACTED]

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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](#)

#### VEHICLE BUILD

#### OPTION CODES

## 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

#### Vehicle Component

The Vehicle Component section provides information on the components of the vehicle. This information is used to identify the vehicle and to provide information on the components that are covered by the warranty. The information is organized by component type and includes the following information:

- Component Name
- Component Description
- Component Location
- Component Part Number
- Component Assembly Date
- Component Assembly Location
- Component Assembly Plant
- Component Assembly Line
- Component Assembly Shift
- Component Assembly Date Range
- Component Assembly Location Range
- Component Assembly Plant Range
- Component Assembly Line Range
- Component Assembly Shift Range
- Component Assembly Date Range
- Component Assembly Location Range
- Component Assembly Plant Range
- Component Assembly Line Range
- Component Assembly Shift Range

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- Component Assembly Shift
- Component Assembly Date Range
- Component Assembly Location Range
- Component Assembly Plant Range
- Component Assembly Line Range
- Component Assembly Shift Range

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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## KRISTAL AUTO MALL

**ANTHONY SQUEO**

*Director of Service Operations  
Body Shop - Service - Parts*

5200 Kings Highway  
Brooklyn, N.Y. 11234

Bus: (718) 253-7575 - Ext. 224  
Fax: (718) 692-2150



46 1.5' 4

**KRISTAL  
CHEVROLET OLDSMOBILE  
CADILLAC**

500 KINGS HIGHWAY • BELYEL, NY 11225

714-253-7575 FAX 714-942-2150

## HALIQUA

10 ST

NEW YORK NY 10021

ONE: 917-647-6161 BUS:

**\*INVOICE\***

**DUPLICATE 1**

**PAGE 2**

**SERVICE ADVISOR: 30 IMRAN MASSIAH**

SILVER	1998 CHEVROLET CORVETTE	1G1YY22G2W5110120	28185/28185	13886
--------	-------------------------	-------------------	-------------	-------

19NOV1997							09NOV2000
-----------	--	--	--	--	--	--	-----------

## OPTION 2

05NOV00

09REV00

LINE	ORCODE	TECH	TYPE	HOURS
1	0000	0000	0000	0000
2	0000	0000	0000	0000
3	0000	0000	0000	0000
4	0000	0000	0000	0000
5	0000	0000	0000	0000
6	0000	0000	0000	0000
7	0000	0000	0000	0000
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71	0000	0000	0000	0000
72	0000	0000	0000	0000
73	0000	0000	0000	0000
74	0000	0000		

**LIST**

**NET**

**TOTAL**

EC: 6C

**COST: 1**

**AUTH CODE:**

REPLACE RIGHT SIDE FOG LAMP BULB RECHECK O/K.

D C-S SERVICE TIRE MONITOR LIGHT ON

NO REPAIR PERFORMED AT THIS TIME

CAR MISSING ONE TIRE SENSOR AND ONE BROKEN CUST OMER DECLINE REPAIR

**E LUBE, OIL & FILTER SPECIAL (\$29.95)**

**24 CPC 0.50**

14.60

14.60

7 MOBIL ONE

**8.50**

8.50

**59.50**

F\*\* C-S DRIVER'S DOOR DOESN'T OPEN PROPERLY

**24 CPC 0.00**

0.00

0.00

[illegible]

76 NO REPAIR PERFORMED AT THIS TIME

SECURITY CODE ONE CAR HAS ONBOARD ALARM INSTALLER D

**FILED FOR DEPOSIT**

1. **THESE ARE THE NAMES OF THE PEOPLE WHO WERE KILLED BY THE POLICE:**

**STATEMENT OF DONALD L. HARRIS**  
On the foregoing facts and circumstances of  
the matter, the undersigned, Special  
Agent in Charge of the Bureau, The  
above and foregoing being true, I hereby

<b>LABOR AMOUNT</b>	700	1000
<b>PARTIAL AMOUNT</b>	700	1000

STATE OF TEXAS	County of _____
PLANNED ACQUISITION	_____
MINOR CLERK	_____
STREET COUNCIL	_____

1. The first step in the process is to identify the problem. This involves gathering information about the situation and determining what needs to be solved.

W5110120

46154

WSE 11012

**KRISTAL  
CHEVROLET OLDSMOBILE  
CADILLAC**

6300 KINGS HIGHWAY \* BAYLOR, NY 11224  
718-253-7575 FAX 718-253-2180

\*INVOICE\*

DUPLICATE 1  
PAGE 3

NEW YORK NY

HOME: [REDACTED] BUS:

SERVICE ADVISOR: 30 IMRAN MASSTAH

SILVER	1998	CHEVROLET CORVETTE	1G1XY22G2W5110120	28185/28185
29NOV1997				09NOV2000

OPTIONS:

06NOV00

09NOV00

LINE OPCODE TECH TYPE HOURS

LIST

NET

TOTAL

E7901 ONE DAY RENTAL

FC: 98 PART#: COUNT: 0

AUTH CODE:

SUEL ENTERPRISE

FC: 98

KRISTAL EXTENDS OUR SINCERE APPRECIATION FOR  
SERVICE AND COMPLETE SATISFACTION. YOUR COMME  
BE RECEIVING A SURVEY IN THE MAIL AND WE WOULD  
RATING OF COMPLETE SATISFACTION. WE THANK YOU

CHARGE

#W5110120

16154

**KRISTAL  
CHEVROLET OLDSMOBILE  
CADILLAC**

8200 KINGS HIGHWAY • BAYLOR, NY 11234  
718-353-7878 FAX 718-353-2180

WORKORDER

PAGE 1

24

SERVICE ADVISOR: 30 MASSIAH, IRAN

SILVER 1998 CHEVROLET CORVETTE 1G1YY22G2W5110120 28185/

11 JAN 1998

OPTIONS:

15 NOV 2000 09:34

LINE OF CODE TECH TYPE DESCRIPTIONS/INSTRUCTIONS

B WP40 C-S PASSENGER SEAT BELT INOP

D WP40 C-S SERVICE TIRE MONITOR LIGHT ON

ADDITIONAL DRIVER'S DOOR DOESN'T OPEN PROPERLY

SERVICE ENGINE SOON LETS GO

SUB #9, APPROX 35-4115, 4115

I HEREBY ADVISE THE ABOVE WORK ORDER IS FOR THE REPAIR OF THE VEHICLE'S SEAT BELT SYSTEM. I ALSO ADVISE THAT THE VEHICLE'S SEAT BELT SYSTEM IS A SAFETY DEVICE AND SHOULD BE USED AT ALL TIMES WHEN THE VEHICLE IS OPERATED. THE VEHICLE'S SEAT BELT SYSTEM IS A SAFETY DEVICE AND SHOULD BE USED AT ALL TIMES WHEN THE VEHICLE IS OPERATED. THE VEHICLE'S SEAT BELT SYSTEM IS A SAFETY DEVICE AND SHOULD BE USED AT ALL TIMES WHEN THE VEHICLE IS OPERATED.

STATEMENT OF WORK ORDER

The undersigned hereby certifies that the work order was prepared by the undersigned and that the work order was prepared by the undersigned.

Signature of Service Advisor

Date of Work Order

Signature of Customer

Date of Work Order

Signature of Service Advisor

Date of Work Order

Signature of Customer

Date of Work Order

PRELIMINARY ESTIMATE

AUTHORIZED BY

Signature of Service Advisor

Date of Work Order

Signature of Customer

Date of Work Order

Signature of Service Advisor

Date of Work Order

Signature of Customer

Date of Work Order

24 (A)  
Replace & check front wheel  
baby

24 (B)  
Check R/F seat belt  
Remove R/F seat belt retractor & replace  
(jammed)

24 (C)  
Check R/F fog light wire  
Replace R/F fog light bulb (burnt out)

24 (D)  
Check tire monitor  
car in accident & sensor missing

24 (E)  
LOF.  
MOBIL I

10432623 22102  
1- 10247249 w/stop  
22170

WELCOME TO GM DCS 11/06/00

SYSTEM (C), EDS, 1989, 1992, 1993, 1995. ALL RIGHTS RESERVED.

ENTER: FOR REQUESTS RELATED TO:

CHV CHEVROLET MOTOR DIVISION  
OLD OLDSMOBILE DIVISION  
CAD CADILLAC MOTOR DIVISION  
MIC MOTORS INSURANCE CORPORATION  
99 END CALL

=> CHV

ENTER APPLICATION SELECTION OR 'ME' FOR MENU

=> 99

WELCOME TO THE VEHICLE INFORMATION SERVICE SYSTEM

ENTER 1 VIN PER LINE (UP TO 20 VINS) IF LESS THAN 20, HIT ENTER TO SEND  
OR TYPE <END> TO EXIT

1==> 1G1YY22G2W5110120

2==>

VIN : 1G1YY22G2W5110120 INQUIRY DATE : 11/06/00

SALES DATE : 11/29/97 SALES MILEAGE : 5

OPEN CAMPAIGNS : NONE

VEHICLE WARRANTIES :

3/36 BUMPER TO BUMPER - NO DEDUCTIBLE

50 EMISSIONS (CALIF STANDARDS)

7/90 EMISS SPECIFIC COMPONENTS (CALIF ST

8/80 EMISSIONS (CATAL CONVERTER/PCM)

3/36 EMISS (EXTENDED FROM 2/24 FED STDS)

6/100 SHEET METAL RUST-THROUGH

3/36 SHEET METAL CORROSION

TYPE OF SALE : LEASE

FIRST RETAIL OWNER :

CURRENT OWNER :

TOTAL # OWNERS : 0

SERVICE CONTRACTS : NONE

YOU ARE NOW LEAVING THE VEHICLE INFORMATION SERVICE SYSTEM

ENTER APPLICATION SELECTION OR 'ME' FOR MENU

=> 99

END GM DCS 11/06/00 11:23

PLEASE INDENTATION

The Carfax logo consists of the word "CARFAX" in a bold, sans-serif font, with each letter enclosed in a separate rectangular box.

VEHICLE HISTORY REPORTS

www.carfax.com

## Carfax Vehicle History Report Summary

OK

**GOOD NEWS!** Carfax analyzed the Vehicle ID Number (VIN) for this 1998 Chevrolet Corvette Sport Coupe and determined that it qualifies for the \$5,000 Carfax Clean Title History Guarantee. This is the peace of mind you need when purchasing a used car.

This section provides a top level summary of the detailed information contained in this Carfax Report.

VIN:	<u>1G1YY22G2W5110120</u>
Yr./Make/Model:	<u>1998 Chevrolet Corvette Sport Coupe</u>
Clean Title History Analysis:	<u>Clean Title History Guaranteed</u>
Odometer Fraud Analysis:	<u>No Odometer Fraud Detected</u>
Last Reported Odometer Reading:	<u>25,888 miles on 12/30/1999</u>
Additional Vehicle History Analysis:	<u>Checked 10 history and usage areas</u>
Total History Records:	<u>5 Records Found</u>

### How Carfax analyzed this vehicle's history:

The VIN for this 1998 Chevrolet Corvette Sport Coupe was checked against the nationwide Carfax Vehicle History Database containing over 1.31 billion vehicle history records. The Carfax database includes U.S. and Canadian title and registration activity, rental and lease usage, odometer readings from inspection stations, auto auctions and other sources. The detailed results of the Carfax analysis appear below.

The Carfax logo consists of the word "CARFAX" in a bold, sans-serif font, with each letter enclosed in a separate rectangular box.

## Vehicle Specifications



VIN:	1G1YY22G2W5110120
Yr./Make/Model:	1998 Chevrolet Corvette Sport Coupe
Body:	2D H/B 2-seat car
Engine:	5.7L V8 PFI OHV ALUM
Fuel:	Gasoline
Driveline:	Rear-wheel drive
Aspiration:	Normal
Country Mfg.:	United States

## 2 Clean Title History Analysis

**OK**

**GOOD NEWS!** Carfax analyzed the title history records for this 1998 Chevrolet Corvette Sport Coupe and determined it has a Clean Title History. Best of all, this vehicle qualifies for the Carfax \$1,000 Clean Title History Guarantee. Be sure to print and save this valuable Carfax Guarantee along with this full report.

### Problems Analyzed:

Salvage/Junk Title

Rebuilt/Reconstructed Title

Flood Damage Title

Damage Disclosure Title

Manufacturer Buyback Title (LEMON)

Exceeds Mechanical Limits Title

Not Actual Mileage Title

### Results:

**OK** Checked - No Problem Found**OK** Checked - No Problem Found**OK** Checked - No Problem Found**OK** Checked - No Problem Found**OK** Checked - No Problem Found**OK** Checked - No Problem Found**OK** Checked - No Problem Found

Click [here](#) for a complete Carfax Glossary containing terms used within this report.

## 3 Odometer Fraud Analysis

**OK**

**GOOD NEWS!** Carfax analyzed all reported odometer readings for this 1998 Chevrolet Corvette Sport Coupe and detected no odometer fraud - also called an "odometer rollback" or "odometer clocking." Please refer to Section 5, Vehicle History Details, for all reported odometer readings.

Carfax analyzed these odometer readings to determine if any reported reading is less than a previous odometer reading.

## 4 Additional Vehicle History Analysis

**OK**

**GOOD NEWS!** Carfax conducted additional analysis on other important vehicle history records for this 1998 Chevrolet Corvette Sport Coupe and found no vehicle history in the areas listed below. This analysis reveals useful information to consider when purchasing this vehicle.

**Vehicle History Analyzed:**

Salvage Auction Records  
 Failed Emissions Inspection  
 Grey Market Vehicle  
 Registered for government use  
 Registered for non-profit use  
 Vehicle sold/registered as part of a fleet  
 Registered for taxi use  
 Registered for commercial use  
 Registered for rental use  
 Registered for lease use

**Results:**

**OK** Checked - No Salvage Auction Records Found  
**OK** Checked - No Failed Emissions Inspection Found  
**OK** Checked - No Grey Market History Found  
**OK** Checked - No Government Use Found  
**OK** Checked - No Non-Profit Use Found  
**OK** Checked - No Fleet History Found  
**OK** Checked - No Taxi Use Found  
**OK** Checked - No Commercial Use Found  
**OK** Checked - No Rental Use Found  
**OK** Checked - No Lease Use Found

Click [here](#) for a complete Carfax Glossary containing terms used within this report.

## 5 Vehicle History Details



The Carfax database contains the following 5 records on this 1986 Chevrolet Corvette Sport Coupe:

DATE REPORTED	ODOMETER READING	INFORMATION SOURCE	GENERAL COMMENTS
12/04/1997		New York Motor Vehicle Dept. New York, NY	Registered as private vehicle
01/08/1998	3	New York Motor Vehicle Dept. Cleveland, OH	Title issued
12/11/1998	15,822	New York Inspection Station New York City Area	Passed safety inspection Passed emissions inspection
06/26/1999		New York Inspection Station New York City Area	Passed safety inspection
12/30/1999	25,988	New York Motor Vehicle Dept. New York, NY	Title issued First lien reported



Click [here](#) for a complete Carfax glossary containing terms used within this report.

**NOTE:** You have significantly reduced your risk of purchasing a vehicle with a hidden problem. However, Carfax has not inspected this vehicle. There could be other potential problems with this vehicle that have not been reported to Carfax.

**NOTE:** Not all titles issued represent a change in vehicle ownership. For example, a title could be issued to reflect an address change or correction.

---

PUT THIS CLEAN TITLE GUARANTEE IN A SECURE LOCATION!

---



**\$5,000**



## *Clean Title History Guarantee*

The \$5,000 Clean Title History Guarantee for Carfax is designed to provide peace-of-mind. If you later discover a problem title in this vehicle's history that was not included on this Carfax Report, Carfax will pay you 10% of the vehicle's wholesale value, up to \$5,000.

Best of all, this guarantee is transferable for three years from the issue date. Should you sell this vehicle prior to the expiration date, you can pass this guarantee protection to the new owner.

### **\$5,000 Clean Title History Guarantee Coverage:**

VIN:	1G1YY22G2W5110120
Year/Make/Model:	1998 Chevrolet Corvette Sport Coupe
Issue Date:	03/21/2001
Expiration Date:	03/21/2004

Carfax agrees to pay to the holder of this report 10% of the wholesale value of the car, up to \$5,000, if Section 2 of this report indicates a Clean Title History and a Problem Title actually exists for this vehicle. A Problem Title is defined as a passenger motor vehicle ownership document issued by the state that bears the word or symbol signifying that the vehicle was salvaged or junked; rebuilt or reconstructed; flood damaged; disclosed as damaged; bought back by the manufacturer; odometer exceeds mechanical limits; odometer was not the actual mileage; or any other symbol or word of the kind. Guarantee Certificate along with corresponding full report must be presented in order to be eligible for payment.

**[View complete Clean Title History Guarantee Terms and Conditions.](#)**

## Carfax Customer Connections

In appreciation for your business, we offer our valued customers additional useful services and auto-related savings opportunities. Here are several special offers provided by Carfax and our selected partners to further assist you in the car buying process.



### Thanks for using Carfax!

Carfax has screened and selected for you the very best providers who offer quality products and service at low prices. Shop these providers with confidence thanks to Carfax.

#### Warranties



#### Finance



#### Insurance



Call 1-800-943-9070

#### Services



#### Warranty Disclaimer:

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[www.carfax.com](http://www.carfax.com)

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# STATE OF NEW YORK DEPARTMENT OF MOTOR VEHICLES

6 EMPIRE STATE PLAZA, ALBANY NY 12228

Ray P. Martinez  
Commissioner

## CERTIFICATION THAT AN ACCIDENT REPORT HAS NOT BEEN FOUND

Date 5/8/01

This is in response to your request for copies of a motor vehicle accident report. Section 201 of the Vehicle and Traffic Law provides that accident reports may be destroyed after four years.

I certify that I have legal custody of the files, papers and records of the Department of Motor Vehicles, and that I have had these files, papers, and records diligently searched. However:

1. We cannot provide the accident report you are looking for because, based on the information you provided, we could not find a driving record for:

\_\_\_\_\_  
(Name) (Date of Birth)

\_\_\_\_\_  
(Name) (Date of Birth)

The name you provided could be misspelled or the DOB could be wrong.

2. There is no record of an accident having occurred on 12/11/00 for Meyer M. Hallioua 7/11/7

The date of accident you provided could be incorrect, or this accident may have been classified as a non-reportable accident. A non-reportable accident is one which did not involve death, injury or damage to the property of any individual of \$1,000 or less. Drivers are not required to report these accidents. However, many motorists do report these accidents either to the police or to DMV, but non-reportable accidents that are reported to police agencies are not always sent to DMV.

3. We cannot find an accident report from NYPD:

Precinct Number \_\_\_\_\_ Accident Number \_\_\_\_\_ or, the information on that NYPD precinct and accident number does not match the other accident information you gave us.

Certified Document Center

By:

*Loraine P. K. Wilcox*

Records Manager

BALANCE: 700.00

\*\*VEHICLE IDENTIFICATION NUMBER RECORD EXPANSION\*\* TODAY'S DATE IS 02/05/0

VIN# 1G1YY22G2W5110120

CURRENT OWNER

98 CHEVR GREY 2DSD WGT: 003191

025868 ACTUAL MILEAGE

FUEL: GAS CYL: 00

PLATE: TYPE: PASSENGER

NEW YORK NY

TITLE ISSUED ON: 12/30/99

\*\*\*\*\* LIENS \*\*\*\*\*

DATE LIEN PROCESSED: 12/02/99

READING PA

\*\*\*\*\* PRIOR OWNERS \*\*\*\*\*

BROOKLYN OH

\*\*\* ENTER NEXT FUNCTION CODE MENU \*\*\*

BALANCE: 704.00

\*\*\* REGISTRATION RECORD EXPANSION \*\*\*      TODAY'S DATE IS 02/05/01  
PLATE: R248MK      TYPE: PASSENGER      REGISTRANT INFORMATION:  
VIN#: 1G1YY22G2M5110120      [REDACTED]      DOB: 12/28/6  
98 CHEVR GREY      2DSD WEIGHT:003191      SEX: M  
FUEL: GAS      CYL: 08      435 E 70 STREET      COUNTY: NEWY  
EXPIRES: 06/07/02      VALID: 06/05/00      NEW YORK NY      ZIP: [REDACTED]  
INS: 011 - ALLSTATE INS CO      MI#: H01422 24468 158121-69

----- PREVIOUS VEHICLES/PLATES/INSURANCE INFO ASSOCIATED WITH THIS RECORD --

INS: 011 - ALLSTATE INS CO      ON FILE AS OF 12/02/99

93 MITSU WHITE      2DSD WEIGHT:003268      FUEL: GAS      CYL 06 VIN# JA3BN74K1PY0471  
EXPIRES: 06/07/00      VALID: 06/06/98      INS: 011 - ALLSTATE INS CO

\*\*\* ENTER NEXT FUNCTION CODE MENU \*\*\*

State of New York DEPARTMENT OF MOTOR VEHICLES, Empire State Plaza, Albany, New York 12228

REGISTRATION PLATE RECORD

VISDA

REQUEST CODE

-DAS

18

[REDACTED]

[REDACTED]

Date of Birth

Plate No.

[REDACTED]

Sex MALE

Type of Reg. PASSENGER 16

NEW YORK NY

NEWY

Print Date 02/07/01 Expires 6/07/02

REG 98 CHEVR GY 2DSD IG1YY2262W5110120 08 GAS 003191 6/05/00

INS-011 ALLSTATE INS CO

REG

12/02/99

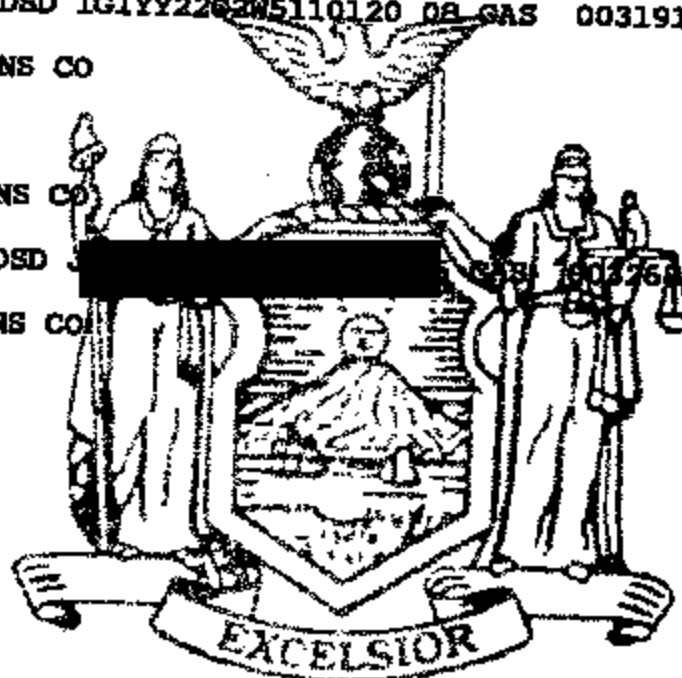
INS-011 ALLSTATE INS CO

REG 93 MITSU WH 2DSD

[REDACTED]

6/08/98

INS-011 ALLSTATE INS CO



This is to certify that the foregoing is a true and complete copy (photographic) of a record on file in the New York State Department of Motor Vehicles, Albany, New York.

*Raymond P. Martin*  
Commissioner of Motor Vehicles

State of New York DEPARTMENT OF MOTOR VEHICLES, Empire State Plaza, Albany, New York 12228  
**VEHICLE TITLE RECORD**

2/07/01

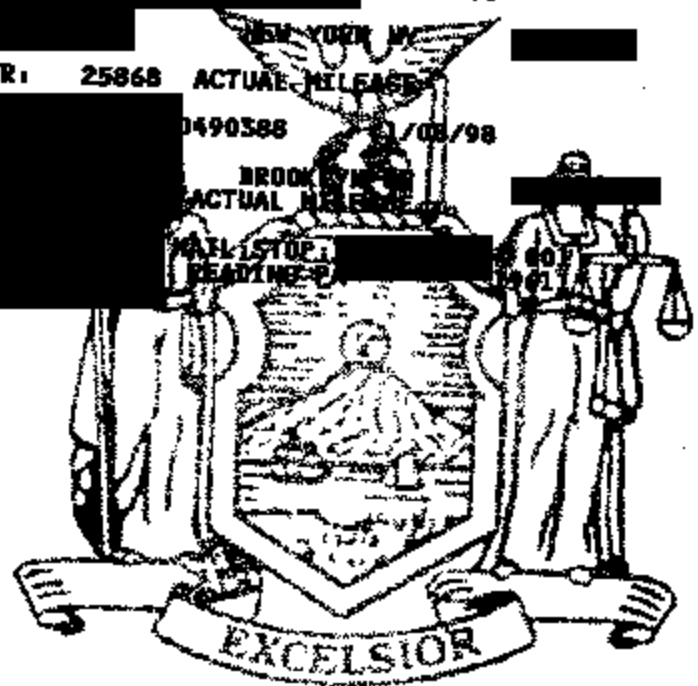
REQUEST CODE  
 -DAS 10

Title and Identification No.	Year	Make	Model	Body Style	Wt./Gm./Lb.	Color	Fuel	Cyl./Prop.
18IYY226ZW5110120	98	CHEVR	CVT	ZDSO	3191	GY	GAS	8

CURRENT OWNER [REDACTED] 12/30/99

ODOMETER: 25868 ACTUAL MILEAGE [REDACTED]  
 PREVIOUS OWNER [REDACTED] 0490388 1/08/98

LIENHOLDER: [REDACTED]



This is to certify that the foregoing is a true and complete copy (photographic) of a record on file in the New York State Department of Motor Vehicles, Albany, New York.

*Lawrence J. Hughes Jr.*  
 Acting Commissioner of Motor Vehicles

**NORTHEAST  
REGIONAL  
CLIMATE  
CENTER**

1123 Bradfield Hall  
Cornell University  
Ithaca, NY 14853-1901

Phone: (607) 255-1751  
Fax: (607) 255-2106

Internet mail: nrcc@cornell.edu



February 7, 2001

To Whom It May Concern:

The Northeast Regional Climate Center located at Cornell University operates under the direction of the National Climatic Data Center of the National Oceanic and Atmospheric Administration (NOAA). I certify that the enclosed photocopies are reproductions of the original reporting forms submitted by the weather observer at Avenue V in Brooklyn, NY for the month of December 2000. These forms are kept on file during the usual course of business by the Northeast Regional Climate Center. This report was provided to the Northeast Regional Climate Center by the weather observer at this location.

I certify that the attached hourly weather records from JFK Airport, NY for December 11, 2000 were obtained from computer files maintained during the usual course of business by the Northeast Regional Climate Center. This report is based on data recorded by weather observers at this location and transmitted to the Northeast Regional Climate Center via telecommunication links.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathryn Freeland".

Kathryn Freeland  
Climatologist  
Northeast Regional Climate Center

# Hourly Surface Observations

Station: NEW YORK J F KENNEDY INT'L ARP, NY

YY	MM	DD	Hour	Temperature	Dewpoint	Wind Direction	Wind Speed	Wind Gusts	Station Pressure	Visibility	Weather Conditions	Total Sky Cover
---	---	---	---	degF	degF	compass	miles/hour	miles/hour	inch Hg	miles	text	fraction
2000	12	11	00	39	38	NNE	4.6		30.19	5.00	fog/mist	1.0
2000	12	11	01	39	38	N	9.2		30.18	5.00	fog/mist	1.0
2000	12	11	02	39	37	NNW	5.8		30.18	5.00	fog/mist	1.0
2000	12	11	03	39	39	N	5.8		30.18	5.00	fog/mist	1.0
2000	12	11	04	39	39	N	8.1		30.17	0.25	fog/mist	1.0
2000	12	11	05	39	39	NNE	6.9		30.16	0.25	fog/mist	1.0
2000	12	11	06	39	38	E	3.5		30.15	2.00	fog/mist	1.0
2000	12	11	07	38	38	NNE	4.6		30.18	2.00	fog/mist	1.0
2000	12	11	08	37	37	NNE	5.8		30.18	0.00	fog/mist	1.0
2000	12	11	09	38	38	NNW	3.5		30.20	0.00	heavy fog	1.0
2000	12	11	10	40	39	NE	5.8		30.19	0.00	heavy fog	1.0
2000	12	11	11	46	43	calm	0.0		30.17	2.50	fog/mist	1.0
2000	12	11	12	45	41	calm	0.0		30.16	5.00	fog/mist	1.0
2000	12	11	13	45	41	calm	0.0		30.13	6.00	fog/mist	0.8
2000	12	11	14	-	-	-	-		-	-	-	-
2000	12	11	15	42	41	SW	9.2		30.11	4.00	fog/mist	0.8
2000	12	11	16	40	38	SW	6.9		30.08	4.00	fog/mist	0.8
2000	12	11	17	38	36	WSW	5.8		30.06	4.00	fog/mist	0.8
2000	12	11	18	38	37	SW	6.9		30.05	4.00	fog/mist	0.8
2000	12	11	19	40	39	S	9.2		30.04	6.00	fog/mist	1.0
2000	12	11	20	41	40	S	5.8		30.00	6.00	fog/mist	1.0
2000	12	11	21	43	41	SSE	9.2		29.96	7.00		1.0
2000	12	11	22	43	41	SSE	10.4		29.92	5.00	fog/mist	1.0
2000	12	11	23	45	43	S	13.8		29.91	7.00		1.0

NEW YORK AVENUE V BROOKLYN

DEC	2020
-----	------

NEW YORK

COUNTY **KING**

TIME (hr:min) OF OBSERVATION RIVER

2017

## PRECIPITATION

STANDARD TIME IN USE

TYPE OF POWER SOURCE:

### DESCRIPTION OF WORK

**LOGO FILE**

### EXPERIMENTAL PROCEDURES

## RECORD OF RIVER AND CLIMATOLOGICAL OBSERVATIONS

[illegible]

**RIMLAND & ASSOCIATES**

ATTORNEYS AT LAW  
82 COURT STREET, SUITE 1508  
BROOKLYN, NEW YORK 11201

TEL 718-222-1919

FAX 718-222-1901

*no mail  
no log  
no up  
\$ 1/17*

EDWARD RIMLAND

DAVID A. BROWN

DANIEL L. SCHNEIDER

ANN MARBACA

OF COUNSEL

SOPHI CLASSEN

DAISY GUZMAN

PARALEGALS

January 9, 2001

Esis

300 Renaissance Center

Mail Code 482C20D71

Detroit, MI 48265

Attention: Latasha Hawkins

**RECEIVED**

JAN 17 2001

Re: Claimant: [REDACTED]  
D/Acc.: December 11, 2000  
Claim No. [REDACTED]  
Complaint No. [REDACTED]

**ESIS-GM CLAIMS UNIT**

Dear Ms. Latasha:

Please be advised that we represent the above mentioned claimant for bodily injury sustained on the above accident date.

Kindly note that this accident occurred on December 11, 2000, in the vicinity of Ocean Avenue and Avenue T in Brooklyn, N.Y. Enclosed is a copy of the police accident report. Please note that the police report indicates that all gages shut down causing the brakes to become inoperable.

If you wish to inspect the car, please call my office to make the necessary arrangements. If we do not hear from you within the next ten (10) days, my client will be forced to make the necessary repairs to the vehicle.

Thank you for your attention to this matter.

Very truly yours,

*[Signature]*  
Edward Rimland

ER/hr  
Encl.

ESIS/GM Central Claims Unit  
Tanya R. Morris

February 5, 2001

**ESIS**

An Insurance Services Company

P.O. Box 300  
M/C: 482 C20 D71  
Detroit, MI 48265-3000  
Telephone: 1.800.888.0164

Mr. Edward Rimland, Esq.  
Rimland & Associates  
32 Court Street, Suite 1506  
Brooklyn, New York 11201

RE: Claimant: [REDACTED]  
Our File No.: [REDACTED]  
Our Client: General Motors Corporation  
Date/Event: 12/11/00

Dear Mr. Rimland:

ESIS provides administrative claims handling services to General Motors (GM) in connection with product liability claims against GM. They have referred your client's claim to our office for further handling. Please address all future correspondence to my attention.

So we may further investigate your client's claim, we request that you provide us with the following information:

1. Statement describing the incident, outlining the date, time and events regarding this matter. Also statements of other witnesses, if available would be appreciated;
2. Proof of defect in your vehicle, including expert's reports, mechanic statements, or other supporting documentation;
3. All medical records concerning the injuries suffered as a result of this accident. A Consent to Develop Wage and Medical Information form is enclosed to assist our office in obtaining these records;
4. Original photographs (or color copies) taken by you, or someone on your behalf, of the vehicle that is the basis of your claim;
5. Documentation to substantiate the type and amount of damages claimed;
6. Current location of the subject vehicle. If you are in possession of the subject vehicle, you have an obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their immediate post-incident condition for as long as you intend to pursue a claim and/or cause of action.

When we have received this information, we will be in a better position to consider your client's claim. Richard Schottler, our investigator, will be contacting you to meet with you and your client. Should you have any questions please contact me on 1.800.888.0164 between 7:30 a.m and 4:00 p.m. Est.

Sincerely,

  
Tanya R. Morris

Attachment

# ESIS

An Insurance Services Company

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

800.888.0164 tel  
313.665.0911 fax

Karen Schafer  
Claims Administrator

February 28, 2001

David Brown, Esq.  
Rimland & Associates  
32 Court Street, Suite 1506  
Brooklyn, NY 11201

RE: Claimant: [REDACTED]  
Our File No.: 417229  
Our Client: General Motors Corporation  
Date/Event: 12/11/00  
Subject vehicle: 1998 Chevrolet Camaro  
VIN: 1G1YY22G2W5110120

Dear Mr. Brown:

I am writing to confirm our conversation of yesterday during which you stated that your client is not presenting an air bag claim against General Motors Corporation. I understand that your client is alleging that the steering on the vehicle locked, and that the vehicle then lost power. If there are additional allegations, or if this is not correct, please advise.

Please forward a letter of representation, and advise of the injuries sustained by your client. Please also have your client sign and return the *Consent to Develop Wage and Medical Information* form, which Tonya Morris of our office sent to you with her letter, dated February 5. We will need you to provide the names, addresses and phone numbers of your client's treating physicians and of his employer if he will be making a claim for lost wages. We are also still in need of the additional items requested by Ms. Morris in her February 5 letter.

Your client has an obligation to ensure that the subject vehicle and its related components are maintained and preserved in their immediate post incident condition for as long as a claim and/or cause of action is pursued.

Please provide the requested materials to Ms. Morris at the address listed above, and direct future communications to her attention.

Sincerely,

Karen Schafer

CLK  
2.28.01

RECEIVED  
OCT 25 2001  
ESIS-GM CLAIMS UNIT

RIMLAND & ASSOCIATES  
ATTORNEYS AT LAW  
32 COURT STREET, SUITE 1506  
BROOKLYN, NEW YORK 11201

TEL: 718-222-1919

FAX: 718-222-1901

EDWARD RIMLAND  
DANIEL L. SCHNEIDER  
ANN MARESCA  
OF COUNSEL

SOPHI OLSEN  
JANET RAMOS  
KATHURGA SANTANA  
PARALEGALS

October 18, 2001

ESIS GM Claim  
P.O. Box 300  
Detroit, MI 48265-3000

Attention: Karen Schafer

Re.: Your Insured: General Motors Corp.  
Claim No.: [REDACTED]  
Claimant.: [REDACTED]  
D/Acc.: December 12, 2000

Dear Ms. Schafer:

Enclosed please find the following medicals on the above mentioned claimants:

1. Valentin Avanesov, M.D., medical report dated December 27, 2000 and an initial comprehensive examination report dated December 27, 2001, with EMG, motor nerve and sensory nerve reports dated March 22, 2001 and February 27, 2001, along with dates of treatment.

2. Deajess Medical Imaging, P.C., MRI report of the left ankle.

3. Ocean Diagnostic Radiology, P.C., MRI reports of the cervical spine, lumbar spine and left ankle.

I also enclose authorizations to obtain duplicate original MRI films and a copy of the no-fault file.

Please call me when you have had a chance to review this matter.

Very truly yours,

  
Edward Rimland

ER/sc  
Encl.  
cc: [REDACTED]

October 18, 2001

ESIS GM Claim  
P.O. Box 300  
Detroit, MI 48265-3000

Attention: Karen Schafer

Re.: Your Insured: General Motors Corp.  
Claim No.: [REDACTED]  
Claimant.: [REDACTED]  
D/Acc.: December 12, 2000

Dear Ms. Schafer:

Enclosed please find the following medicals on the above  
mentioned claimants:

1. Valentin Avanesov, M.D., medical report dated December 27, 2000 and an initial comprehensive examination report dated December 27, 2001, with EMG, motor nerve and sensory nerve reports dated March 22, 2001 and February 27, 2001, along with dates of treatment.

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I also enclose authorizations to obtain duplicate original MRI films and a copy of the no-fault file.

Please call me when you have had a chance to review this matter.

Very truly yours,

Edward Rimland

ER/sc  
Encl.

cc. (17) ✓



**VALENTIN AVANESSOV, PHYSICIAN, PC**

**444 Avenue X, Suite 1E  
Brooklyn, NY 11223  
Tel. (718) 645-4992**

**NARRATIVE REPORT\***

**Re: Patient:** [REDACTED]

**D/O/A: 12/11/00**

**Date of Initial Exam: 12/27/00**

**HISTORY:**

The above-captioned 22-year-old male was initially evaluated at the office on above-mentioned date, stating that he was a driver of the vehicle, which was impacted by another moving vehicle. He further stated that he was unaware of the forthcoming collision and was therefore unprepared for the impact. Patient stated that the impact jolted him in different directions, slamming against various parts of the interior of the vehicle. Patient denies loss of consciousness and had fair recollections of the accident. He recalled being shocked and dazed. Police came on the scene of the accident and police report was taken.

Patient is unaware of any congenital problems or previous illnesses, which relate to describe symptoms.

**CHIEF COMPLAINTS:**

**Pain evaluation rating scale: 9/10**

- ◆ Headaches
- ◆ Dizziness
- ◆ Jaw pain
- ◆ Tingling in fingers

- ◆ Insomnia
- ◆ Pain and stiffness in the neck, radiating to the both upper extremities
- ◆ Restriction of neck motion
- ◆ Pain and stiffness in the lower back, radiating to the left leg
- ◆ Left knee pain
- ◆ Left ankle pain

#### PAST MEDICAL HISTORY:

Non Contributory. The patient advised that beside the above-mentioned conditions, there was a benign past trauma, surgical, medical history that would not be a contributory factor to the present symptoms. Patient states that he knows of no existing drug allergies or food intolerance. The patient further advised of the otherwise "reasonable good health" prior to the accident.

#### SURGICAL HISTORY:

Non Contributory.

#### SOCIAL HISTORY:

Single.

#### FAMILY HISTORY:

Non Contributory.

#### ALLERGIES:

No known allergies.

#### CURRENT MEDICATIONS:

None.

#### REVIEW OF SYSTEMS:

Negative for melena, hematuria, abdominal bloating, fever, weight loss, chest pain, respiratory distress.

**PHYSICAL EXAMINATION:**

**VITAL SIGNS:**

B/P-120/80, pulse - 76, respiration - 18. Patient is alert and oriented in time, place and event. He is well-developed male in moderate distress secondary to pain.

**GAIT AND STAGE:**

The patient was observed to ambulate with an antalgic gait, no limp and without an assistive device. Antalgic position of the neck was not observed. The patient was unable to get on and get off the examination table without difficulty, secondary to the upper/lower back pain and had moderate difficulty going from the supine to prone to supine position.

**HEENT:**

~~The head is normocephalic. The pupils are equal and reacted to light and accommodation. The conjunctivae were not injected or discolored. The nose was clear, with no obstruction. The ear canals were clear. There was no blood in the ear canals. The mouth and throat's oral passages were clear. No inflammation was noted.~~

**CHEST:**

A-P diameter and excursion of the chest wall are within normal limits. There is no major deformity of the chest wall.

**LUNGS:**

Clear, no rales or rhonchi.

**HEART:**

is in regular rhythm, not enlarged, no murmur.

**ABDOMEN:**

There is no rigidity or guarding. The liver and spleen are not enlarged. Bowel sounds are normal. No masses and no organomegaly noted.

**SKIN:**

There are no bruises noted.

**NECK:**

Palpation of the muscles of the anterior neck moderate bilateral muscular guarding. No cervical lymphadenopathies were palpable, thyroid size was not remarkable. Thachea was in the midline.

**EXTREMITIES:**

There is no cyanosis, distal pulses are intact, no edema noted.

**EXAMINATION OF THE SHOULDERS:**

Examination of the both shoulders did not reveal swelling and or discoloration. Shoulders appeared symmetrical. No signs of upper extremity muscle wasting or atrophy were appreciated. There was no tenderness noted over Trapezius, Rhomboid and Deltoid areas. No crepitus present. Negative Drop Arm Test, apprehension sign and Impingement sign. Range of motion of the both shoulders was preserved.

**EXAMINATION OF THE CERVICAL SPINE:**

Cervical muscles appeared symmetrical with severe tenderness and muscle spasm to upper trapezius and upper paraspinal muscles. There are pain and tenderness on palpation of the cervical spine, soft tissue and musculature. Pain is enhanced on movements against forced passive resistance. Decreased muscle strength and paravertebral muscular spasm noted to the cervical region. Range of motion of the cervical spine revealed the following arthrometric readings:

Flexion	50 degrees with pain upon extremes of motion
Extension	60 degrees with pain upon extremes of motion
Left Rotation	70 degrees with pain upon extremes of motion
Right Rotation	70 degrees with pain upon extremes of motion
Left Lateral Flexion	40 degrees with pain upon extremes of motion
Right Lateral Flexion	40 degrees with pain upon extremes of motion

**EXAMINATION OF THE LUMBAR SPINE:**

There are pain and tenderness on palpation of the lumbosacral spine, soft tissue and musculature. Pain is enhanced on movements against forced passive resistance. Decreased muscle strength and paravertebral muscular spasm noted to the lumbosacral region. Range of motion of the lumbar spine revealed the following arthrometric readings:

Flexion	30 degrees with pain upon extremes of motion
---------	--

Extension	5 degrees with pain upon extremes of motion
Left Rotation	40 degrees with pain upon extremes of motion
Right Rotation	40 degrees with pain upon extremes of motion
Left Lateral Flexion	20 degrees with pain upon extremes of motion
Right Lateral Flexion	20 degrees with pain upon extremes of motion

Straight leg raising test was positive 40 degrees bilaterally.

#### EXAMINATION OF THE HIPS:

Range of motion of the hips is full in all planes.

#### EXAMINATION OF KNEES:

Range of motion of the both knees was decreased on the left. Negative mediolateral instability bilaterally. Negative A-P instability bilaterally. Left knee was tender on palpation and restricted on motion.

Left ankle was tender on palpation and restricted on movement.

#### INITIAL IMPRESSION:

Post multi-trauma syndrome with clinical evidence of involvement of the left knee, left ankle, cervical and lumbosacral spine, soft tissue and musculature, with possible involvement of the cervical, thoracic and lumbosacral nerve roots as well. There is limitation of the range of motion of the left knee, left ankle, cervical and lumbosacral spine, with tenderness and muscle spasm.

#### PLAN:

#### CLINICAL COURSE:

The patient was examined and told that due to his injuries, no heavy work activities should be performed until told so by his physician. The patient was informed that treatment was proposed along with the fact that modification of therapy will occur from the time to time to accommodate the condition changes. The patient was advised of the possibility of changes in symptoms as time and treatment progress.

#### TREATMENT:

The patient was advised to start a conservative physical therapy and rehabilitation program, consisting thermotherapy, massage, electrical stimulation, stretching and exercising, proper body mechanic and home program.

The treatment protocol we were proposing will consist of:

- ◆ Diathermy – 97024
- ◆ Cryotherapy or Thermotherapy – 97010
- ◆ Phonophoreous therapy – 97035
- ◆ Electrotherapy - 97032
- ◆ Massage – 97122
- ◆ Assisted active and passive range of motion exercises – 97110

#### **DIAGNOSTIC IMPRESSION:**

On the basis of patient complains, the history of injury as described above, the physicians examination findings, supported by performed tests and consultation, we come to the final conclusion that the patient suffering from the following:

1. Posttraumatic Encephalgia.
2. Postconcussion Syndrome.
3. Traumatological Musculoligamentous Injury to the Neck/ Sprain/Strain of Anterior Longitudinal Ligament.
4. Traumatological Cervical Paraspinal Myofascitis.
5. Muscle Spasm of Cervical Paraspinal.
6. Straightening of the Normal Cervical Lordosis.
7. Disc Bulge at C2-C3 and C3-C4.
8. Partial Denervation in Muscles Sharing Innervation via Left C5-C6 Roots.
9. Lesion at Left C5-C6 Roots.
10. R/o Cervical Radiculopathy.
11. Traumatological Musculoligamentous Lumbosacral Joint/Ligamentous Strain.
12. Traumatological Lumbosacral Paraspinal Myofascitis.
13. Muscle Spasm of Lumbar Paraspinal.
14. Disc Bulge at L2-L3, L3-L4 and L4-L5.

- 15.R/o Right Lumbar Radiculopathy.
- 16.Traumatological Injury of the Left Knee.
- 17.Edema Anterior Cruciate Ligament.
- 18.Traumatological Injury of the Left Ankle.
- 19.Lateral Talar Tilt.
- 20.Small Joint Effusion.
- 21.Contusion of the Head.
- 22.Posttraumatic Stress Disorder.

### TREATMENT PLAN:

A comprehensive treatment plan was elaborated for the patient. During the course of the treatment the patient was periodically examined and treatment program was modified to the patient individual needs. The patient was persistent with described above office and home plans. To this date patient has received numerous office treatment sessions. The patient was also instructed to perform home treatment using portable physiotherapeutic modality and assistive-supportive devices prescribed.

### TREATMENT COURSE AND CURRENT STATUS

The patient reported some improvement. The patient achieved some recovery from sustained condition. Results of the treatment demonstrated that the patient's prescribed program was adequate. However the above-named still has not demonstrated full and complete recovery and still partially able to perform tasks at previous capacity, as prior to the accident. Patient still complains of the pain and restrictions of motions of the neck and lower back aggravated by movement. Some degree of interference with patient's daily performances and usual and customary activity.

### FUTURE RECOMMENDATIONS:

To support the achieved results of the treatment program and prevent possible exacerbation, which are inherent in this type of injury, the patient was placed on a maintenance physical therapy program, consisting of:

1. Office therapy on bi-weekly basis, similar to previous treatment.
2. Home program, also consisting of physical therapy on a daily basis, using the prescribed portable modality and equipment.
3. Re-evaluation on the one-month basis.

**OPINION AND PROGNOSIS:**

According to the patient's statement, which is correct and accurate, there is no prior history of similar injury.

The patient has suffered significant limitation of the use of his cervical and lumbar spine, which left him with difficulty to a great extent in performing his usual and customary daily activities without experiencing pain. The patient can continue to have intermittent pain, stiffness and can be expected to have difficulties with the regions involved.

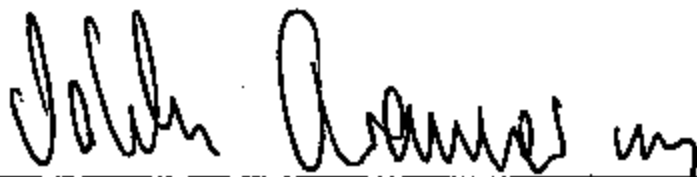
In this type of injuries, there are nerves and disc pathologies as well as tearing of soft tissue components such as muscles and ligaments that will never be flexible and elastic as original counterparts. There can be a permanent limitation of motion to the cervical spine due to the injuries sustained. Injuries precluded from motor vehicle accident area result not only of direct body impact, but also acceleration/deceleration force. ~~Damaging forces are equal to mass multiplied by acceleration.~~

Injuries superimposed upon the cervical, thoracic or lumbosacral spine very often can lead to generative intervertebral disc changes, resulting in displacement or prolapsed of the disc material. All damages are very close to nerve roots, where they exit from the spine and may develop risk of chronic arthritis and scar formation can lead to constant deficit.

**COMMENTS:**

Based on patient's injuries and complaints, the clinical findings as well as the absence of symptoms prior to the accident, there is a causal relationship that exist between the above-mentioned date of the accident and the patient's injuries. These injuries can result in a permanent reduction of the normal range of motion of the cervical and lumbosacral regions and can result in pain upon performance of ordinary function.

Sincerely,



Valentin Avanesov, MD PM&R

**Valentin Avanesov, MD, PM&R**  
**444 Avenue X**  
**Brooklyn, NY 11223**  
**Tel: (718) 645-4992**

Patient: [REDACTED] DOB: 07/11/78  
 ID#: 034914 Height: 5'8  
 Sex: male Ref Phys: Valentin Avanesov, M.D.

**Patient History/Physical Exam:**

[REDACTED] year old male status post MVA who presents with complaints of persistent pain with radiation to left shoulder with weakness, numbness and decreased sensation to light touch and pin prick in the lateral forearm and 1-2 digits. Conservative treatment has not been successful and therefore an electrodiagnostic study of the cervical spine has been ordered.

Spurling's Test was positive.

There was no exacerbation at night or by Valsalva's maneuver.

Phalen's test was negative bilaterally

**EMG**

Index	Side	Muscle	Nerve	Root	Ins Act	Fibs	Paw	Fascic	Amp	Dur	Poly	Int Pat	Comment
1.00	Right	Deltoid	Axillary	C5-6	Nml	0	0	0	Nml	Nml	0	Complete	
2.00	Right	Biceps	Musculocut	C5-6	Nml	0	0	0	Nml	Nml	0	Complete	
3.00	Right	Triceps	Radial	C6-7-8	Nml	0	0	0	Nml	Nml	0	Complete	
4.00	Right	CervParaspinal Up	Rami	C1-C5	Nml	0	0	0	Nml	Nml	0	Complete	
5.00	Right	CervParaspinal Low	Rami	C6-C8	Nml	0	0	0	Nml	Nml	0	Complete	
6.00	Left	Biceps	Musculocut	C5-6	Inc	0	0	0	Nml	Nml	0	Complete	
7.00	Left	Triceps	Radial	C6-7-8	Inc	0	0	0	Nml	Nml	0	Complete	
8.00	Left	CervParaspinal Low	Rami	C6-C8	Inc	2+	2+	0	Nml	Nml	0	Complete	
9.00	Left	Deltoid	Axillary	C5-6	Inc	1+	1+	0	Nml	Nml	0	Complete	
10.00	Left	CervParaspinal Up	Rami	C1-C5	Inc	2+	1+	0	Nml	Nml	0	Complete	

**Motor Nerves.**

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm Amp (mV)	Neg Dur (ms)	Segment Name	Delta-O (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
<b>Left Median (Abd Polli Brev)</b>											
Wrist		3.20	<4.2	11.80	>5.0	5.94	Elbow-Wrist	4.77	28.5	59.75	>50.0
Elbow		7.97		11.82		6.09					
<b>Left Ulnar (Abd Dig Min)</b>											
Wrist		5.23	<3.4	6.46	>5.0	3.91	A Elbow-Wrist	8.36	42	50.24	>50.0
A Elbow		13.59		3.05		3.59	A Elbow-B Elbow	5.23	29	55.45	>50.0
B Elbow		8.36		2.33		3.20					
<b>Right Median (Abd Polli Brev)</b>											
Wrist		3.28	<4.2	10.61	>5.0	6.72	Elbow-Wrist	4.84	29	59.92	>50.0
Elbow		8.13		11.20		6.64					
<b>Right Ulnar (Abd Dig Min)</b>											
Wrist		3.52	<3.4	7.99	>5.0	5.63	A Elbow-Wrist	6.17	41	66.45	>50.0
A Elbow		9.69		8.46		6.64	A Elbow-B Elbow	4.69	32	68.23	>50.0
B Elbow		5.00		9.82		6.48					

## Sensory Nerves

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (μV)	Norm Amp (μV)	Segment Name	Delta-P (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Median Sen (2nd Digit)										
Wrist		3.38	<3.5	12.76	>10.0	Wrist-2nd Digit	3.97			>50.0
Left Ulnar Sen (5th Digit)										
Wrist		2.38	<3.4	19.85	>10.0	Wrist-5th Digit	3.59			>50.0
Right Median Sen (2nd Digit)										
Wrist		3.06	<3.5	12.79	>10.0	Wrist-2nd Digit	3.97			>50.0
Right Ulnar Sen (5th Digit)										
Wrist		2.25	<3.4	12.24	>10.0	Wrist-5th Digit	3.06			>50.0

## FWave/HReflex

NR	Lat1 (ms)	Lat2 (ms)	Delta (ms)	Amp (μV)
Left Median-F (APB)				
	28.41	0.00	-28.41	
Left Ulnar-F (ADM)				
	29.62	0.00	-29.62	
Right Median-F (APB)				
	28.71	0.00	-28.71	
Right Ulnar-F (ADM)				
	29.42	0.00	-29.42	

## Summary of Findings:

A nerve conduction velocity study was performed on the above selected nerves in the upper extremities for motor and sensory fiber conduction velocity. The data reveals normal distal latencies, amplitudes and conduction times. The F-wave responses are normal bilaterally. Needle EMG studies revealed abnormal findings as outlined in the table above.

## Conclusions:

Partial denervation was present in muscles sharing innervation via left C5-C6 roots. The paraspinal involvement indicates a radiculopathy. All findings can be caused by a lesion at left C5-C6 roots.

## Recommendations:

Continue physical therapy: Cervical traction, hot pack application, myofascial release, stretching and strengthening exercises.

*Valley Arden*

**VALENTIN AVANESSOV, M.D. PM&R****444 Avenue X, Suite 1E****Brooklyn, NY 11223****Tel: (718) 645 49 92****Patient:****ID#:****Sex:**

male

**DOB:**

07/11/78

**Height:****Ref Phys:****Patient History/Physical Exam:**

year old male status post MVA who presents with complaints of persistent pain with radiation to bilateral buttocks with decreased sensation to light touch and pin prick in the legs. Straight Leg Raising test was positive bilaterally. Symptoms were not increased by Valsalva's maneuver. Conservative treatment has not been successful and therefore an electrodiagnostic study of the study of the lumbar spine has been ordered.

**EMG**

Index	Side	Muscle	Nerve	Root	Ins	Act	Fibs	Prw	Fascic	Amp	Dur	Poly	Int Pat
1.00	Left	Quadriceps (Hip Add)	Femoral	L2-4	Nml	0	0	0	Nml	Nml	0	Complete	
2.00	Left	AntTibialis	Dp Br Peron	L4-5	Nml	0	0	0	Nml	Nml	0	Complete	
3.00	Left	MedGastroc	Tibial	S1-2	Nml	0	0	0	Nml	Nml	0	Complete	
4.00	Left	ExtDigBrev	Peroneal	L5-S1	Nml	0	0	0	Nml	Nml	0	Complete	
5.00	Left	Hamstrings	Sciatic	L5-S2	Nml	0	0	0	Nml	Nml	0	Complete	
6.00	Right	Quadriceps (Hip Add)	Femoral	L2-4	Nml	0	0	0	Nml	Nml	0	Complete	
7.00	Right	AntTibialis	Dp Br Peron	L4-5	Inc	0	0	0	Nml	Nml	0	Complete	
8.00	Right	MedGastroc	Tibial	S1-2	Nml	0	0	0	Nml	Nml	0	Complete	
9.00	Right	LumbParaspinal Up	Rami	L1-L3	Inc	0	1+	1+	Nml	Nml	0	Complete	
10.00	Right	LumbParaspinal Low	Rami	L4-S1	Inc	0	1+	1+	Nml	Nml	0	Complete	

**Motor Nerves**

Site NR Onset (ms)  
Segment Name Delta-Q (ms)  
Left Peroneal (EDB)

Norm Onset (ms)  
Dist (cm) Vel (m/s)  
O-P Amp (mV)  
Norm Vel (m/s)

Norm Amp (mV) Neg Dur (ms)

Ankle	4.38		<5.5	1.99	>2.5	4.53
Fib Hd-Ankle	7.57	31	40.95	>40.0		
Fib Hd	11.95			1.58		5.78
Right Peroneal (EDB)						
Ankle	4.30		<5.5	5.07	>2.5	4.38
Fib Hd-Ankle	5.63	33	58.61	>40.0		
Fib Hd	9.92			4.35		5.70
Left Tibial (AHB)						
Ankle	6.25		<6.0	5.01	>3.0	4.06
Poplit-Ankle	7.81	36	46.09	>41.0		
Poplit	14.06			2.73		4.69
Right Tibial (AHB)						
Ankle	5.31		<6.0	5.25	>3.0	4.06
Poplit-Ankle	9.06	38	41.94	>41.0		
Poplit	14.38			4.38		3.44

## Sensory Nerves

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (μV)	Norm Amp (μV)	Segment Name
Delta-P (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)			
Left Sup Peron (Ant Lat Mail)						
Low Leg		2.47	<3.5		146.84	>5.0 Low
Leg-Ant Lat Mail		5.09		>40.0		
Right Sup Peron (Ant Lat Mail)						
Low Leg		3.09	<3.5		102.68	>5.0 Low
Leg-Ant Lat Mail		3.91	14	35.81	>40.0	
Left Sural (Lat Mail)						
Calf		3.91	<3.5		103.76	>5.0 Calf-Lat
Mail	5.03	10	19.88	>40.0		
Right Sural (Lat Mail)						
Calf		2.78	<3.5		63.13	>5.0 Calf-Lat
Mail	3.22	10	31.06	>40.0		

## FWave/HReflex

NR	Lat1 (ms)	Lat2 (ms)	Delta (ms)	Amp (μV)
Left Peroneal-F (EDB)				
	42.37	0.10		-42.27
Right Peroneal-F (EDB)				
	41.47	0.00		-41.47
Left Tibial-F (AHB)				
	23.39	0.00		-23.39
Right Tibial-F (AHB)				
	44.08	0.00		-44.08
Left Tibial H (Gastroc)				
	33.13	0.00		-33.13

Ankle	4.38		<5.5	1.99	>2.5	4.53
Fib Hd-Ankle	7.57	31	40.95	>40.0		
Fib Hd	11.95			1.58		5.78
<b>Right Peroneal (RDB)</b>						
Ankle	4.30		<5.5	5.07	>2.5	4.38
Fib Hd-Ankle	5.63	33	58.61	>40.0		
Fib Hd	9.92			4.35		5.70
<b>Left Tibial (AHB)</b>						
Ankle	6.25		<6.0	5.01	>3.0	4.06
Poplit-Ankle	7.81	36	46.09	>41.0		
Poplit	14.06			2.73		4.69
<b>Right Tibial (AHB)</b>						
Ankle	5.31		<6.0	5.25	>3.0	4.06
Poplit-Ankle	9.06	38	41.94	>41.0		
Poplit	14.38			4.38		3.44

## Sensory Nerves

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (μV)	Norm Amp (μV)	Segment Name
Delta-P (ms)		Dist (cm)	Vel (m/s)			
Left Sup Peron (Ant Lat Mall)			Norm Vel (m/s)			
Low Leg		2.47	<3.5	146.84	>5.0	Low
Leg-Ant Lat Mall		5.09		>40.0		
<b>Right Sup Peron (Ant Lat Mall)</b>						
Low Leg		3.09	<3.5	102.68	>5.0	Low
Leg-Ant Lat Mall		3.91	14	35.81	>40.0	
<b>Left Sural (Lat Mall)</b>						
Calf		3.91	<3.5	103.76	>5.0	Calf-Lat
Mall	5.03	10	19.88	>40.0		
<b>Right Sural (Lat Mall)</b>						
Calf		2.78	<3.5	63.13	>5.0	Calf-Lat
Mall	3.22	10	31.06	>40.0		

## FWave/HReflex

NR	Lat1 (ms)	Lat2 (ms)	Delta (ms)	Amp (μV)
<b>Left Peroneal-F (RDB)</b>				
	42.37	0.10		-42.27
<b>Right Peroneal-F (RDB)</b>				
	41.47	0.00		-41.47
<b>Left Tibial-F (AHB)</b>				
	23.39	0.00		-23.39
<b>Right Tibial-F (AHB)</b>				
	44.08	0.00		-44.08
<b>Left Tibial H (Gastroc)</b>				
	33.13	0.00		-33.13

Right Tibial H (Gastroc)

31.73

0.00

-31.73

**Summary of Findings:**

A nerve conduction velocity study was performed on the above selected nerves in the lower extremities for motor and sensory fiber conduction velocity. The data reveals normal distal latencies, amplitudes and conduction times. The F-wave and H-reflexes are normal bilaterally.

Needle EMG studies revealed abnormal findings as outlined in the table above.

**Conclusions:**

The above electrodiagnostic study is consistent with right lumbar radiculopathy.

**Recommendations:**

Continue physical therapy: Hot pack, electrical stim., myofascial release, lumbar traction.

*Valentin Avanesov*  
Valentin Avanesov, M.D.

# SIGN-IN-SHEETS

Patient's Name: \_\_\_\_\_

LAST

FIRST

DOA: 12/11/00

#	Date of Visit	Signature	Notes
1 - IE	12.27.00	[REDACTED]	11-27.00
2 - F/UP	12.29.00	[REDACTED]	11-29.00
3	01.03.01	[REDACTED]	01-03-01
4	01/05/01	[REDACTED]	
5	01/10/01	[REDACTED]	
6	01/12/01	[REDACTED]	
7	01/15/01	[REDACTED]	
8	01/17/01	[REDACTED]	
9	01/19/01	[REDACTED]	
10	01/22/01	[REDACTED]	
11	01/24/01	[REDACTED]	
12	01/26/01	[REDACTED]	
13	01/29/01	[REDACTED]	
14	01/31/01	[REDACTED]	
15	02/05/01	[REDACTED]	
16	02/07/01	[REDACTED]	
17	02/09/01	[REDACTED]	
18	02/12/01	[REDACTED]	
19	02/14/01	[REDACTED]	
20	02/16/01	[REDACTED]	

# SIGN-IN-SHEETS

Patient's Name: 12/11/00

LAST

FIRST

DOA: 12/11/00

#	Date of Visit	Signature	Notes
1 - IE	02/19/01		
2 - F/UP	02/21/01		
3	02/23/01		
4	02/26/01		
5	02/28/01		
6	03/02/01		
7	03/07/01		
8	03/12/01		
9	03/14/01		
10	03/16/01		
11	03/19/01		
12	03/21/01		
13	03/26/01		
14	03/28/01		
15	04/02/01		
16	04/18/01		
17	04/20/01		
18	04/23/01		
19	04/25/01		
20	4/30/01		

02.27.01 249 upper  
03/22/01 2mg low.

## Patient Visit Registration Form

#	Patient Name	Patient Signature	Date of The Visit
1			05.02.01
2			05/07/01
3			05/14/01
4			05/18/01
5			05/23/01
6			05/30/01
7			06/04/01
8			06/11/01
9			06/13/01
10			06.18.01
11			06.25.01
12			07.02.01
14			07.13.01
15			07.20.01
16			08.15.01
17			08.20.01
18			08.31.01
19			09.12.01
20			
21			
22			
23			
24			

Valentin Avenue 660V41 & R  
444 Avenue X, Suite 3-1  
Brooklyn, NY 11223  
Tel: (718) 645-4992

### INITIAL, COMPREHENSIVE EXAMINATION

PATIENT NAME: [REDACTED]

DATE OF EXAM: 12.27.00

HISTORY:

20<sup>th</sup> & insignificant prior  
came to MVA where Pt was a driver  
of driver LOC, CP, palpitations, as per Pt  
past 6 mths were since accident.

Patient was/was not hospitalized. Name of the hospital: \_\_\_\_\_

#### CURRENT COMPLAINTS:

HEADACHES

DIZZINESS

JAW PAIN

NECK PAIN AND STIFFNESS

CHEST PAIN

DIFFICULTY IN BREATHING

RESTRICTION OF NECK MOTION

NUMBNESS/TINGLING IN FINGER/TOES

ANXIETY/STRESS

VISUAL PROBLEMS

FATIGUE

RIGHT/LEFT KNEE PAIN

RIGHT/LEFT SHIN PAIN

LOWER BACK PAIN AND STIFFNESS

UPPER BACK PAIN AND STIFFNESS

UNABLE TO LIFT HEAVY OBJECTS

SHOOTING PAIN DOWN RIGHT/LEFT LEG

DIFFICULTY IN RISING TO WALK AFTER

SITTING

DIFFICULTY IN PROLONGED RIDING IN AUTO

INSOMNIA

MEMORY PROBLEMS

CONCENTRATION PROBLEMS

Pain is described as constant / intermittent (sharp/dull/stabbing/shooting/burning/shoot-like  
non-radiating/radiating from low back to legs)

PAIN SCALE RATING: 1- NO PAIN 10- WORST PAIN

Pain is exacerbated by: going up/down stairs... bending down... squatting... grasping... pushing... pulling  
lifting... carrying heavy objects... prolonged sitting... prolonged standing... lying down... getting up from  
sitting position... weather change.

THE PATIENT FURTHER STATES THAT HE/SHE DID NOT HAVE  
SIMILAR COMPLAINTS BEFORE ACCIDENT.

PATIENT \_\_\_\_\_

PAST MEDICAL HISTORY: \_\_\_\_\_

ALLERGIES: NKA

Medication \_\_\_\_\_

SOCIAL HISTORY \_\_\_\_\_

PHYSICAL EXAMINATION: 120/80

PULSE: 76

RESPIRATIONS: 18

GENERAL APPEARANCE: Well developed, well nourished

male/female in mild/moderate/severe distress secondary to pain

HEENT: Normocephalic traumatic PERLA COM luc ENT clear

CHEST: No deformities

Pain on palpation

HEART: Regular rhythm

LUNGS: Clear

ABDOMEN: Soft

BACK: No kyphoscoliosis

Normal increased lumbar lordosis

EXTREMITIES: (+) (-) edema at

Pain 7+ throughout

ORTHOPEDIC EXAMINATION:

Musculoskeletal examination.

Cervical spine:

Palpation revealed did not reveal mild moderate severe spasm and  
tenderness in the right left both trapezius sternocleidomastoid,  
rhomboid paravertebral muscles.

There are/are not tender trigger points over right left both suprascapular  
neck/shoulder area. Range of motion is full limited secondary to pain in all planes of  
motion as follows:

Flexion:

50/60

Side flexion:

R 40 45 L 40 45

Extension:

60/70

Rotation:

R 70 80 L 70 80

Axial loading test  
 Spurling's test  
 Cervical distraction test  
 Lhermitte's Sign:

positive/negative  
~~positive~~/negative  
 positive/negative  
~~positive~~/negative

R / L

Examination of the right / left shoulder joint complex revealed anterior shoulder pain; point tenderness at the acromioclavicular joint area.

Swelling: yes / no; Motor strength 5/5 all over; Muscle atrophy yes / no.

Range of motion is full / limited secondary to pain as follows:

Elevation through forward flexion:	<u>R</u>	<u>L</u>	(160 - 180)
Extension:	<u>R</u>	<u>L</u>	(50 - 60)
Elevation through abduction:	<u>R</u>	<u>L</u>	(170 - 180)
Adduction:	<u>R</u>	<u>L</u>	(50 - 75)
External rotation:	<u>R</u>	<u>L</u>	(80 - 90)
Internal rotation:	<u>R</u>	<u>L</u>	(60 - 100)

Apprehension (Crank) Test for Anterior Shoulder Dislocation:

Clunk Test (for labral tears):

Yergason's Test (bicep's tendon)

Supraspinatus (Empty can) Test

Neer Impingement Test

Adson Test

<u>-1</u>	<u>+</u>	<u>+</u>	<u>+</u>
<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>
<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>
<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>
<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>
<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>

Examination of the R / L elbow joint revealed: pain: yes / no;

Swelling yes / no; Muscle strength 5/5; Muscle atrophy yes / no.

Range of motion is full / limited secondary to pain as follows:

Flexion:	<u>R</u>	<u>L</u>	(140 - 150)
Extension:	<u>R</u>	<u>L</u>	(0 - 10)
Supination of the forearm:	<u>R</u>	<u>L</u>	(90)
Pronation of the forearm:	<u>R</u>	<u>L</u>	(80 - 90)
Lateral Epicondylitis Test	<u>+</u>	<u>+</u>	
Tinel's sign (at the Elbow)	<u>+</u>	<u>+</u>	

Examination of the R / L wrist, hand joint revealed: pain: yes / no; Stiffness:

yes / no; Swelling: yes / no; Muscle strength 5/5; Muscle atrophy yes / no.

Range of motion is full / limited secondary to pain as follows:

Wrist flexion:	<u>R</u>	<u>L</u>	(80 - 90)
Wrist extension:	<u>R</u>	<u>L</u>	(70 - 90)
Wrist radial deviation (abduction):	<u>R</u>	<u>L</u>	(15)
Wrist ulnar deviation (adduction):	<u>R</u>	<u>L</u>	(30 - 45)
Tinel's sign	<u>+</u>	<u>+</u>	
Finkelstein test	<u>+</u>	<u>+</u>	
Phalen's sign	<u>+</u>	<u>+</u>	
Froment's sign	<u>+</u>	<u>+</u>	

Chest: Cylindrical; other \_\_\_\_\_

Thoracic spine: palpation revealed; did not revealed mild; moderate; severe  
spasm and tenderness in the right; left; both thoracic paraspinal musculature as  
well as multiple tender points. There is is not abnormal curvature.

Range of motion is full limited secondary to pain as follows:

Forward Flexion: (20 - 45)

Side flexion: R: (20 - 40)

Slump Test (Sitting Dural Stretch Test):

Extension: (25 - 45)

Rotation: R: (35 - 50)

+R +L

Lumbosacral spine: palpation revealed; did not revealed mild; moderate;  
severe spasm and tenderness in the right; left; both lumbosacral paraspinal  
musculature as well as multiple tender points. There is is not abnormal curvature.

Range of motion is full limited secondary to pain as follows:

Forward Flexion: 30 (40 - 60)

Side flexion: 20R: 20L (20 - 30)

Straight Leg Raising (Laseque's) Test:

Valsalva Maneuver:

Prone Knee Bending (Nachlas) Test:

Sacroiliac Joint Tenderness:

Extension: 5 (20 - 35)

Rotation: 40R: 40L (40)

-1 + R -1 + L

-1 + R -1 + L

+R +L

Hip R: L: Pain yes/ no. Swelling yes/ no. Muscles strength 4/5

Muscle atrophy yes/ no

Range of motion is full limited secondary to pain as follows:

Flexion:

Abduction: R: L (110 - 120)

External rotation: R: L (30 - 50)

Paprick's (Faber or Figure-Four) Test

Trendelenburg's Sign

Thomas Test

Ober Test

Extension:

Adduction: R: L (10 - 15)

Internal rotation: R: L (30)

R: L (30 - 40)

+R +L

+R +L

+R +L

+R +L

Knee R: L: Pain yes/ no. Swelling yes/ no. Muscle strength 4/5

Muscle atrophy yes/ no

Range of motion is full limited secondary to pain as follows:

Flexion:

Medial rotation of the tibia on the femur

Lateral rotation of the tibia on the femur

Lachman Test

Anterior Drawer Sign

McMurray Test

Extension: R: L (0 - 15)

R: L (20 - 30)

R: L (30 - 40)

+R +L

+R +L

+R +L

Ankle/Foot (R) (L) Pain yes (no) Swelling yes (no) Muscle strength 5/5  
 Muscle atrophy yes (no)  
 Range of motion is full limited secondary to pain as follows:  
 Plantar flexion (R) (L) (50) Dorsiflexion (R) (L) (20)  
 Foot inversion (R) (L) (5) Foot eversion (R) (L) (5)  
 Forefoot adduction (R) (L) (20) Forefoot abduction (R) (L) (10)  
 Supination (R) (L) (45 - 60) Pronation (R) (L) (15 - 30)  
 Ankle dorsiflexion test (R) (L)  
 Anterior Drawer Test for the Ankle (R) (L)  
 "Too Many Toes" Sign (R) (L)

Other: \_\_\_\_\_

Deep Tendon Reflexes:

Biceps: (R) (L)

Brachioradialis: (R) (L)

Triceps: (R) (L)

Patella: (R) (L)

Achilles: (R) (L)

+2 over 4 all over

Sensory deficit yes (no); in (R) (L) distribution.

Gait is antalgic (R) (L); limping (R) (L); buckling (R) (L).

Stable, without ataxia. Heel, toe and tandem walking are adequate.

Functional status: (transfers, ambulation, activities of daily living) with difficulties secondary to pain.

Degree of disability:

Temporary partial (patient is working and requires treatment)

Temporary total (patient can't work and requires treatment)

Permanent partial

Permanent total

No disability

**Preliminary diagnosis:**

1. ☒ Cervical paraspinal muscles and ligaments sprain/strain secondary to acceleration/deceleration injury; rule out intravertebral discs pathology.
2. ☒ Lumbosacral paraspinal muscles and ligaments sprain/strain secondary to acceleration/deceleration injury; rule out intravertebral disc pathology.
3. ☒ Multiple tender trigger points in trapezius R L; rhomboid R L; paraspinal and paraspinal muscles.
4. ☒ Status post head trauma with symptoms requiring to rule out intracranial pathology.
5. ☒ Postconcussion headache syndrome.
6. ☒ Blunt R L shoulder complex joint trauma; rule out internal derangement.
7. ☒ Blunt R L knee trauma; rule out internal derangement.
8. ☒ TMJ
9. ☒ Recast of the 2nd and 3rd cervical vertebrae as necessary
10. ☒ Posttraumatic stress disorder

**Plan of management:**

Patient is instructed about certain limitations of his/her activities.

Medications: Tylenol 650mg PO q4h PRN pain; Advil 400mg PO qid;  
Naproxen 500mg PO bid; Daypro 1200mg PO qd; Flexeril 10mg PO tid;  
Robaxin 1000mg PO qid; Arthrotec 1t PO qid; Elavil 25mg PO qhs; other Hydro 800 PO

Patient is provided with following medical supply to be used to alleviate the pain:

<input checked="" type="checkbox"/> cervical collar	<input checked="" type="checkbox"/> massager	<input checked="" type="checkbox"/> classic knee brace	<u>R</u> <u>L</u>
<input checked="" type="checkbox"/> lumbosacral support	<input checked="" type="checkbox"/> cervical pillow	<input checked="" type="checkbox"/> classic ankle brace	<u>R</u> <u>L</u>
<input checked="" type="checkbox"/> hot pack	<input checked="" type="checkbox"/> TENS unit	<input checked="" type="checkbox"/> classic shoulder brace	<u>R</u> <u>L</u>
<input checked="" type="checkbox"/> cold pack	<input checked="" type="checkbox"/> whirlpool	<input checked="" type="checkbox"/> classic elbow brace	<u>R</u> <u>L</u>
<input checked="" type="checkbox"/> thermophore	<input checked="" type="checkbox"/> car seat	<input checked="" type="checkbox"/> infra red lamp	
<input checked="" type="checkbox"/> cane	<input checked="" type="checkbox"/> bed board	<input checked="" type="checkbox"/> arm sling	<u>R</u> <u>L</u>

☒ MRI; ☒ Cat Scan; ☒ X-ray of "C" spine; "LS" spine; Brain; TMJ joint;  
Knee R L; shoulder R L; elbow R L; ankle R L;

Consultations: Chiropractic; Neurology; Internist; Orthopedic Surgeon;  
Psychiatrist; Psychologist; Dentist;

Physical therapy will apply to the neck; low back; midthoracic areas; R L;  
knee; R L shoulder; other: \_\_\_\_\_;

will be provided 3 times a week and will include the following modalities:

- ☒ Hot pack application 10 - 15 minutes/area, 3 - 5 times a week.
- ☒ Ultrasound with thermal intensity at lower; medium; higher frequencies continuous cycle of 1 to 1.5 watt/sq.cm, 3 - 7 min/area, 3 - 5 times a week.
- ☒ Biphasic current electrical stimulation at 10 HZ continuous cycle, sensory intensity at 250 - 400 microsec., 0.5 amp., 10 15 min., 3 - 5 times/week.

☒ Interferential current electrical stimulation at 5 - 15 HZ, +/- alternating polarity, at 0.5 amp, increase to muscle contraction then reduce by 20%, 3 - 5 times a week.  
☐ High voltage pulsed electrical stimulation at 50 HZ 10/10 cycle, +/- alternating polarity 0.5 amp, 10-min., 3 - 5 times a week.  
☐ Ice packs; ☐ Paraffin bath ☐ R ☐ L wrist; ☐ Whirlpool \_\_\_\_\_  
☒ Range of motion therapeutic exercises: ☐ R ☐ L shoulders; ☐ elbow; ☐ wrist; ☐ hip; ☐ knee; ☐ ankle; ☒ Cervical spine; ☒ Lumbosacral spine.  
☒ Muscle strengthening/strengthening exercises ☐ R ☐ L ☒ shoulder girdle; ☒ hip girdle;  
☐ knee flexors/extension; ☐ ankle dorsi-/plantarflexors; ☐ elbow flexors/extension; ☐ wrist flexors/extension.  
☒ Massage therapy; ☒ Myofascial release; ☐ Electrical stimulation nerve block.  
☐ Under sterile conditions with 0.5 cc 1% Lidocaine tender points injections performed in the ☐ trapezius; ☐ rhomboid; ☐ sternocleidomastoid; \_\_\_\_\_ muscles.  
☐ In a 15 minutes patient felt significant pain relief.  
☐ Mechanical traction: ☐ Cervical with 30lb load at flexion position;  
☐ Lumbosacral with 75 - 100lb load.  
☐ Other: \_\_\_\_\_

Request ☒ UE; ☒ LE; ☒ NCS; ☒ EMG; ☐ SSEP; ☐ other \_\_\_\_\_

At present time the prognosis is ☒ guarded; ☐ good.

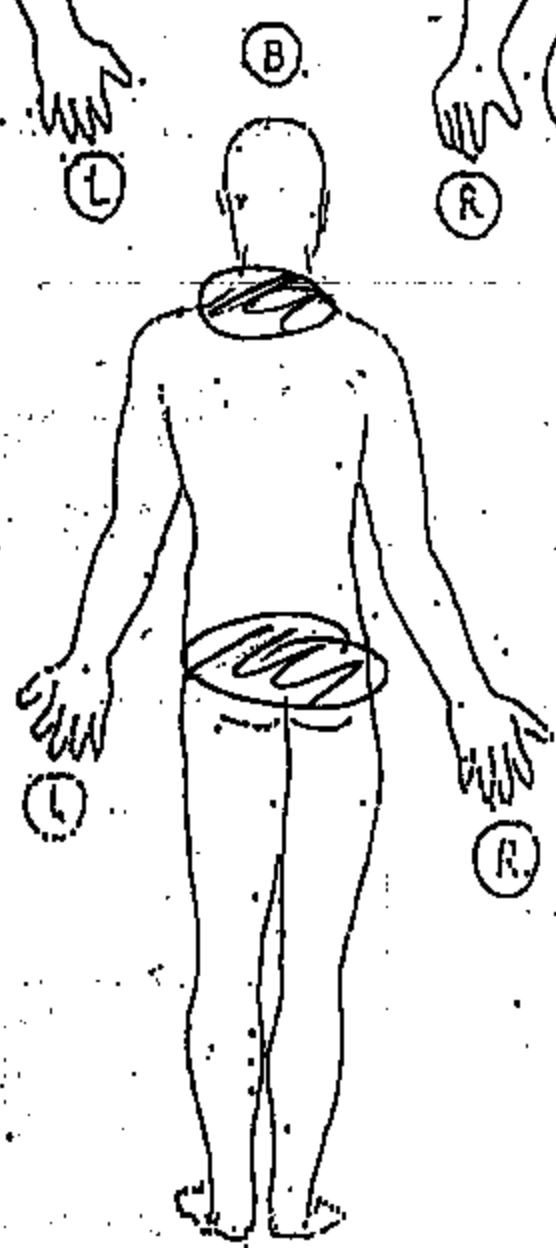
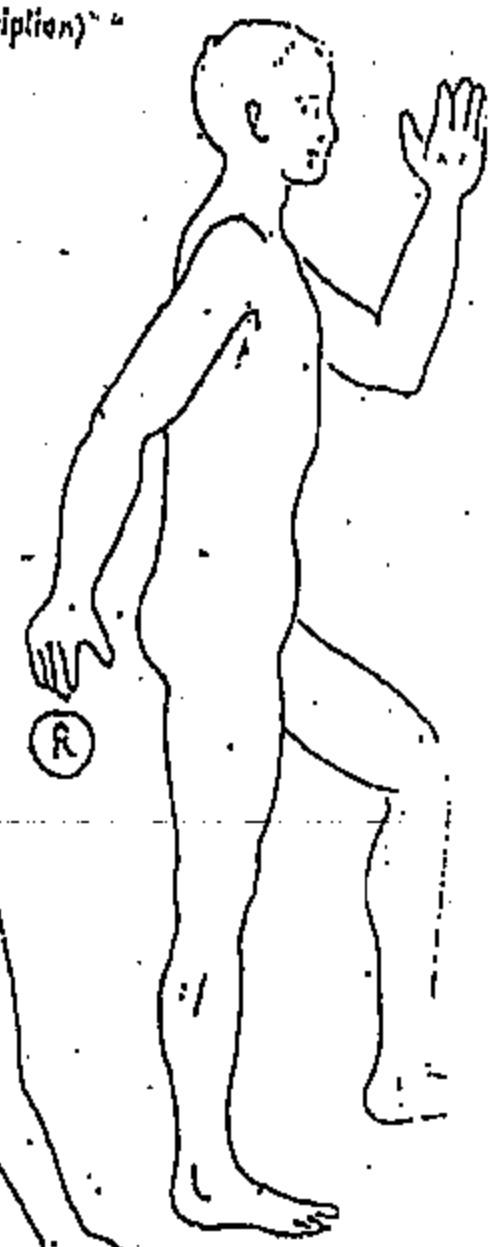
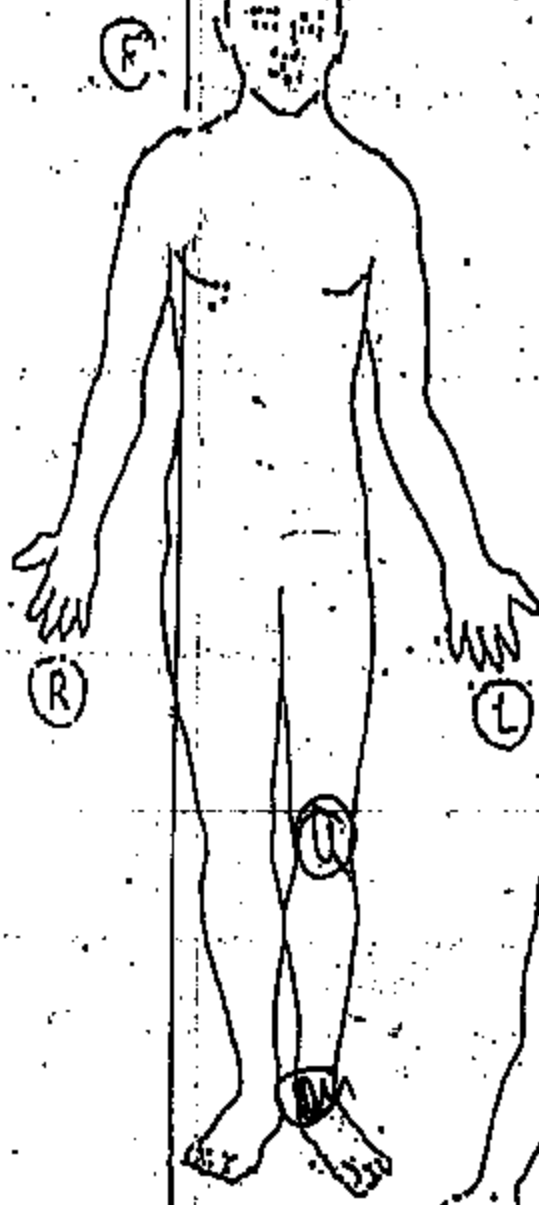
Follow up visit in a 4 weeks.

In my opinion and with reasonable degree of certainty, there is a causal relationship between the current complaints and the injuries as a result of the accident.

*Valentin Avanesov*

Valentin Avanesov MD, PM&R

Localization of Injuries Chart  
(By Patient's Own Description)



UR [REDACTED]

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE  
(THIS FORM IS NOT VERIFICATION OF HOSPITAL TREATMENT)**

NAME OF INSURANCE COMPANY

INSURER'S CLAIM REPRESENTATIVE

Albany Insurance Co.  
888 Veterans Memorial Hwy, Suite 300, Hauppauge, NY, 11788

N/A  
Tel.: N/A X N/A

DATE	POLICY HOLDER	POLICY NUMBER	DATE OF ACCIDENT	FILE NUMBER
12/27/2000			12/11/2000	1804750378

PROVIDER: VALENTIN AVANESSOV, PHISICIAN, P.C.  
444 AVENUE X, SUITE 1-E, BROOKLYN, NY, 11223

Tel.: 718-645-4992  
Fax: 718-306-4138

KINDLY COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE. PLEASE NOTE COMPLETED FORM MUST BE SUBMITTED TO INSURER NO LATER THAN 45 DAYS AFTER TREATMENT DATE.

IF YOU HAVE PRVIOUSLY SUBMITTED AN ERLIER REPORT ON THIS ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES

1. PATIENT NAME AND ADDRESS [REDACTED], Brooklyn, NY, [REDACTED] Tel: [REDACTED]		
2. AGE 23	3. SEX M	4. OCCUPATION (IF KNOWN) N/A
5. DIAGNOSIS AND CONCURRENT CONDITIONS: 782.0 - PARESTHESIA 723.4 - Cervical Radiculopathy. 724.4 - Lumbosacral Radiculopathy. 844.8 - Sprain/strain of left knee 845.0 - Sprain/strain of left ankle. 729.1 - Myofascial Pain Syndromes		
6. WHEN DID SYMPTOMS FIRST APPEAR? DATE: 12/11/2000		7. WHEN DID PATIENT CONSULT YOU FOR THIS CONDITION? DATE: 12/27/2000
8. HAS PATIENT EVER HAD SAME OR CIMILAR CONDITION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES" STATE WHEN AND DESCRIBE		
9. IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", EXPLAIN		
10. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYEMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
11. WILL INJURY RESULT IN SIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILIT <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOT DETERMINABLE AT THIS TIME		
12. PATIENT WAS DISABLED (UNABLED TO WORK, FROM: N/A THROUGH: N/A		13. IF STILL DISABLED THE PATIENT SHOULD BE ABLE TO RETURN TO WORK ON DATE:
14. WILL THE PATIENT REQUIRE REHABILITATION AND/OR OCCUPATION THERAPY AS A RESULT OF THE INJURIES SUSTAINED IN THIS ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" DESCRIBE YOUR RECOMMENDATION BELOW		
See report attached		

VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE

15. REPORT OF SERVICES RENDERED

Date Of Service	Place Of Service	Description Of Treatment or Health Service Rendered	Fee Schedule Treatment Code	Charges
12/2/00	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Initial Visit	99203	\$ 54.74
12/27/00	444 AVENUE X, SUITE 1-E, BROOKLYN	Manual Muscle Testing	95831	\$ 30.00
12/29/00	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
01/03/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
01/03/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
01/10/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
01/12/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SSEP UPPER LIMBS	95925	\$ 302.17
01/13/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
01/17/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
01/19/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
01/22/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
01/24/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
01/26/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
01/29/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
01/31/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
02/05/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SSEP LOWER LIMB	95926	\$ 302.17
02/07/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
02/09/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
02/12/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
02/14/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
02/16/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70

TOTAL CHARGES TO DATE: \$ 1,281.98

**16. IF TREATING PROVIDER IS DIFFERENT THAN BILLING PROVIDER COMPLETE THE FOLLOWING:**

Treating Provider's Name	Title	Licence Or Certification Number	Business Relationship		
JAMES T. SANTORO	CHIROPRACTOR	056-366616	Employee	Independent Contractor	Other (Specify)
					OWNER

**17. IF THE PROVIDER OF SERVICE IS A PROFESSIONAL SERVICE CORPORATION OR DOING BUSINESS UNDER AN ASSUMED NAME (DBA), LIST THE OWNER AND PROFESSIONAL LICENCING CREDENTIALS OF ALL OWNERS**

Owner : VALENTIN AVANESSOV

Licence No :211241

**18. IS THE PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION?** ☒ YES ☐ NO**19. ESTIMATED DURATION OF FUTURE TREATMENT:**

Difficult to determine at this time

**20. INJURED OR AUTHORIZED PERSON'S SIGNATURE:**

I AUTHORIZE PAYMENT OF HEALTH BENEFITS TO THE UNDERSIGNED HEALTH CARE PROVIDER OR SUPPLIER OF SERVICE DESCRIBED BELOW

SIGNED \_\_\_\_\_

**21. ASSIGNMENT OF NO-FAULT BENEFITS**

I HEREBY ASSIGN TO THE HEALTH CARE PROVIDER INDICATED BELOW ALL RIGHTS, PRIVILEGES AND REMEDIES TO WHICH I AM ENTITLED UNDER ARTICLE 51 (THE NO-FAULT PROVISION) OF THE INSURANCE LAW. ANY PAYMENT PURSUANT TO THIS ASSIGNMENT SHALL NOT EXCEED THE HEALTH CARE PROVIDER'S PERMISSABLE CHARGES UNDER SAID ARTICLE 51.

SIGNED \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION

DATE: 02/16/2001	PROVIDER SIGNATURE VALENTIN AVANESSOV, PHYSICIAN, P.C.	IRS IDENTIFICATION NO. 11-3543189	WCB RATING CODE. IF NONE SPECIALITY
	JAMES T. SANTORO	056-366616	CHIROPRACTOR

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW**  
**VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE**  
**(THIS FORM IS NOT VERIFICATION OF HOSPITAL TREATMENT)**

NAME OF INSURANCE COMPANY

INSURER'S CLAIM REPRESENTATIVE

ALLSTATE Insurance Co.  
 835 Veterans Memorial Hwy, Suite 300, Hauppauge, NY, 11788

N/A  
 Tel: N/A X N/A

DATE	POLICY HOLDER	POLICY NUMBER	DATE OF ACCIDENT	FILE NUMBER
12/27/2000			12/11/2000	1804750378

PROVIDER: VALENTIN AVANESSOV, PHYSICIAN, P.C.  
 444 AVENUE X, SUITE 1-E, BROOKLYN, NY, 11223

Tel.: 718-645-4992  
 Fax: 718-306-4138

KINDLY COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE. PLEASE NOTE COMPLETED FORM MUST BE SUBMITTED TO INSURER NO LATER THAN 45 DAYS AFTER TREATMENT DATE.

IF YOU HAVE PREVIOUSLY SUBMITTED AN EARLIER REPORT ON THIS ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES

1. PATIENT NAME AND ADDRESS [REDACTED], Brooklyn, NY, [REDACTED] Tel. [REDACTED]	
2. AGE 23	3. SEX M
4. OCCUPATION (IF KNOWN) N/A	
5. DIAGNOSIS AND CONCURRENT CONDITIONS: 781.0 - PARESTHESIA 723.4 - Cervical Radiculopathy. 724. - Lumbosacral Radiculopathy. 844.8 - Sprain/strain of left knee 845.0 - Sprain/strain of left ankle. 729.1 - Myofascial Pain Syndrome	
6. WHEN DID SYMPTOMS FIRST APPEAR? DATE: 12/11/2000	7. WHEN DID PATIENT CONSULT YOU FOR THIS CONDITION? DATE: 12/27/2000
8. HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES" STATE WHEN AND DESCRIBE	
9. IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", EXPLAIN	
10. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. WILL INJURY RESULT IN SIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOT DETERMINABLE AT THIS TIME	
12. PATIENT WAS DISABLED (UNABLE TO WORK) FROM: N/A THROUGH: N/A	13. IF STILL DISABLED THE PATIENT SHOULD BE ABLE TO RETURN TO WORK ON DATE:
14. WILL THE PATIENT REQUIRE REHABILITATION AND/OR OCCUPATION THERAPY AS A RESULT OF THE INJURIES SUSTAINED IN THIS ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" DESCRIBE YOUR RECOMMENDATION BELOW See report attached	

15. REPORT OF SERVICES RENDERED

Date Of Service	Place Of Service	Description Of Treatment or Health Service Rendered	Fee Schedule Treatment Code	Charges
12/27/00	444 AVENUE X, SUITE 1-E, BROOKLYN	Initial Comp. Visit - 60 min.	99203	\$ 154.90
12/27/00	444 AVENUE X, SUITE 1-E, BROOKLYN	Manual Muscle Testing	95831	\$ 30.00
12/29/00	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
12/29/00	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
12/29/00	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
01/03/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
01/03/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
01/03/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Electrical Stimulation	97014	\$ 21.96
01/03/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
01/03/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
01/03/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
01/03/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Electrical Stimulation	97014	\$ 21.96
01/03/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
01/10/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
01/10/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Ultrasound	97035	\$ 20.36
01/10/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Electrical Stimulation	97014	\$ 21.96
01/10/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
01/12/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
01/12/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
01/12/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Electrical Stimulation	97014	\$ 21.96
01/12/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
01/15/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
01/15/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Ultrasound	97035	\$ 20.36
01/15/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Electrical Stimulation	97014	\$ 21.96
01/15/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
01/15/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
01/15/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Ultrasound	97035	\$ 20.36
01/15/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Electrical Stimulation	97014	\$ 21.96
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01/17/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
01/17/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Ultrasound	97035	\$ 20.36
01/17/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Electrical Stimulation	97014	\$ 21.96
01/17/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
01/19/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
01/19/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
01/19/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
01/19/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
01/22/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
01/22/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
01/22/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Electrical Stimulation	97014	\$ 21.96
01/22/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
01/24/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
01/24/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
01/24/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
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01/26/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
01/26/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Ultrasound	97035	\$ 20.36
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01/29/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
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01/31/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
01/31/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Ultrasound	97035	\$ 20.36
01/31/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
01/31/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
02/05/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
02/05/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
02/05/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54

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02/07/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
02/07/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Ultrasound	97035	\$ 20.36
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02/09/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
02/09/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
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02/12/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
02/12/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Ultrasound	97035	\$ 20.36
02/12/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
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02/14/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
02/14/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
02/14/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
02/14/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
02/16/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
02/16/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
02/16/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
02/16/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
TOTAL CHARGES TO DATE:				\$ 3,136.23

**16. IF TREATING PROVIDER IS DIFFERENT THAN BILLING PROVIDER COMPLETE THE FOLLOWING:**

Treating Provider's Name	Title	Licence Or Certification Number	Business Relationship		
VALENTIN AVANESSOV, M.D.	PMB	211241	Employee	Independent Contractor	Other (Specify)
					OWNER

**17. IF THE PROVIDER OF SERVICE IS A PROFESSIONAL SERVICE CORPORATION OR DOING BUSINESS UNDER AN ASSUMED NAME (DBA), LIST THE OWNER AND PROFESSIONAL LICENCING CREDENTIALS OF ALL OWNERS**

Owner : VALENTIN AVANESSOV

Licence No :211241

**18. IS THE PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION?** ☒ YES ☐ NO

**19. ESTIMATED DURATION OF FUTURE TREATMENT:**

Difficult to determine at this time

**20. INJURED OR AUTHORIZED PERSON'S SIGNATURE:**

I AUTHORIZE PAYMENT OF HEALTH BENEFITS TO THE UNDERSIGNED HEALTH CARE PROVIDER OR SUPPLIER OF SERVICE DESCRIBED BELOW

SIGNED \_\_\_\_\_

**21. ASSIGNMENT OF NO-FAULT BENEFITS**

I HEREBY ASSIGN TO THE HEALTH CARE PROVIDER INDICATED BELOW ALL RIGHTS, PRIVILEGES AND REMEDIES TO WHICH I AM ENTITLED UNDER ARTICLE 51 (THE NO-FAULT PROVISION) OF THE INSURANCE LAW. ANY PAYMENT PURSUANT TO THIS ASSIGNMENT SHALL NOT EXCEED THE HEALTH CARE PROVIDER'S PERMISSIBLE CHARGES UNDER SAID ARTICLE 51.

SIGNED \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION

DATE: 02/16/2001	PROVIDER SIGNATURE VALENTIN AVANESSOV, PHYSICIAN, P.C.	IRS IDENTIFICATION NO. 11-3543189	WCB RATING CODE. IF NONE SPECIALTY
	VALENTIN AVANESSOV, M.D.	211241	PMB

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE  
(THIS FORM IS NOT VERIFICATION OF HOSPITAL TREATMENT)**

NAME OF INSURANCE COMPANY

INSURER'S CLAIM REPRESENTATIVE

Allstate Insurance Co.

828 Veterans Memorial Hwy, Suite 300, Hauppauge, NY, 11788

N/A

Tel: N/A

X N/A

DATE	POLICY HOLDER	POLICY NUMBER	DATE OF ACCIDENT	FILE NUMBER
02/27/2001			12/11/2000	1804750378

PROVIDER: VALENTIN AVANESSOV, PHISICIAN, P.C.  
444 AVENUE X, SUITE 1-K, BROOKLYN, NY, 11223

Tel: 718-645-4992

Fax: 718-306-4138

KINDLY COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE. PLEASE NOTE COMPLETED FORM MUST BE SUBMITTED TO INSURER NO LATER THAN 45 DAYS AFTER TREATMENT DATE.

IF YOU HAVE PREVIOUSLY SUBMITTED AN EARLIER REPORT ON THIS ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES

1. PATIENT NAME AND ADDRESS [REDACTED], Brooklyn, NY, [REDACTED] Tel: [REDACTED]	
2. AGE [REDACTED]	3. SEX [REDACTED]
4. OCCUPATION (IF KNOWN) N/A	
5. DIAGNOSIS AND CONCURRENT CONDITIONS: 782.0 - PARESTHESIA 723.4 - Cervical Radiculopathy. 724.0 - Lumbosacral Radiculopathy. 844.8 - Sprain/strain of left knee 845.0 - Sprain/strain of left ankle. 729.1 - Myofascial Pain Syndrome	
6. WHEN DID SYMPTOMS FIRST APPEAR? DATE: 12/11/2000	7. WHEN DID PATIENT CONSULT YOU FOR THIS CONDITION? DATE: 12/27/2000
8. HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES" STATE WHEN AND DESCRIBE	
9. IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", EXPLAIN	
10. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. WILL INJURY RESULT IN SIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOT DETERMINABLE AT THIS TIME	
12. PATIENT WAS DISABLED (UNABLE TO WORK) FROM: N/A THROUGH: N/A	13. IF STILL DISABLED THE PATIENT SHOULD BE ABLE TO RETURN TO WORK ON DATE:
14. WILL THE PATIENT REQUIRE REHABILITATION AND/OR OCCUPATION THERAPY AS A RESULT OF THE INJURIES SUSTAINED IN THIS ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" DESCRIBE YOUR RECOMMENDATION BELOW [REDACTED] report attached	

15. REPORT OF SERVICES RENDERED

Date Of Service	Place Of Service	Description Of Treatment or Health Service Rendered	Fee Schedule Treatment Code	Charges
02/27/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Comprehensive Follow-up Visit.	99215	\$ 114.50
02/27/01	444 AVENUE X, SUITE 1-E, BROOKLYN	electromyography	95861	\$ 241.50
02/27/01	444 AVENUE X, SUITE 1-E, BROOKLYN	motor, with F-wave	95903	\$ 150.00
02/27/01	444 AVENUE X, SUITE 1-E, BROOKLYN	motor, with F-wave	95903	\$ 150.00
02/27/01	444 AVENUE X, SUITE 1-E, BROOKLYN	motor, with F-wave	95903	\$ 150.00
02/27/01	444 AVENUE X, SUITE 1-E, BROOKLYN	motor, with F-wave	95903	\$ 150.00
02/27/01	444 AVENUE X, SUITE 1-E, BROOKLYN	sensory	95904	\$ 106.47
02/27/01	444 AVENUE X, SUITE 1-E, BROOKLYN	sensory	95904	\$ 106.47
02/27/01	444 AVENUE X, SUITE 1-E, BROOKLYN	sensory	95904	\$ 106.47
02/27/01	444 AVENUE X, SUITE 1-E, BROOKLYN	sensory	95904	\$ 106.47
03/22/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Comprehensive Follow-up Visit.	99215	\$ 114.50
03/22/01	444 AVENUE X, SUITE 1-E, BROOKLYN	electromyography	95861	\$ 241.50
03/22/01	444 AVENUE X, SUITE 1-E, BROOKLYN	motor, with F-wave	95903	\$ 150.00
03/22/01	444 AVENUE X, SUITE 1-E, BROOKLYN	motor, with F-wave	95903	\$ 150.00
03/22/01	444 AVENUE X, SUITE 1-E, BROOKLYN	motor, with F-wave	95903	\$ 150.00
03/22/01	444 AVENUE X, SUITE 1-E, BROOKLYN	motor, with F-wave	95903	\$ 150.00
03/22/01	444 AVENUE X, SUITE 1-E, BROOKLYN	sensory	95904	\$ 106.47
03/22/01	444 AVENUE X, SUITE 1-E, BROOKLYN	sensory	95904	\$ 106.47
03/22/01	444 AVENUE X, SUITE 1-E, BROOKLYN	H-Reflex 2-units	95934	\$ 239.98

TOTAL CHARGES TO DATE: \$ 2,750.80

## 16. IF TREATING PROVIDER IS DIFFERENT THAN BILLING PROVIDER COMPLETE THE FOLLOWING:

Treating Provider's Name	Title	Licence Or Certification Number	Business Relationship		
VALENTIN AVANESSOV, M.D.	PMR	211241	Employee	Independent Contractor	Other (Specify)
					OWNER

## 17. IF THE PROVIDER OF SERVICE IS A PROFESSIONAL SERVICE CORPORATION OR DOING BUSINESS UNDER AN ASSUMED NAME (DBA), LIST THE OWNER AND PROFESSIONAL LICENCING CREDENTIALS OF ALL OWNERS

Owner : VALENTIN AVANESSOV

Licence No :211241

## 18. IS THE PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION?

☒

YES

☐

NO

## 19. ESTIMATED DURATION OF FUTURE TREATMENT:

Difficult to determine at this time

## 20. INJURED OR AUTHORIZED PERSON'S SIGNATURE:

I AUTHORIZE PAYMENT OF HEALTH BENEFITS TO THE UNDERSIGNED HEALTH CARE PROVIDER OR SUPPLIER OF SERVICE DESCRIBED BELOW

SIGNED \_\_\_\_\_

## 21. ASSIGNMENT OF NO-FAULT BENEFITS

I HEREBY ASSIGN TO THE HEALTH CARE PROVIDER INDICATED BELOW ALL RIGHTS, PRIVILEGES AND REMEDIES TO WHICH I AM ENTITLED UNDER ARTICLE 51 (THE NO-FAULT PROVISION) OF THE INSURANCE LAW. ANY PAYMENT PURSUANT TO THIS ASSIGNMENT SHALL NOT EXCEED THE HEALTH CARE PROVIDER'S PERMISSABLE CHARGES UNDER SAID ARTICLE 51.

SIGNED \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION

DATE: 03/22/2001	PROVIDER SIGNATURE VALENTIN AVANESSOV, PHYSICIAN, P.C.	IRS IDENTIFICATION NO. 11-3543189	WCB RATING CODE, IF NONE SPECIALITY
	VALENTIN AVANESSOV, M.D.	211241	PMR

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW**  
**VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE**  
**(THIS FORM IS NOT VERIFICATION OF HOSPITAL TREATMENT)**

NAME OF INSURANCE COMPANY

INSURER'S CLAIM REPRESENTATIVE

Albany Insurance Co.  
 888 Veterans Memorial Hwy, Suite 300, Hauppauge, NY, 11788

N/A  
 Tel: N/A X N/A

DATE	POLICY HOLDER	POLICY NUMBER	DATE OF ACCIDENT	FILE NUMBER
02/19/2001			12/11/2000	1894750378

PROVIDER: VALENTIN AVANESSOV, PHISICIAN, P.C.  
 444 AVENUE X, SUITE 1-E, BROOKLYN, NY, 11223

Tel: 718-645-4992  
 Fax: 718-306-4138

KINDLY COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE. PLEASE NOTE COMPLETED FORM MUST BE SUBMITTED TO INSURER NO LATER THAN 45 DAYS AFTER TREATMENT DATE.

IF YOU HAVE PREVIOUSLY SUBMITTED AN ERLIER REPORT ON THIS ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES

1. PATIENT NAME AND ADDRESS [REDACTED] Brooklyn, NY [REDACTED] Tel: [REDACTED]	
2. AGE [REDACTED]	4. OCCUPATION (IF KNOWN) N/A
5. DIAGNOSED CONDITION(S): 782.0 - PARESTHESIA 723.4 - Cervical Radiculopathy. 724.0 - Lumbosacral Radiculopathy. 844.0 - Sprain/strain of left knee 845.0 - Sprain/strain of left ankle. 729.1 - Myofascial Pain Syndrome	
6. WHEN DID SYMPTOMS FIRST APPEAR? DATE: 12/11/2000	7. WHEN DID PATIENT CONSULT YOU FOR THIS CONDITION? DATE: 12/27/2000
8. HAS PATIENT EVER HAD SAME OR CIMLAR CONDITION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES" STATE WHEN AND DESCRIBE	
9. IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", EXPLAIN	
10. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. WILL INJURY RESULT IN SIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILT <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOT DETERMINABLE AT THIS TIME	
12. PATIENT WAS DISABLED (UNABLE TO WORK) FROM: N/A THROUGH: N/A	13. IF STILL DISABLED THE PATIENT SHOULD BE ABLE TO RETURN TO WORK ON DATE:
14. WILL THE PATIENT REQUIRE REHABILITATION AND/OR OCCUPATION THERAFY AS A RESULT OF THE INJURIES SUSTAINED IN THIS ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" DESCRIBE YOUR RECOMMENDATION BELOW Report attached	

15. REPORT OF SERVICES RENDERED

Date Of Service	Place Of Service	Description Of Treatment or Health Service Rendered	Fee Schedule Treatment Code	Charges
02/21/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
02/21/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
02/23/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
02/26/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
02/28/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
03/02/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
03/07/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
03/12/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
03/14/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
03/16/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
03/19/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
03/21/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
03/26/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
03/28/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
04/02/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
04/18/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
04/20/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
04/23/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
04/25/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
04/30/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70

TOTAL CHARGES TO DATE: \$ 674.00

**16. IF TREATING PROVIDER IS DIFFERENT THAN BILLING PROVIDER, COMPLETE THE FOLLOWING:**

Treating Provider's Name	Title	Licence Or Certification Number	Business Relationship		
JAMES T. SANTORO	CHIROPRACTOR	056-366616	Employee	Independent Contractor	Other (Specify)
					OWNER

**17. IF THE PROVIDER OF SERVICE IS A PROFESSIONAL SERVICE CORPORATION OR DOING BUSINESS UNDER AN ASSUMED NAME (DBA), LIST THE OWNER AND PROFESSIONAL LICENCING CREDENTIALS OF ALL OWNERS**

Owner : VALENTIN AVANESSOV

Licence No :211241

**18. IS THE PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION?** ☒ YES ☐ NO

**19. ESTIMATED DURATION OF FUTURE TREATMENT:**

Difficult to determine at this time

**20. INJURED OR AUTHORIZED PERSON'S SIGNATURE:**

I AUTHORIZE PAYMENT OF HEALTH BENEFITS TO THE UNDERSIGNED HEALTH CARE PROVIDER OR SUPPLIER OF SERVICE DESCRIBED BELOW

SIGNED \_\_\_\_\_

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SIGNED \_\_\_\_\_

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DATE: 04/30/2001	PROVIDER SIGNATURE VALENTIN AVANESSOV, PHYSICIAN, P.C.	IRS IDENTIFICATION NO. 11-3543189	WCB RATING CODE, IF NONE SPECIALITY
	JAMES T. SANTORO	056-366616	CHIROPRACTOR

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE  
(THIS FORM IS NOT VERIFICATION OF HOSPITAL TREATMENT)**

NAME OF INSURANCE COMPANY

INSURER'S CLAIM REPRESENTATIVE

Albany Insurance Co.  
888 Veterans Memorial Hwy, Suite 300, Hauppauge, NY, 11788

N/A  
Tel: N/A X N/A

DATE	POLICY HOLDER	POLICY NUMBER	DATE OF ACCIDENT	FILE NUMBER
02/19/2001			12/11/2000	1804750378

PROVIDER: VALENTIN AVANESSOV, PHISICIAN, P.C.  
444 AVENUE X, SUITE 1-E, BROOKLYN, NY, 11223

Tel: 718-645-4992  
Fax: 718-306-4138

KINDLY COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE. PLEASE NOTE COMPLETED FORM MUST BE SUBMITTED TO INSURER NO LATER THAN 45 DAYS AFTER TREATMENT DATE.

IF YOU HAVE PREVIOUSLY SUBMITTED AN EARLIER REPORT ON THIS ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES

1. PATIENT NAME AND ADDRESS [REDACTED] Brooklyn, NY, [REDACTED] Tel: [REDACTED]	
2. AGE [REDACTED]	3. SEX M
4. OCCUPATION (IF KNOWN) N/A	
5. DIAGNOSIS AND CONCURRENT CONDITIONS: 782.0 - PARESTHESIA 723.4 - Cervical Radiculopathy. 724.0 - Lumbosacral Radiculopathy. 844.5 - Sprain/strain of left knee 845.0 - Sprain/strain of left ankle. 729.1 - Myofascial Pain Syndrome	
6. WHEN DID SYMPTOMS FIRST APPEAR? DATE: 12/11/2000	7. WHEN DID PATIENT CONSULT YOU FOR THIS CONDITION? DATE: 12/27/2000
8. HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES" STATE WHEN AND DESCRIBE	
9. IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", EXPLAIN	
10. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. WILL INJURY RESULT IN SIGNIFICANT DEFIGUREMENT OR PERMANENT DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOT DETERMINABLE AT THIS TIME	
12. PATIENT WAS DISABLED (UNABLE TO WORK) FROM: N/A THROUGH: N/A	13. IF STILL DISABLED THE PATIENT SHOULD BE ABLE TO RETURN TO WORK ON DATE:
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15. REPORT OF SERVICES RENDERED

Date Of Service	Place Of Service	Description Of Treatment or Health Service Rendered	Fee Schedule Treatment Code	Charges
02/19/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
02/19/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
02/19/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
02/19/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
02/21/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
02/21/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
02/21/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
02/21/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
02/23/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
02/23/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
02/23/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
02/23/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
02/26/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
02/26/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
02/26/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
02/26/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
02/28/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
02/28/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
02/28/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
02/28/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
03/02/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
03/02/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
03/02/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
03/02/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
03/07/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
03/07/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
03/07/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
03/07/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
03/12/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
03/12/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
03/12/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
03/12/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
03/14/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
03/14/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
03/14/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
03/14/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
03/16/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
03/16/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
03/16/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
03/16/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
03/19/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
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03/28/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
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04/02/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
04/02/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
04/02/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
04/02/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
04/18/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
04/18/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
04/18/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
04/18/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
04/20/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
04/20/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
04/20/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
04/20/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
04/23/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
04/23/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
04/23/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
04/23/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
04/25/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
04/25/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
04/25/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
04/25/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
04/30/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
04/30/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
04/30/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
04/30/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74

**TOTAL CHARGES TO DATE: \$ 2,484.80**

**16. IF TREATING PROVIDER IS DIFFERENT THAN BILLING PROVIDER COMPLETE THE FOLLOWING:**

Treating Provider's Name	Title	License Or Certification Number	Business Relationship		
VALENTIN AVANESSOV, M.D.	FMR	211241	Employee	Independent Contractor	Other (Specify)
					OWNER

**17. IF THE PROVIDER OF SERVICE IS A PROFESSIONAL SERVICE CORPORATION OR DOING BUSINESS UNDER AN ASSUMED NAME (DBA), LIST THE OWNER AND PROFESSIONAL LICENCING CREDENTIALS OF ALL OWNERS**

Owner : VALENTIN AVANESSOV

License No :211241

**18. IS THE PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION?** ☒ YES ☐ NO

**19. ESTIMATED DURATION OF FUTURE TREATMENT:**

Difficult to determine at this time

**20. INJURED OR AUTHORIZED PERSON'S SIGNATURE:**

I AUTHORIZE PAYMENT OF HEALTH BENEFITS TO THE UNDERSIGNED HEALTH CARE PROVIDER OR SUPPLIER OF SERVICE DESCRIBED BELOW

SIGNED \_\_\_\_\_

**21. ASSIGNMENT OF NO-FAULT BENEFITS**

I HEREBY ASSIGN TO THE HEALTH CARE PROVIDER INDICATED BELOW ALL RIGHTS, PRIVILEGES AND REMEDIES TO WHICH I AM ENTITLED UNDER ARTICLE 51 (THE NO-FAULT PROVISION) OF THE INSURANCE LAW. ANY PAYMENT PURSUANT TO THIS ASSIGNMENT SHALL NOT EXCEED THE HEALTH CARE PROVIDER'S PERMISSABLE CHARGES UNDER SAID ARTICLE 51.

SIGNED \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION

DATE: 04/30/2001	PROVIDER SIGNATURE VALENTIN AVANESSOV, PHYSICIAN, P.C.	IRS IDENTIFICATION NO. 11-3543189	WCB RATING CODE, IF NONE SPECIALITY
	VALENTIN AVANESSOV, M.D.	211241	FMR

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE  
(THIS FORM IS NOT VERIFICATION OF HOSPITAL TREATMENT)**

NAME OF INSURANCE COMPANY

INSURER'S CLAIM REPRESENTATIVE

Albany Insurance Co.  
888 Veterans Memorial Hwy, Suite 300, Hauppauge, NY, 11788

N/A  
Tel: N/A X N/A

DATE	POLICY NUMBER	DATE OF ACCIDENT	FILE NUMBER
05/02/2001		12/11/2000	180475037B

PROVIDER: VALENTIN AVANESSOV, PHISICIAN, P.C.  
444 AVENUE X, SUITE 1-E, BROOKLYN, NY, 11223

Tel: 718-645-4992  
Fax: 718-306-4138

KINDLY COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE. PLEASE NOTE COMPLETED FORM MUST BE SUBMITTED TO INSURER NO LATER THAN 45 DAYS AFTER TREATMENT DATE.

IF YOU HAVE PREVIOUSLY SUBMITTED AN EARLIER REPORT ON THIS ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES

1. PATIENT NAME AND ADDRESS [REDACTED] Brooklyn, NY, [REDACTED] Tel: [REDACTED]		
2. AGE 23	3. SEX M	4. OCCUPATION (IF KNOWN) N/A
5. DIAGNOSIS AND CONCURRENT CONDITIONS: 782.0 - PARESTHESIA 723.1 - Cervical Radiculopathy. 723.2 - Lumbosacral Radiculopathy. 844.8 - Sprain/strain of left knee 845.0 - Sprain/strain of left ankle. 729.1 - Myofascial Pain Syndrome		
6. WHEN DID SYMPTOMS FIRST APPEAR? DATE: 12/11/2000		7. WHEN DID PATIENT CONSULT YOU FOR THIS CONDITION? DATE: 12/27/2000
8. HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES" STATE WHEN AND DESCRIBE		
9. IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", EXPLAIN		
10. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
11. WILL INJURY RESULT IN SIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOT DETERMINABLE AT THIS TIME		
12. PATIENT WAS DISABLED (UNABLE TO WORK) FROM: N/A THROUGH: N/A		13. IF STILL DISABLED THE PATIENT SHOULD BE ABLE TO RETURN TO WORK ON DATE:
14. WILL THE PATIENT REQUIRE REHABILITATION AND/OR OCCUPATION THERAPY AS A RESULT OF THE INJURIES SUSTAINED IN THIS ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" DESCRIBE YOUR RECOMMENDATION BELOW  [REDACTED] report attached		

15. REPORT OF SERVICES RENDERED

Date Of Service	Place Of Service	Description Of Treatment or Health Service Rendered	Fee Schedule Treatment Code	Charges
05/01/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
05/02/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
05/02/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
05/02/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
05/07/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
05/07/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
05/07/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
05/07/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
05/14/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
05/14/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
05/14/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
05/14/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
05/18/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
05/18/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
05/18/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
05/18/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
05/23/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
05/23/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
05/23/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
05/23/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
05/30/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
05/30/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
05/30/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
05/30/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
06/11/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
06/11/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
06/11/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74

TOTAL CHARGES TO DATE: \$ 834.75

**16. IF TREATING PROVIDER IS DIFFERENT THAN BILLING PROVIDER COMPLETE THE FOLLOWING:**

Treating Provider's Name	Title	Licence Or Certification Number	Business Relationship		
VALENTIN AVANESSOV, M.D.	PMR	211241	Employee	Independent Contractor	Other (Specify)
					OWNER

**17. IF THE PROVIDER OF SERVICE IS A PROFESSIONAL SERVICE CORPORATION OR DOING BUSINESS UNDER AN ASSUMED NAME (DBA), LIST THE OWNER AND PROFESSIONAL LICENCING CREDENTIALS OF ALL OWNERS**

Owner : VALENTIN AVANESSOV

Licence No :211241

**18. IS THE PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION?**☒ YES☐ NO**19. ESTIMATED DURATION OF FUTURE TREATMENT:**

Difficult to determine at this time

**20. INJURED OR AUTHORIZED PERSON'S SIGNATURE:**

I AUTHORIZE PAYMENT OF HEALTH BENEFITS TO THE UNDERSIGNED HEALTH CARE PROVIDER OR SUPPLIER OF SERVICE DESCRIBED BELOW

SIGNED \_\_\_\_\_

**21. ASSIGNMENT OF NO-FAULT BENEFITS**

I HEREBY ASSIGN TO THE HEALTH CARE PROVIDER INDICATED BELOW ALL RIGHTS, PRIVILEGES AND REMEDIES TO WHICH I AM ENTITLED UNDER ARTICLE 51 (THE NO-FAULT PROVISION) OF THE INSURANCE LAW. ANY PAYMENT PURSUANT TO THIS ASSIGNMENT SHALL NOT EXCEED THE HEALTH CARE PROVIDER'S PERMISSIBLE CHARGES UNDER SAID ARTICLE 51.

SIGNED \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION

DATE: 06/11/2001	PROVIDER SIGNATURE VALENTIN AVANESSOV, PHYSICIAN, P.C.	IRS IDENTIFICATION NO. 11-3543189	WCB RATING CODE. IF NONE SPECIALITY
	VALENTIN AVANESSOV, M.D.	211241	PMR

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE  
(THIS FORM IS NOT VERIFICATION OF HOSPITAL TREATMENT)**

NAME OF INSURANCE COMPANY

INSURER'S CLAIM REPRESENTATIVE

Albany Insurance Co.  
858 Veterans Memorial Hwy, Suite 300, Hauppauge, NY, 11788

N/A  
Tel: N/A X N/A

DATE	POLICY HOLDER	POLICY NUMBER	DATE OF ACCIDENT	FILE NUMBER
05/02/2001			12/11/2000	1804750378

PROVIDER: JAMES T. SANTORO  
444 AVENUE X, SUITE 1-E, BROOKLYN, NY, 11223

Tel.: 718-645-4992  
Fax: 718-306-4138

KINDLY COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE. PLEASE NOTE COMPLETED FORM MUST BE SUBMITTED TO INSURER NO LATER THAN 45 DAYS AFTER TREATMENT DATE.

IF YOU HAVE PREVIOUSLY SUBMITTED AN EARLIER REPORT ON THIS ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES

1. PATIENT NAME AND ADDRESS [REDACTED] Brooklyn, NY, [REDACTED] Tel: [REDACTED]	
2. AGE [REDACTED]	3. SEX [REDACTED]
4. OCCUPATION (IF KNOWN) N/A	
5. DIAGNOSIS AND CONCURRENT CONDITIONS: 782.0 - PARESTHESIA 723.4 - Cervical Radiculopathy. 724.0 - Lumbosacral Radiculopathy. 844.0 - Sprain/strain of left knee 845.0 - Sprain/strain of left ankle. 729.1 - Myofascial Pain Syndrome	
6. WHEN DID SYMPTOMS FIRST APPEAR? DATE: 12/11/2000	7. WHEN DID PATIENT CONSULT YOU FOR THIS CONDITION? DATE: 12/27/2000
8. HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES" STATE WHEN AND DESCRIBE	
9. IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", EXPLAIN	
10. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. WILL INJURY RESULT IN SIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOT DETERMINABLE AT THIS TIME	
12. PATIENT WAS DISABLED (UNABLE TO WORK) FROM: N/A THROUGH: N/A	13. IF STILL DISABLED THE PATIENT SHOULD BE ABLE TO RETURN TO WORK ON DATE:
14. WILL THE PATIENT REQUIRE REHABILITATION AND/OR OCCUPATION THERAPY AS A RESULT OF THE INJURIES SUSTAINED IN THIS ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" DESCRIBE YOUR RECOMMENDATION BELOW  No report attached	

## 15. REPORT OF SERVICES RENDERED

Date Of Service	Place Of Service	Description Of Treatment or Health Service Rendered	Fee Schedule Treatment Code	Charges
03/07/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
03/07/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
03/14/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
03/16/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
03/23/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
03/30/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
06/04/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
06/11/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70

TOTAL CHARGES TO DATE: \$ 269.60

**16. IF TREATING PROVIDER IS DIFFERENT THAN BILLING PROVIDER COMPLETE THE FOLLOWING:**

Treating Provider's Name	Title	Licence Or Certification Number	Business Relationship		
			Employee	Independent Contractor	Other (Specify)

**17. IF THE PROVIDER OF SERVICE IS A PROFESSIONAL SERVICE CORPORATION OR DOING BUSINESS UNDER AN ASSUMED NAME (DBA), LIST THE OWNER AND PROFESSIONAL LICENCING CREDENTIALS OF ALL OWNERS**

Owner : JAMES T. SANTORO

Licence No :1628

**18. IS THE PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION?** ☒ YES ☐ NO**19. ESTIMATED DURATION OF FUTURE TREATMENT:**

Difficult to determine at this time

**20. INJURED OR AUTHORIZED PERSON'S SIGNATURE:**

I AUTHORIZE PAYMENT OF HEALTH BENEFITS TO THE UNDERSIGNED HEALTH CARE PROVIDER OR SUPPLIER OF SERVICE DESCRIBED BELOW

SIGNED \_\_\_\_\_

**21. ASSIGNMENT OF NO-FAULT BENEFITS**

I HEREBY ASSIGN TO THE HEALTH CARE PROVIDER INDICATED BELOW ALL RIGHTS, PRIVILEGES AND REMEDIES TO WHICH I AM ENTITLED UNDER ARTICLE 51 (THE NO-FAULT PROVISION) OF THE INSURANCE LAW: ANY PAYMENT PURSUANT TO THIS ASSIGNMENT SHALL NOT EXCEED THE HEALTH CARE PROVIDER'S PERMISSABLE CHARGES UNDER SAID ARTICLE 51.

SIGNED \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION

DATE: 06/11/2001	PROVIDER SIGNATURE JAMES T. SANTORO	IRS IDENTIFICATION NO. 056-366616	WCB RATING CODE. IF NONE SPECIALITY CHIROPRACTOR
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**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE  
(THIS FORM IS NOT VERIFICATION OF HOSPITAL TREATMENT)**

NAME OF INSURANCE COMPANY

INSURER'S CLAIM REPRESENTATIVE

Amstar Insurance Co.  
888 Veterans Memorial Hwy, Suite 300, Hauppauge, NY, 11788

N/A  
Tel.: N/A X N/A

DATE	POLICY HOLDER	POLICY NUMBER	DATE OF ACCIDENT	FILE NUMBER
06/13/2001			12/11/2000	1804750378

PROVIDER : JAMES T. SANTORO  
444 AVENUE X, SUITE 1-E, BROOKLYN, NY, 11223

Tel.: 718-645-4992  
Fax: 718-306-4138

KINDLY COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE. PLEASE NOTE COMPLETED FORM MUST BE SUBMITTED TO INSURER NO LATER THAN 45 DAYS AFTER TREATMENT DATE.

IF YOU HAVE PREVIOUSLY SUBMITTED AN EARLIER REPORT ON THIS ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES

1. PATIENT NAME AND ADDRESS [REDACTED] Brooklyn, NY, [REDACTED] Tel.: [REDACTED]	
2. AGE [REDACTED]	3. SEX [REDACTED]
4. OCCUPATION (IF KNOWN) N/A	
5. DIAGNOSIS AND CONCURRENT CONDITIONS: 782.0 - PARESTHESIA 723.4 - Cervical Radiculopathy. 724.2 - Lumbosacral Radiculopathy. 844.8 - Sprain/strain of left knee 845.0 - Sprain/strain of left ankle. 729.1 - Myofascial Pain Syndrome	
6. WHEN DID SYMPTOMS FIRST APPEAR? DATE: 12/11/2000	7. WHEN DID PATIENT CONSULT YOU FOR THIS CONDITION? DATE: 12/27/2000
8. HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES" STATE WHEN AND DESCRIBE	
9. IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", EXPLAIN	
10. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. WILL INJURY RESULT IN SIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOT DETERMINABLE AT THIS TIME	
12. PATIENT WAS DISABLED (UNABLE TO WORK) FROM: N/A THROUGH: N/A	13. IF STILL DISABLED THE PATIENT SHOULD BE ABLE TO RETURN TO WORK ON DATE:
14. WILL THE PATIENT REQUIRE REHABILITATION AND/OR OCCUPATION THERAPY AS A RESULT OF THE INJURIES SUSTAINED IN THIS ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" DESCRIBE YOUR RECOMMENDATION BELOW  No report attached	

15. REPORT OF SERVICES RENDERED

Date Of Service	Place Of Service	Description Of Treatment or Health Service Rendered	Fee Schedule Treatment Code	Charges
06/01/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
06/18/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
06/25/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
07/02/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
07/13/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
07/20/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70

TOTAL CHARGES TO DATE: \$ 202.20

**16. IF TREATING PROVIDER IS DIFFERENT THAN BILLING PROVIDER COMPLETE THE FOLLOWING:**

Treating Provider's Name	Title	Licence Or Certification Number	Business Relationship		
			Employee	Independent Contractor	Other (Specify)

**17. IF THE PROVIDER OF SERVICE IS A PROFESSIONAL SERVICE CORPORATION OR DOING BUSINESS UNDER AN ASSUMED NAME (DBA), LIST THE OWNER AND PROFESSIONAL LICENCING CREDENTIALS OF ALL OWNERS**

OWNER : JAMES T. SANTORO

Licence No :1628

**18. IS THE PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION?**

YES



NO

**19. ESTIMATED DURATION OF FUTURE TREATMENT:**

Difficult to determine at this time

**20. INJURED OR AUTHORIZED PERSON'S SIGNATURE:**

I AUTHORIZE PAYMENT OF HEALTH BENEFITS TO THE UNDERSIGNED HEALTH CARE PROVIDER OR SUPPLIER OF SERVICE DESCRIBED BELOW

SIGNED \_\_\_\_\_

**21. ASSIGNMENT OF NO-FAULT BENEFITS**

I HEREBY ASSIGN TO THE HEALTH CARE PROVIDER INDICATED BELOW ALL RIGHTS, PRIVILEGES AND REMEDIES TO WHICH I AM ENTITLED UNDER ARTICLE 51 (THE NO-FAULT PROVISION) OF THE INSURANCE LAW. ANY PAYMENT PURSUANT TO THIS ASSIGNMENT SHALL NOT EXCEED THE HEALTH CARE PROVIDER'S PERMISSABLE CHARGES UNDER SAID ARTICLE 51.

SIGNED \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION

DATE: 07/20/2001	PROVIDER SIGNATURE JAMES T. SANTORO	IRS IDENTIFICATION NO. 056-346616	WCB RATING CODE, IF NONE SPECIALITY CHIROPRACTOR
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**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW**  
**VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE**  
**(THIS FORM IS NOT VERIFICATION OF HOSPITAL TREATMENT)**

NAME OF INSURANCE COMPANY

INSURER'S CLAIM REPRESENTATIVE

Albany Insurance Co.  
 895 Veterans Memorial Hwy, Suite 308, Hauppauge, NY, 11788

N/A  
 Tel.: N/A X N/A

DATE	POLICY HOLDER	POLICY NUMBER	DATE OF ACCIDENT	FILE NUMBER
06/13/2001			12/11/2000	1804750378

PROVIDER: VALENTIN AVANESSOV, PHISICIAN, P.C.  
 444 AVENUE X, SUITE 1-E, BROOKLYN, NY, 11223

Tel.: 718-645-4992  
 Fax: 718-306-4138

KINDLY COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE. PLEASE NOTE COMPLETED FORM MUST BE SUBMITTED TO INSURER NO LATER THAN 45 DAYS AFTER TREATMENT DATE.

IF YOU HAVE PRVIOUSLY SUBMITTED AN ERLIER REPORT ON THIS ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES

1. PATIENT NAME AND ADDRESS [REDACTED] Brooklyn, NY, [REDACTED] Tel. [REDACTED]	
2. AGE [REDACTED]	3. SEX [REDACTED]
4. OCCUPATION (IF KNOWN) N/A	
5. DIAGNOSIS AND CONCURRENT CONDITIONS: 782.8 - PARESTHESIA 723.4 - Cervical Radiculopathy. 724.4 - Lumbosacral Radiculopathy. 844.8 - Sprain/strain of left knee 845.8 - Sprain/strain of left ankle. 729.1 - Myofascial Pain Syndrome	
6. WHEN DID SYMPTOMS FIRST APPEAR? DATE: 12/11/2000	7. WHEN DID PATIENT CONSULT YOU FOR THIS CONDITION? DATE: 12/27/2000
8. HAS PATIENT EVER HAD SAME OR CIMILAR CONDITION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES" STATE WHEN AND DESCRIBE	
9. IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", EXPLAIN	
10. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYEMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. WILL INJURY RESULT IN SIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILIT <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOT DETERMINABLE AT THIS TIME	
12. PATIENT WAS DISABLED (UNABLED TO WORK) FROM: N/A THROUGH: N/A	13. IF STILL DISABLED THE PATIENT SHOULD BE ABLE TO RETURN TO WORK ON DATE:
14. WILL THE PATIENT REQUIRE REHABILITATION AND/OR OCCUPATION THERAPY AS A RESULT OF THE INJURIES SUSTAINED IN THIS ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" DESCRIBE YOUR RECOMMENDATION BELOW Report attached	

15. REPORT OF SERVICES RENDERED

Date Of Service	Place Of Service	Description Of Treatment or Health Service Rendered	Fee Schedule Treatment Code	Charges
06/13/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
06/13/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
06/13/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
06/13/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
06/18/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
06/18/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
06/18/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
06/18/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
06/25/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
06/25/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
06/25/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
06/25/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
07/02/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
07/02/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
07/02/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
07/02/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
07/13/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
07/13/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
07/13/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
07/13/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
07/20/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Subsequent Visit	99212	\$ 34.93
07/20/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
07/20/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
07/20/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74

TOTAL CHARGES TO DATE: \$ 743.44

**16. IF TREATING PROVIDER IS DIFFERENT THAN BILLING PROVIDER COMPLETE THE FOLLOWING:**

Treating Provider's Name	Title	Licence Or Certification Number	Business Relationship		
VALENTIN AVANESSOV, M.D.	PMR	211241	Employee	Independent Contractor	Other (Specify)
					OWNER

**17. IF THE PROVIDER OF SERVICE IS A PROFESSIONAL SERVICE CORPORATION OR DOING BUSINESS UNDER AN ASSUMED NAME (DBA), LIST THE OWNER AND PROFESSIONAL LICENCING CREDENTIALS OF ALL OWNERS**

Owner : VALENTIN AVANESSOV

Licence No :211241

**18. IS THE PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION?**☒ YES ☐ NO**19. ESTIMATED DURATION OF FUTURE TREATMENT:**

Difficult to determine at this time

**20. INJURED OR AUTHORIZED PERSON'S SIGNATURE:**

I AUTHORIZE PAYMENT OF HEALTH BENEFITS TO THE UNDERSIGNED HEALTH CARE PROVIDER OR SUPPLIER OF SERVICE DESCRIBED BELOW

SIGNED \_\_\_\_\_

**21. ASSIGNMENT OF NO-FAULT BENEFITS**

I HEREBY ASSIGN TO THE HEALTH CARE PROVIDER INDICATED BELOW ALL RIGHTS, PRIVILEGES AND REMEDIES TO WHICH I AM ENTITLED UNDER ARTICLE 51 (THE NO-FAULT PROVISION) OF THE INSURANCE LAW. ANY PAYMENT PURSUANT TO THIS ASSIGNMENT SHALL NOT EXCEED THE HEALTH CARE PROVIDER'S PERMISSABLE CHARGES UNDER SAID ARTICLE 51.

SIGNED \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION

DATE: 07/20/2001	PROVIDER SIGNATURE VALENTIN AVANESSOV, PHYSICIAN, P.C.	IRS IDENTIFICATION NO. 11-3543189	WCB RATING CODE, IF NONE SPECIALITY
	VALENTIN AVANESSOV, M.D.	211241	PMR

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE  
(THIS FORM IS NOT VERIFICATION OF HOSPITAL TREATMENT)**

NAME OF INSURANCE COMPANY

INSURER'S CLAIM REPRESENTATIVE

Albany Insurance Co.

588 Veterans Memorial Hwy, Suite 300, Hauppauge, NY, 11788

N/A

Tel: N/A

X N/A

DATE	POLICY HOLDER	POLICY NUMBER	DATE OF ACCIDENT	FILE NUMBER
08/15/2001			12/11/2000	1884750378

PROVIDER: JAMES T. SANTORO  
444 AVENUE X, SUITE 1-E, BROOKLYN, NY, 11223

Tel: 718-645-4992

Fax: 718-306-4138

KINDLY COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE. PLEASE NOTE COMPLETED FORM MUST BE SUBMITTED TO INSURER NO LATER THAN 45 DAYS AFTER TREATMENT DATE.

IF YOU HAVE PREVIOUSLY SUBMITTED AN EARLIER REPORT ON THIS ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES

1. PATIENT NAME AND ADDRESS [REDACTED] Brooklyn, NY [REDACTED] Tel. [REDACTED]	
2. AGE [REDACTED]	3. SEX [REDACTED]
4. OCCUPATION (IF KNOWN) N/A	
5. DIAGNOSIS AND CONCURRENT CONDITIONS: 782.0 - PARESTHESIA 723.4 - Cervical Radiculopathy. 724.0 - Lumbosacral Radiculopathy. 844.0 - Sprain/strain of left knee 845.0 - Sprain/strain of left ankle. 729.1 - Myofascial Pain Syndrome	
6. WHEN DID SYMPTOMS FIRST APPEAR? DATE: 12/11/2000	7. WHEN DID PATIENT CONSULT YOU FOR THIS CONDITION? DATE: 12/27/2000
8. HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES" STATE WHEN AND DESCRIBE	
9. IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", EXPLAIN	
10. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. WILL INJURY RESULT IN SIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOT DETERMINABLE AT THIS TIME	
12. PATIENT WAS DISABLED (UNABLE TO WORK) FROM: N/A THROUGH: N/A	13. IF STILL DISABLED THE PATIENT SHOULD BE ABLE TO RETURN TO WORK ON DATE:
14. WILL THE PATIENT REQUIRE REHABILITATION AND/OR OCCUPATION THERAPY AS A RESULT OF THE INJURIES SUSTAINED IN THIS ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" DESCRIBE YOUR RECOMMENDATION BELOW  Report attached	

15. REPORT OF SERVICES RENDERED

Date Of Service	Place Of Service	Description Of Treatment or Health Service Rendered	Fee Schedule Treatment Code	Charges
08/31/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
08/28/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
08/31/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Chiropractor Adjustment	99213	\$ 33.70
TOTAL CHARGES TO DATE:				\$ 101.10

16. IF TREATING PROVIDER IS DIFFERENT THAN BILLING PROVIDER COMPLETE THE FOLLOWING:

Treating Provider's Name	Title	Licence Or Certification Number	Business Relationship		
			Employee	Independent Contractor	Other (Specify)

17. IF THE PROVIDER OF SERVICE IS A PROFESSIONAL SERVICE CORPORATION OR DOING BUSINESS UNDER AN ASSUMED NAME (DBA), LIST THE OWNER AND PROFESSIONAL LICENCING CREDENTIALS OF ALL OWNERS

Owner : JAMES T. SANTORO

Licence No : 1628

18. IS THE PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION? ☒ YES ☐ NO

19. ESTIMATED DURATION OF FUTURE TREATMENT:

Difficult to determine at this time

20. INJURED OR AUTHORIZED PERSON'S SIGNATURE:

I AUTHORIZE PAYMENT OF HEALTH BENEFITS TO THE UNDERSIGNED HEALTH CARE PROVIDER OR SUPPLIER OF SERVICE DESCRIBED BELOW  
SIGNED \_\_\_\_\_

21. ASSIGNMENT OF NO-FAULT BENEFITS

I HEREBY ASSIGN TO THE HEALTH CARE PROVIDER INDICATED BELOW ALL RIGHTS, PRIVILEGES AND REMEDIES TO WHICH I AM ENTITLED UNDER ARTICLE 51 (THE NO-FAULT PROVISION) OF THE INSURANCE LAW. ANY PAYMENT PURSUANT TO THIS ASSIGNMENT SHALL NOT EXCEED THE HEALTH CARE PROVIDER'S PERMISSABLE CHARGES UNDER SAID ARTICLE 51.

SIGNED \_\_\_\_\_

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DATE	PROVIDER SIGNATURE	IRS IDENTIFICATION NO.	WCB RATING CODE. IF NONE SPECIALTY
08/31/2001	JAMES T. SANTORO	056-366616	CHIROPRACITOR

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE  
(THIS FORM IS NOT VERIFICATION OF HOSPITAL TREATMENT)**

NAME OF INSURANCE COMPANY

INSURER'S CLAIM REPRESENTATIVE

Alberta Insurance Co.  
888 Veterans Memorial Hwy, Suite 300, Hauppauge, NY, 11788

N/A  
Tel: N/A X N/A

DATE	POLICY HOLDER	POLICY NUMBER	DATE OF ACCIDENT	FILE NUMBER
08/15/2001			12/11/2000	1804750378

PROVIDER: VALENTIN AVANESSOV, PHISICIAN, P.C.  
444 AVENUE X, SUITE 1-E, BROOKLYN, NY, 11223

Tel.: 718-645-4992  
Fax: 718-306-4138

KINDLY COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE. PLEASE NOTE COMPLETED FORM MUST BE SUBMITTED TO INSURER NO LATER THAN 45 DAYS AFTER TREATMENT DATE.

IF YOU HAVE PREVIOUSLY SUBMITTED AN ERLIER REPORT ON THIS ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES

1. PATIENT NAME AND ADDRESS [REDACTED] Brooklyn, NY, [REDACTED] Tel: [REDACTED]		
2. AGE 23	3. SEX M	4. OCCUPATION (IF KNOWN) N/A
5. DIAGNOSIS AND CONCURRENT CONDITIONS: 782.0 - PARESTHESIA 723.4 - Cervical Radiculopathy. 724.4 - Lumbosacral Radiculopathy. 844.8 - Sprain/strain of left knee 845.0 - Sprain/strain of left ankle. 729.1 - Myofascial Pain Syndrome		
6. WHEN DID SYMPTOMS FIRST APPEAR? DATE: 12/11/2000		7. WHEN DID PATIENT CONSULT YOU FOR THIS CONDITION? DATE: 12/27/2000
8. HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES" STATE WHEN AND DESCRIBE		
9. IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", EXPLAIN		
10. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
11. WILL INJURY RESULT IN SIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOT DETERMINABLE AT THIS TIME		
12. PATIENT WAS DISABLED (UNABLE TO WORK) FROM: N/A THROUGH: N/A		13. IF STILL DISABLED THE PATIENT SHOULD BE ABLE TO RETURN TO WORK ON DATE:
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15. REPORT OF SERVICES RENDERED

Date Of Service	Place Of Service	Description Of Treatment or Health Service Rendered	Fee Schedule Treatment Code	Charges
08/15/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
08/15/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
08/15/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
08/20/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Hot/Cold Packs	97010	\$ 20.03
08/20/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Therapeutic Exercises	97110	\$ 33.54
08/20/01	444 AVENUE X, SUITE 1-E, BROOKLYN	Myofascial release	97140	\$ 35.74
08/31/01	444 AVENUE X, SUITE 1-E, BROOKLYN	SUBSEQUENT VISIT	99214	\$ 71.49
TOTAL CHARGES TO DATE:				\$ 250.11

**16. IF TREATING PROVIDER IS DIFFERENT THAN BILLING PROVIDER COMPLETE THE FOLLOWING:**

Treating Provider's Name	Title	Licence Or Certification Number	Business Relationship		
VALENTIN AVANESSOV, M.D.	PMR	211241	Employee	Independent Contractor	Other (Specify)
					OWNER

**17. IF THE PROVIDER OF SERVICE IS A PROFESSIONAL SERVICE CORPORATION OR DOING BUSINESS UNDER AN ASSUMED NAME (DBA), LIST THE OWNER AND PROFESSIONAL LICENCING CREDENTIALS OF ALL OWNERS**

Owner : VALENTIN AVANESSOV

Licence No :211241

**18. IS THE PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION?** ☒ YES ☐ NO**19. ESTIMATED DURATION OF FUTURE TREATMENT:**

Difficult to determine at this time

**20. INJURED OR AUTHORIZED PERSON'S SIGNATURE:**

I AUTHORIZE PAYMENT OF HEALTH BENEFITS TO THE UNDERSIGNED HEALTH CARE PROVIDER OR SUPPLIER OF SERVICE DESCRIBED BELOW

SIGNED \_\_\_\_\_

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SIGNED \_\_\_\_\_

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DATE: 05/31/2001	PROVIDER SIGNATURE VALENTIN AVANESSOV, PHYSICIAN, P.C.	IRS IDENTIFICATION NO. 11-3543189	WCB RATING CODE, IF NONE SPECIALITY
	VALENTIN AVANESSOV, M.D.	211241	PMR



# OCEAN DIAGNOSTIC RADIOLOGY P.C.

275 Avenue X, Brooklyn, NY 11223

Tel. (718) 787-0300

Fax (718) 787-0880

TAX ID No: 11-3199990

February 8, 2001

RE: [REDACTED]

Dear Dr. Sanitoro:

The following is a report on your patient:

## MRI OF THE LUMBOSACRAL SPINE:

MRI of the lumbosacral spine was performed using T1 and T2 weighted sagittal slices at 5mm intervals and T1 weighted axial slices at 5mm intervals.

There is a normal lumbar lordosis. The conus and cauda equina is normal in size and signal intensity. Paravertebral soft tissues are intact and normal. Body of L2 is intact. At the L2-3 level, there is disc bulge seen. No focal herniations or protrusions are noted. No sagittal or lateral recess stenosis is seen. Body of L3 is intact. At the L3-4 level, there is disc bulge seen. No focal herniations or protrusions are noted. No sagittal or lateral recess stenosis is seen. Body of L4 is intact. At the L4-5 level, there is disc bulge seen. No focal herniations or protrusions are noted. No sagittal or lateral recess stenosis is noted. Body of L5 is intact. At the L5-S1 level, no focal herniations or protrusions are noted. No sagittal or lateral recess stenosis is demonstrated.

## IMPRESSION:

DISC BULGE AT L2-3, L3-4 AND L4-5.

Thank you for the courtesy of this referral.

Sincerely,

JOSEPH T. MECCA, M.D.

Diplomat American Board of Radiology

**DEAJESS MEDICAL IMAGING P.C.**  
RADIOLOGICAL SERVICES

61 AVENUE U  
BROOKLYN, NY 11223  
TEL: (718) 263-3300  
FAX: (718) 263-1920

January 30, 2001

Dr. Berger

Re: [REDACTED]

Dear Dr. Berger:

**MRI OF THE LEFT ANKLE:**

Magnetic resonance imaging of the ankle was performed in axial and coronal images.

Small joint effusion is noted. The ankle mortise is preserved. Lateral talar tilt is noted.

Bone marrow signal, cortical bone and articular cartilage are unrevealing. All visualized tendons and ligaments are within normal limits. The remainder of the study is unrevealing.

**IMPRESSION:** 1. Lateral talar tilt; 2. Small joint effusion. Please note that lack of sagittal images limits the study and if so desired, patient may be brought back for a sagittal data set.

Thank you for the courtesy of this referral.

Sincerely,

Robert D. Solomon, M.D.  
Board Certified Radiologist

ipd-228B



# OCEAN DIAGNOSTIC RADIOLOGY P.C.

275 Avenue X, Brooklyn, NY 11223

Tel (718) 787-0300

Fax (718) 787-0880

TAX ID No: 11-3199990

January 22, 2001

RE: [REDACTED]

Dear Dr. Avanesov:

The following is a report on your patient:

## MRI OF THE LEFT KNEE:

MRI of the left knee was performed using T1 and T2 weighted sagittal, T1 weighted coronal and T1 weighted axial slices.

No fluid is noted in the suprapatellar space. The lateral and medial menisci are normal in size, contour and signal intensity. There is edema of the anterior cruciate ligament. The posterior cruciate ligament, medial and lateral collateral ligaments, quadriceps and patellar tendons are intact and normal in size, contour and signal intensity. The visualized cortical surface and marrow is normal in contour and signal intensity. The joint spaces are well preserved. The surrounding soft tissues are unremarkable. No soft tissue mass lesions are demonstrated. No Baker's cyst or popliteal artery aneurysms are seen.

## IMPRESSION:

**EDEMA ANTERIOR CRUCIATE LIGAMENT.**

Thank you for the courtesy of this referral.

Sincerely,

JOSEPH T. MECCA, M.D.

Diplomat American Board of Radiology



# OCEAN DIAGNOSTIC RADIOLOGY P.C.

275 Avenue X, Brooklyn, NY 11228

Tel. (718) 787-0300

Fax (718) 787-0880

TAX ID No: 11-3199990

January 2, 2001

RE: [REDACTED]

Dear Dr. Santoro:

The following is a report on your patient:

## MRI OF THE CERVICAL SPINE:

MRI of the cervical spine was performed using T1 and T2 weighted sagittal slices at 5mm intervals and T1 weighted axial slices at 5mm intervals.

The cervical cord and brain stem are normal in size, contour and signal intensity. No tonsillar herniation is noted. There is straightening of the normal cervical lordosis. Paravertebral soft tissues are intact and normal. Body of C2 is intact. At the C2-3 level, there is disc bulge seen. No focal herniation, sagittal stenosis or neural foraminal narrowing is seen. Body of C3 is intact. At the C3-4 level, there is disc bulge seen. No focal herniation, sagittal stenosis or neural foraminal narrowing is seen. Body of C4 is intact. At the C4-5 level, no focal herniation, sagittal stenosis or neural foraminal narrowing is demonstrated. Body of C5 is intact. At the C5-6 level, no focal herniation, sagittal stenosis or neural foraminal narrowing is noted. Body of C6 is intact. At the C6-7 level, no focal herniation, sagittal stenosis or neural foraminal narrowing is seen. Body of C7 is intact. At the C7-T1 level, no focal herniation, sagittal stenosis or neural foraminal narrowing is noted.

## IMPRESSION:

1. STRAIGHTENING OF THE NORMAL CERVICAL LORDOSIS.
2. DISC BULGE AT C2-3 AND C3-4.

Thank you for the courtesy of this referral.

Sincerely,

JOSEPH T. MECCA, M.D.

Diplomat American Board of Radiology

# ESIS

An Insurance Services Company

ESIS GM/Central Claims  
300 Renaissance Center  
Mail Code 482 C2D D71  
Detroit, MI 48268-3000

313.665.3394 tel/  
313.665.0911 fax

Tanya.Morris@ESIS.com

Tanya R. Morris  
Claims Administrator

February 5, 2002

Edward Rimland, Esquire  
Rimland & Associates  
Attorneys at Law  
32 Court Street Suite 1506  
Brooklyn, NY 11201

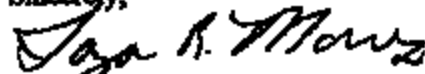
Re:	Our Claim No:	417229
	Your Client:	[REDACTED]
	Our Client:	General Motors Corporation
	Date/Event:	12/11/00

Dear Mr. Rimland:

Thank you for your cooperation extended during the course of the investigation of the accident involving your clients 1998 Chevrolet Corvette. Be assured that General Motors has taken the concern regarding the performance of the vehicle very seriously. The matter has been technically reviewed and analyzed and it has been determined that there is no evidence that a product defect existed.

Therefore, ESIS, as the Third Party Administrator for General Motors, must respectfully deny your claim.

Sincerely,



Tanya R. Morris

25-02  
OR

GENERAL MOTORS CORPORATION  
CHEVROLET DIVISION  
GM RESTRICTEDCUSTOMER:  
ADDRESS:  
HOME PHONE:

NEW YORK, NY

CASE NUMBER: 02550401 VIN: 1G1YY22G2W5110120  
MODEL YEAR: 1998  
DATE OPENED: 2000-12-14 SERIES: CORVETTE COUPE  
DATE CLOSED: 2001-01-26 MILEAGE: 29000  
SOURCE: DELIVERY DATE:  
BRC TYPE: PAR DEALER NAME: KRISTAL CHEVROLET OLDSMOBILE CADILLA  
BRC PARENT: 02550400 DEALER ADDRESS: 5200 KINGS HWY., BROOKLYN, NY, 11234, USA

## \*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

T01 Product Allegation GM 1241 Other  
0 REPAIR ATTEMPT(S) ENGINE FAILURE

J01 Engine Other  
0 REPAIR ATTEMPT(S) STALL/FAILURE

M01 Steering General Other  
0 REPAIR ATTEMPT(S) LOCKED W/OUT POWER

A04 Possible Safety Concern Other  
0 REPAIR ATTEMPT(S) VEH STALLED

C31 Supplemental Inflatable Restrain (SIR) - Driver Other  
0 REPAIR ATTEMPT(S) FAILED TO DEPLOY

## PRODUCT ALLEGATION

## \*\*\*\*\*WORK HISTORY\*\*\*\*\*

CRM reviewed file. CRM phoned cust. Lady stated that cust not home, then hung up. CRM unable to leave message. Latasha Hawkins/Par 58042; 0; 346084778  
2000-12-19

CRM contacted cust. No answer. Latasha Hawkins/Par 58042; 0; 346101125  
2000-12-28

CUST CALLED & STATED THAT HE IS WAITING TO HEAR FROM A REP IN BRC PAR. CRM LOOKED AT FILE & SAW THAT THE REP HAS BEEN UNABLE TO REACH CUST. CUST LEFT ANOTHER PHONE NUMBER TO USE DURING THE DAY.

PRIMARY DAYTIME PHONE #  
DANIEL NEWBROUGH/ PDX CAC; 0; 346886767  
2001-01-17

ON 12/21 CRM PHONED CUST. NO ANSWER. CRM MAILED 10 DAY/UNABLE TO REACH LETTER. LATASHA HAWKINS/PAR 58042; 0; 348590386  
2001-01-17

CRM SPOKE WITH CUST ON 1/16/01. CUST STATED THAT HIS 17 YEAR OLD BROTHER WAS DRIVING VEH AT TIME OF INCIDENT. CUST STATED THAT BROTHER'S NAME IS [REDACTED]. CUST STATED THAT BROTHER ADVISED HIM THAT ENGINE STALLED, THE STEERING LOCKED AND HE COLLIDED WITH TWO OTHER VEH. CUST STATED THAT FRONT OF VEH HIT THE SIDE OF ONE VEH. THEN SPINNED AROUND AND HIT THE OTHER VEH WITH THE REAR OF HIS VEH. LATASHA HAWKINS/PAR 58042; 0; 348590593

INJURIES: Y

ANOTHER VEHICLE INVOLVED: Y  
NUMBER OF VEHICLES: 2

PROPERTY DAMAGE: OWNERS VEH, PLUS TWO PARKED VEH

HAS VEHICLE INSURED: Y

NECK, NY

INSURANCE COMPANY NAME: ALLSTATE

INSURANCE COMPANY ADDRESS: 134 MIDDLE NECK RD. #A, GREAT

AGENT NAME: JOE ALON

AGENT PHONE NUMBER: 516-773-2900

MORE INFORMATION:

MAINTENANCE LOCATION: KRISTAL CHEVROLET, 5200 KINGS HWY, BROOKLYN NY

CURRENT LOCATION OF VEHICLE: 1910 CONEY ISLAND AVE. BROOKLYN, NY 11230

NOTIFY NAME: CUSTOMER

HAS VEHICLE INSPECTED: N

MILEAGE AT INSPECTION:

WHERE WAS INSPECTION DONE:

INSPECTORS NAME: INSPECTION DATE:

HAS VEHICLE ROAD TESTED: N

ROAD TEST DESCRIPTION:

ROAD TEST RESULT:

COMP INSPECTED:

INVESTIGATIVE SUMMARY: ATTY INVOLVEMENT

PAR STATUS: Accepted

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

FORCE:

REQUEST TYPE:

REPURCHASE REASON:

TRANSACTION:

DEALER BAC:

DEALER NAME:

DEALER ADDRESS: , ,

CONTACT: ,

PHONE NUMBER:

PRODUCT CODE:

FAX NUMBER:

BODY TYPE:

TRIM:

TRANSMISSION:

VEHICLE DRIVABLE:

BRC WARRANTY DATE:

NADA: 0

SALES TAX:

ENGINE TYPE:

MILEAGE @ BUY-BACK: 0

MSRP:

DEPRECIATION:

UPGRADE:

AFTERMARKET:

LEASE TERM:

DAMAGE:

OTHER:

BRANCH:

ACCOUNT NUMBER:

INTEREST RATE:

NAME:

INTEREST PAID:

DEALER BUYOUT:

ACCOUNT BALANCE:

AL:

LEGAL TYPE:

LEMON LAW:

VEHICLE DESTINATION:

LIEN PAYOFF:

TITLE BRAND:

DEALER ADMINISTRATION:

RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME: [REDACTED]  
ADDRESS: [REDACTED]

LOCATION:

CITY/STATE: NEW YORK, NY [REDACTED]  
PHONE NUMBER: 9999999999

SEATING POSITION: DRIVER RESTRAINT: UNK  
TYPE OF INJURY: DIZZINESS, LOWER BACK PAIN  
TREATED: Y IF SO, WHERE: UNK

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER: DATE:  
TITLE NAMES:  
BUSINESS: & BUSINESS: 0  
ACCIDENT: DATE OF ACCIDENT:  
DESCRIPTION OF DAMAGE:  
PURCHASE/LEASE: 0 DATE OF PURCHASE/LEASE:  
MILEAGE AT PURCHASE: 0 PURCHASE/LEASE AS:  
DOES OWNER HAVE POSSESSION OF VEHICLE:  
RESOLUTION SOUGHT:

\*\*\*\*\*ERC CONTACT INFORMATION\*\*\*\*\*

NAME: [REDACTED] CONTACT NUMBER: 1  
COMPANY: [REDACTED] CONTACT TYPE: Claimant  
ADDRESS: [REDACTED] CONTACT PHONE: [REDACTED]  
NEW YORK, NY [REDACTED]

From: TAMMY HOLDINGS (813) 235-4129  
CIN CLINT SERV GROUP/TAMPA  
5701 E HILLSBOROUGH AVE  
SUITE 2300  
TAMPA, FL 33610

SHIPPER'S FEDEX ACCOUNT #



FedEx.

To: MSX International (800) 231-1841

SHIP DATE: 18MAY01  
WEIGHT: 8 LBS

1464 John A. Papalas Drive

Lincoln Park, MI, 48146

Ref: PAR01801



TRK # 7900 5530 8595

EXPRESS SAVER PACKAGE

DTW

48146-MI-US

FI NFBA

TUE  
A1

Delivered by:  
22MAY01



02550401

BRC PAR

Corepoint  
Request

#C 025504.01

Please Auto-  
Link

# GENERAL MOTORS CORPORATION

BRAND: Chevrolet *J. H. H. H.*

DATE: 01/17/01

ESIS/GM Central Claims  
300 Renaissance Center  
Mail Code 482 C20 D71  
Detroit, MI 48265-3000

RE: Claimant: [REDACTED]

Date of Incident: December 11, 2000

File Number: C02450481

Gentlemen:

Attached is a PAR report with information on the above captioned incident. This Report of Preliminary Investigation is submitted to you for the reason(s) indicated below:

1. ☐ The attached report is for your information and record.
2. ☒ We believe this claim may deserve further investigation by you.
3. ☒ Other: Customer has an attorney.

We have checked the above items based upon the information we have at this time. If you do not agree, or if subsequent facts come to your attention indicating the advisability of a different approach, we would appreciate being advised promptly.

Please Contact:

Customer Relationship Manager  
General Motors Corporation  
5701 E. Hillsborough Avenue  
Suite 2300  
Tampa, FL 33610

Further inquiries regarding this claim should be directed to the undersigned.

Sincerely,

*Latasha Y. Hawkins*

Latasha Y. Hawkins  
Customer Relationship Manager  
General Motors Corporation  
Product Allegation Resolution Team

Enclosures:

- ☒ Customer File
- ☒ VIN Profile
- ☐ Inspection Report
- ☐ Pictures
- ☐ Estimates
- ☐ Police or Fire Report
- ☐ Repair Orders
- ☐ Demo Tape
- ☐ Other: (Description)



**GMC**

GENERAL MOTORS BUSINESS RESOURCE CENTER

December 21, 2000

[REDACTED]  
New York, NY [REDACTED]

RE: File Number: C02550401  
VIN: 1G1YY22G2W3110120

De [REDACTED]

Thank you for allowing us the opportunity to review the product allegation involving your 1998 Chevrolet Corvette. Unfortunately our attempts to reach you by phone were unsuccessful.

Therefore, we will not be able to take any further action regarding your concern until we have an opportunity to discuss this with you. We will continue to hold your file open for 10 days. You can reach me at 1-800-231-1841 X 58042 for further review.

Sincerely,

Latasha Y. Hawkins  
Customer Relationship Manager  
Product Allegation Resolution Team

**GM****PAR CASE INFORMATION**

Problem ID: 02550401

Name: [REDACTED]  
Address: [REDACTED]NEW YORK, NY [REDACTED]  
Phone: (718) 837-8938VIN: 1G1YY22GZW1110120  
MAKE: CHEVROLET  
MODEL: CORVETTE COUPE  
YEAR: 1988  
ODOMETER: 29,000**BEC CONTACT INFORMATION**NAME: [REDACTED]  
COMPANY: [REDACTED]  
ADDRESS: [REDACTED]PHONE: [REDACTED]  
TYPE: ClaimantACCOUNT/POLICY:  
SERVICE DEALER: KRISTAL CHEVROLET OLDSMOB  
CONTRACT: UNK  
SELLING DEALER: KRISTAL CHEVROLET OLDSMOB  
CONTRACT: UNK  
PAYEE: No

CONTACT ID: 00010030230011

DRIVER NAME: [REDACTED]  
DRIVER AGE: [REDACTED]

DISABILITIES: N/A

ROAD SURFACE: Asphalt

ROAD CONDITION: Wet

# PEOPLE IN VEHICLE: 1

INJURIES: Yes

OTHER VEHICLES INVOLVED: Yes

NUMBER INVOLVED: 2

DEFECTIVE COMPONENT: ENGINE FAILURE/STALL

POLICE REPORT: Yes

INSURANCE: Yes

INSURANCE COMPANY: ALLSTATE

INSURANCE COMPANY ADDR: 134 MIDDLE NECK RD. SA, G

INSPECTION: No

INSP NAME:

INSP DATE:

INSP MILES:

INSP DONE:

PROPERTY DAMAGE: OWNERS VEH, PLUS TWO PARKED VEH

INCIDENT LOCATION: OCEAN AVE BETWEEN AVENUE G &amp; AVENUE U

INCIDENT RESULT: FWD TO EMS 1/17/01

VEHICLE LOCATION: [REDACTED] BROOKLYN, NY

MAINTENANCE LOCATION: KRISTAL CHEVROLET, 8208 KINGS HWY, BROOKLYN NY

OWNER DESC: ENGINE DIED, STEERING LOCKED, LOST BRAKES, COLLIDED W/2 OTHER VEH, NO AIR BAG  
DEPLOY

MORE INFO:

BODY INJURY: Yes

COLLISION: Yes

PROPERTY DMG: No

NON COLL: No

DMG ASV K: No

NOTIFY NAME: CUSTOMER

AGENT NAME: JOE ALON

STATUS: Accepted

REJECT REASON:

ROAD TEST: No

ROAD TEST DESC:

ROAD TEST RESULT:

COMP INSPECTED:

INVEST SUMMARY: ATTY INVOLVEMENT

AGENT PHONE: 818-773-2900

INCIDENT DATE &amp; TIME: 12/11/2000 08:30:00 AM

**REIMBURSEMENT INFORMATION**

ID:

PAYEE:

ADDRESS:

COMPANY:

AMOUNT:

ACCT\_TYPE:

ACCT\_NUM:

TAX\_ID:

ISSUE\_1000:

POLICY NUM:

**GM**

# PAR CASE INFORMATION

Problem ID: 02680401

**DESCRIPTION:**

**SOLUTION:**

COMPONENT CODE 1: T01

COMPONENT DESCRIPTION 1: ENGINE FAILURE

COMPLAINT CODE 1: Other

COMPLAINT DESCRIPTION 1: Product Allegation GM 1241

REPAIR ATTEMPTS 1: 0

COMPONENT CODE 2: J01

COMPONENT DESCRIPTION 2: STALL/FAILURE

COMPLAINT CODE 2: Other

COMPLAINT DESCRIPTION 2: Engine

REPAIR ATTEMPTS 2: 0

COMPONENT CODE 3: M01

COMPONENT DESCRIPTION 3: LOCKED W/OUT POWER

COMPLAINT CODE 3: Other

COMPLAINT DESCRIPTION 3: Steering General

REPAIR ATTEMPTS 3: 0

COMPONENT CODE 4: A04

COMPONENT DESCRIPTION 4: VEH STALLED

COMPLAINT CODE 4: Other

COMPLAINT DESCRIPTION 4: Possible Safety Concern

REPAIR ATTEMPTS 4: 0

COMPONENT CODE 5: C31

COMPONENT DESCRIPTION 5: FAILED TO DEPLOY

COMPLAINT CODE 5: Other

COMPLAINT DESCRIPTION 5: Supplemental Inflatable Restrain (SIR) - Driver

REPAIR ATTEMPTS 5: 0

COMPONENT CODE 6:

COMPONENT DESCRIPTION 6:

COMPLAINT CODE 6:

COMPLAINT DESCRIPTION 6:

REPAIR ATTEMPTS 6:

## PAR CASE INFORMATION

Problem ID: 02550401

12/19/2000 - 08:41:14 AM Crm reviewed file. Crm phoned cust. Lady stated that cust not home, then hung up. Crm unable to leave message. Latasha Hawkins/Par 58042

12/19/2000 - 01:14:13 AM Crm contacted cust. No answer. Latasha Hawkins/Par 58042

12/28/2000 - 12:25:19 AM CUST CALLED & STATED THAT HE IS WAITING TO HEAR FROM A REP IN SRC PAR. CRM LOOKED AT FILE & SAW THAT THE REP HAS BEEN UNABLE TO REACH CUST. CUST LEFT ANOTHER PHONE NUMBER TO USE DURING THE DAY.  
8176478181 PRIMARY DAYTIME PHONE #  
DANIEL NEWBROUGH/ PDX C  
AC

01/17/2001 - 08:42:44 AM ON 12/21 CRM PHONED CUST. NO ANSWER. CRM MAILED 10 DAY/UNABLE TO REACH LETTER. LATASHA HAWKINS/PAR 58042

01/17/2001 - 10:51:01 AM BUSINESS SUMMARY: 1. CRM REVIEWED FILE. 2. CRM CONTACTED CUST. 3. CRM MAILED 10 DAY/UNABLE TO REACH LETTER. 4. CRM RCVD MSGG IN FILE W/CUST CONTACT #. 5. CRM SPOKE WITH CUST & OBTAINED INCIDENT DETAILS. 6. ATTORNEY INVOLVEMENT. 7. CRM PHONED ATTY  
. & FILE FORWARDED TO EBIS. LATASHA HAWKINS/PAR 58042

01/17/2001 - 10:45:57 AM CRM PHONED ATTORNEY. CRM SPOKE WITH HAYDEE (MR. RIMLAND'S ASSISTANT). HAYDEE STATED THAT A LETTER OF REPRESENTATION WAS SENT TO EBIS ON 1/8/01. CRM FORWARDING FILE TO EBIS. LATASHA HAWKINS/PAR 58042

01/17/2001 - 10:43:14 AM ATTORNEY INFO...EDWARD RIMLAND...32 COURT STREET, SUITE 1506...BROOKLYN, NY 11201...PH. 718-222-1918. CRM ADVISED CUST THAT DUE TO ATTORNEY INVOLVEMENT, CRM FORWARDING FILE TO EBIS. CRM ADVISED THAT ATTY WILL BE CONTACTED AND PROVIDED WEBIS' INFORMATION. LATASHA HAWKINS/PAR 58042

01/17/2001 - 09:46:57 AM CUST STATED THAT HIS VEH RECEIVED DAMAGES TO FRONT AND REAR END. CUST STATED HE FEELS THAT THE BRAKES OPERATED PROPERLY. CUST STATED THAT HE HAS NOT HAD ANY PRIOR CONCERNS WITH VEH STALLING. CUST STATED THAT HE PURCHASED VEH FROM MALCAR (LEASING COMPANY) AT THE END OF 1999. CUST STATED THAT HE KNOWS THE VEH'S ORIGINAL OWNER. CUST STATED THAT HE & PREVIOUS OWNER HAS HAD CONCERNS WITH WATER LEAKING INTO THE VEH. CUST STATED THAT HE HAS RETAINED LEGAL COUNSEL REGARDING THIS ISSUE. LATASHA HAWKINS/PAR 58042

01/17/2001 - 08:43:30 AM CRM SPOKE WITH CUST ON 1/16/01. CUST STATED THAT HIS [REDACTED] YEAR OLD BROTHER WAS DRIVING VEH AT TIME OF INCIDENT. CUST STATED THAT BROTHER'S NAME IS [REDACTED] CUST STATED THAT BROTHER ADVISED HIM THAT ENGINE STALLED, THE STEERING LOCKED AND HE COLLIDED WITH TWO OTHER VEH. CUST STATED THAT FRONT OF VEH HIT THE SIDE OF ONE VEH, THEN SPINNED AROUND AND HIT THE OTHER VEH WITH THE REAR OF HIS VEH. LATASHA HAWKINS/PAR 58042



CHEVROLET

Domestic Code

DOMESTIC CODE

Domestic Code

1980

Domestic Code

1011/2202/510120

2000

1011/2202/510120

1011/2202/510120

1011/2202/510120

Date of Birth 07/11/1958

2 PARKED VEH.

1011/2202/510120

1986 MAZDA MILLER

FRONT END/REAR END DAMAGE

Estimated Repair Costs

5000

LITTLE DAMP

Estimated Repair Costs

20 MPH

PERSONAL USE

CRYSTAL CHEVROLET/CADILLAC

61 PRODUCT OF NEW YORK CITY.

DRIVER IS 22 YEARS OF AGE. VEH HAS T-TOPS.



# GM Vehicle Inquiry System Summary

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

Help

VIN:	1G1YY22G2W5110120
------	-------------------

## VEHICLE INFORMATION

Merchandising Model:	1YY07	Warranty Start Date:	11/29/1997				
BARS Order Type	N/A						
Delivering Dealer :	PARAMUS AUTO MALL CHEVROLET-GEO, INC. PO BOX 1688 PARAMUS, NJ 07653-1688 (201) 261-7100	Selling Source:	13 - CHEVROLET				
		Site Code:	02189				
		Business Associate Code:	133008				
Service Contract:	No	Branded Title:	No	Warranty Block:	No	FDI Status:	Paid

## CAMPAIGN ELIGIBILITY

Campaign Number	Description	Owner Notified	Campaign Status
00034	LAP BELT WEBBING TWISTED	11/10/2000	Open

## APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36 BUMPER TO BUMPER - NO DEDUCTIBLE	11/29/1997	5 miles	11/29/2000	36005 miles
72/100 SHEET METAL RUST-THROUGH	11/29/1997	5 miles	11/29/2003	100005 miles
36/36 CORROSION	11/29/1997	5 miles	11/29/2000	36005 miles
96/10 PCM/CC EMISSIONS	11/29/1997	5 miles	11/29/2005	80005 miles
36/36 FEDERAL EMISSIONS	11/29/1997	5 miles	11/29/2000	36005 miles

## CLAIM HISTORY

R.O. Date	R.O. Number	Type	Labor Operation	Odometer Reading
11/06/2000	046154	#	N0850 - RT FOG LAMP BULB RP	28485 miles
11/06/2000	046154	#	Z7901 - COURTESY TRANSPORTATION DAY 1	28485 miles
11/06/2000	046154	#	C1012 - FT ROOF W/STRIP RPL	28485 miles
11/06/2000	046154	#	C9040 - R/F ST BELT R&R/RPL	28485 miles

12/17/1999	144740	S	Z7906 - DEALER SERVICE LOANER REIMBURSEMENT (OVER FIVE DAYS)	28377 miles
08/27/1999	140032	#	H0042 - DISC PADS R&R/RPL	28068 miles
06/27/1999	140032	#	K7000 - TRANSMISSION RPL	28068 miles
03/11/1999	132424	#	H0127 - ROTOR ASSEMBLY - R&R OR REPLACE/BOTH	20743 miles
02/23/1999	131708	#	D1322 - A/C MOT/FAN R&R/RPL	19439 miles
11/18/1998	128041	#	N1466 - RT FOG LAMP ASSY RP	14999 miles
11/18/1998	128041	#	N4172 - HIP DRVR INFO RPL	14999 miles
11/06/1998	127520	#	B4340 - FRONT DOOR - R&R OR REPLACE. (RIGHT)	14268 miles
07/10/1998	050831	#	C4201 - LT FLOOR CARPET REP	10050 miles
04/10/1998	048490	#	N1467 - LT FOG LAMP ASSY RP	6276 miles
11/04/1997	A10120	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

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TX STATUS REPORT

AS OF JAN 17 2001 11:24 PAGE 01

BUSINESS RES CNTR 03

	DATE	TIME	TO/FROM	MODE	MIN/SEC	PAGE	JOBN	STATUS
11	01/17	11:22	1300 30 TC	UP-45	01:43	010	072	OK

GENERAL MOTORS BUSINESS RESOURCE CENTER  
PRODUCT ALLEGATION RESOLUTION

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
MAR TOPOROWSKI	LATASHA HAWKINS
COMPANY:	DATE:
MSIS	01/17/01
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
313-465-0911	10
PHONE NUMBER:	STANDARD REFERENCE NUMBER:
	002590401
TX:	YOUR REFERENCE NUMBER:

☒ URGENT   ☐ FOR REVIEW   ☐ PLEASE COMMENT   ☐ PLEASE REPLY   ☐ PLEASE RECYCLE

NOTES/COMMENTS

ATTORNEY INVOLVEMENT

1701 E. HILLSBOROUGH AVENUE  
SUITE 2300  
TAMPA, FL 33610  
800-201-1041 X30040  
FAX 813-465-0911

GENERAL MOTORS BUSINESS RESOURCE CENTER  
PRODUCT ALLEGATION RESOLUTION

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
MAR TOPOROWSKI	LATASHA HAWKINS
COMPANY:	DATE:
ESIS	01/17/01
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
313-665-0911	10
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	C02550401
RE:	YOUR REFERENCE NUMBER:

☒ URGENT    ☐ FOR REVIEW    ☐ PLEASE COMMENT    ☐ PLEASE REPLY    ☐ PLEASE RECYCLE

NOTES/COMMENTS:

ATTORNEY INVOLVEMENT

5751 E. HILLSBOUROUGH AVENUE  
SUITE 2500  
TAMPA, FL 33610  
800-231-1641 X58043  
FAX 813.619-4671

claim #  
417229

Tonya Morris

Rindland & Associates  
Attorney at Law  
32 Court Street, Suite 1506  
Brooklyn, New York 11201

Tel: (718) 222-1919  
Fax: (718) 222-1901

Edward Rindland  
David A. Brown

Suphi Clasen

\*\*\*\*\*

Daniel L. Schneider  
Ann Murech  
of Counsel

Paralegal

## Telefax Cover Sheet

Date: January 25, 2001From: HaydeeTo: Latacha Hawkins/EsqFax #: (813) 635-4071Re: [REDACTED]Total pages (including Cover Sheet) 2

## Comments:

Per our conversation enclosed please find our  
letter of representation dated January 9, 2001.  
Thank you for your attention to this matter

**RIMLAND & ASSOCIATES**

ATTORNEYS AT LAW  
330 CUNY STREET, SUITE 1500  
BROOKLYN, NEW YORK 11201

TEL 718-222-1010

FAX 718-222-1001

EDWARD RIMLAND

DAVID A. BROWN

DANIEL L. SCHINKER

ANN MARKS

OF COUNSEL

SOPHIE CLARK

DAVID GUBIN

JANALENE

January 9, 2001

Emis  
300 Renaissance Center  
Mail Code 482C20D71  
Detroit, MI 48265

Attention: Latasha Hawkins

Re: Claimant: [REDACTED]  
D/Acc.: December 11, 2000  
Claim No. [REDACTED]  
Complaint No.: C02550400

Dear Ms. Latasha:

Please be advised that we represent the above mentioned claimant for bodily injury sustained on the above accident date.

Kindly note that this accident occurred on December 11, 2000, in the vicinity of Ocean Avenue and Avenue T in Brooklyn, N.Y. Enclosed is a copy of the police accident report. Please note that the police report indicates that all gages shut down causing the brakes to become inoperable.

If you wish to inspect the car, please call my office to make the necessary arrangements. If we do not hear from you within the next ten (10) days, my client will be forced to make the necessary repairs to the vehicle.

Thank you for your attention to this matter.

Very truly yours,

  
Edward Rimland

ER/hr  
Encl.

GM RESTRICTED

371190

CASE NUMBER: 05356299 VIN: 1G1YY22G3X5101234  
 DATE OPENED: 08/17/01 MODEL YEAR: 99  
 DATE CLOSED: 09/26/01 SERIES: CORVETTE COUPE  
 SOURCE: PAR YES MILEAGE: 52978  
 CUSTOMER: [REDACTED]  
 ADDRESS: [REDACTED]  
 HOME PHONE: [REDACTED] STATE: CA  
 BUS. PHONE: [REDACTED]

GENERAL MOTORS CORPORATION  
 CHEVROLET DIVISION  
 GM RESTRICTED

CUSTOMER: [REDACTED]  
 ADDRESS: [REDACTED] THOUSAND OAKS CA [REDACTED]  
 HOME PHONE: [REDACTED]

CASE NUMBER: 05356299 VIN: 1G1YY22G3X5101234  
 MODEL YEAR: 1999  
 DATE OPENED: 2001-08-17 SERIES: CORVETTE COUPE  
 DATE CLOSED: 2001-09-26 MILEAGE: 52978  
 SOURCE: DELIVERY DATE:  
 BRC TYPE: PAR Yes DEALER NAME: COURTESY CHEVROLET  
 BRC PARENT: 05318440 DEALER ADDRESS: 3640 STEVENS CREEK BLVD., SAN  
 JOSE, CA, 95117, USA

\*\*\*\*\*GENERAL CASE INFORMATION\*\*\*\*\*

T01 Product Allegation GM 1241	Customer Satisfaction
0 REPAIR ATTEMPT(S)	product allegation
A04 Possible Safety Concern	Other
0 REPAIR ATTEMPT(S)	steering allegation
M41 Steering Column/Lock/Attaching Parts	
0 REPAIR ATTEMPT(S)	product allegation

Vehicle operation or design

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

corr rec'd.  
 cust concern fixed this visit but states that now there is a loud rattle in dash on driver's side that was not there. (crm assumes due to repair being done on something else????) cust comp satis with dlr and very satis w/veh. In cmts cust states that dlr is excellent and the veh now has dash rattle that is very annoying. 1ST CALL  
 [REDACTED] EMPT.....CUST VME P/UP. CRM LEFT CALL CAC MESSAGE. CRM WILL MAKE SECOND CALL  
 [REDACTED] EMPT ON FRIDAY 7/17 BETWEEN 7-9 PM PST.  
 NADIYA CANTERSBURY/CAC/PDX/APPR; 0; 366958863

GM RESTRICTED

371190

-08-17

\*\*\*\*\*NEXT CRM.....PLEASE THANK CUST FOR SURVEY, PLEASE ADVISE THEM THAT WE HAVE DOCUMENTED THEIR CONCERNS AND THAT THEY HAVE TWO OPEN CAMPAIGNS #'S - 2000034, 2001044. PLEASE INFORM THEM OF SUCH AND ASSIST THEM AS NEEDED WITH ANY CURRENT ISSUES.

THANKS!; 0; 366958895

2001-08-17

Cust stated that she has told her story several times and will not do it again. Cust stated she had an appt for a return call Wed @ 4:00 her time. and waited all day for the call. Cust seeks to have the prev crm give her a call otherwise she is contacting an attorney. CRM offered to assist the cust, but she stated that she did not want to give her story again. CRM advised the cust would notify prev crm., however, crm does not have the schedule of other crms. dcasey/pdx/cac; 0; 366958900

2001-08-17

CRM UNSURE WHAT THE LAST CMT WAS REGARDING SINCE THIS CRM NEVER SPOKE WITH CUST. CRM MADE SECOND CALL ATTEMPT AS SCHEDULED AND REACHED CUST WHO STARTED TO ELABORATE ON SITUATION WITH COLUMN LOCK THAT CUST ALLEGES CAUSED AN INJURY ACCIDENT. CUST STATESTHAT SHE WAS IN A PARKING LOT AND SHE STARTED TO TURN RIGHT WHEN HER VEH WOULD NOT TURN AND SHE CRASHED INTO A PILLAR CAUSING DAMAGE TO THE FRONT OF THE VEH AND BREAKING HER RIB. CUST STATES THAT SHE BROUGHT THE VEH INTO THE DLR TO GET REPAIRED AND BETWEEN THE BODY SHOP AND THE REGULAR SVC DEPT HER SCREEN ON HER DASH THAT GIVES COMPUTER READINGS STATED " SERVICE COLUMN LOCK". SHE SPOKE WITH SVC ADVISOR DON AND SVC MGR OSCAR. SHE ASKED OSCAR IF THE ACCIDENT COULD HAVE CAUSED THAT TO NEED REPAIRED AND HE STATED "NO, BUT THAT COULD HAVE CAUSED YOUR ACCIDENT TO HAPPEN." (ALL ACCORDING TO CUST). CUST HAS HAD VERH REPAIRED AND IS IN THE PROCESS OF HAVING HER RIB TREATED THROUGH PHYSICAL THERAPY AT WOOD FAMILY PHYSICAL THERAPY. CRM ADVISED CUST; 0; 366958919

2001-08-17

CRM ADVISED CUST OF OPEN CAMPAIGN REGARDING SEATEBELT WHICH SHE HAS DEALT WITH THROUGH DLR BUT DID NOT ADVISE OF 2001044. crm took info and forwarded file to par. crm gave 1-800, request number and my name. crm explained that this crm would not be handling par case. nadiya canterbury/cac/pdx/appr; 0; 366958939

2001-08-17

\*\*\*\*ATTENTION PAR REPRES.....PLEASE NOTE OPEN CAMPAIGN 2001044. THANKS!; 0; 366958977

2001-08-20

CRM has received and reviewed PAR request. CRM is transferring additional notes from previous file. >>>>>>

Paul M Rued

Tampa-PAR/ 57326; 0; 367190623

2001-08-20

Cust stated that she has told her story several times and will not do it again. Cust stated she had an appt for a return call Wed @ 4:00 her time. and waited all day for the call. Cust seeks to have the prev crm give her a call otherwise she is contacting an attorney. CRM offered to assist the cust, but she stated that she did not want to give her story again. CRM advised the cust would notify prev crm., however, crm does not have the schedule of other crms. dcasey/pdx/cac; 0; 367190644

2001-08-21

CRM left VME requesting a callback from [REDACTED] Driver.

Paul M Rued

Tampa-PAR/ 57326; 0; 367278520

2001-08-22

GM RESTRICTED

371190

CRM left VME requesting callback from Driver.

Paul M Rued

Tampa-PAR/57326; 0; 367358559

2001-08-27

CRM reached driver of vehicle who states she got home from surgery today. Cust states she would call tomorrow between 2-3 in the afternoon. CRM advised of contact information.

Paul M Rued

Tampa-PAR/57326; 0; 367801464

2001-08-27

CRM called ESIS requesting advise on the request.

Paul M Rued

Tampa-PAR/57326; 0; 367801832

2001-09-25

crm received call from barbara flemming/cac. crm transferred to crm handling request.

kdg.; 0; 370285448

2001-09-25

DESCRIPTION OF INCIDENT: Cust states was driving in parking lot and while she was turning wheel the steering stayed at 8 degree angle and stuck. Cust states she ran into post that was 30 feet away. Cust states no prior concerns or warning in steering components. Cust states she has had surgery and has been working with GMAC insurance with claims. Cust states vehicle has been repaired via insurance GMAC. Cust states insurance company GMAC subrogating. Cust states insurance company states cust should receive a check for the \$1000 deductible from GM. Cust seeks status of that request. Cust states sustained injuries that has left her incapacitated and seeks compensation. CRM Advised to address concerns with ESIS and he would forward file. Cust states husband drives vehicle and she has not heard about any subsequent concerns.

Paul M Rued

Tampa-PAR/57326; 0; 370300916

2001-09-25

CRM left vme with GMAC agent advising CRM discussed PAR facts with cust and CRM is forwarding request to ESIS for subrogation handling.

Paul M Rued

Tampa-PAR/57326; 0; 370301058

2001-09-25

CRM requested service manager David Cozela FAX repair order with the steering repair.

Paul M Rued

Tampa-PAR/57326; 0; 370301690

2001-09-25

BUSINESS SUMMARY: 1. CRM reviewed PAR request. 2. CRM discussed PAR request with cust. 3. Cust states insurance has repaired vehicle and is subrogating. 4. Cust states injuries have incapacitated her and seeks compensation. 5. CRM advised file would be forwarded to ESIS. 6. CRM made no offers for repair or repurchase.

Paul M Rued

Tampa-PAR/57326; 0; 370301900

LEWIS, DON

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

INCIDENT DATE: 2001-06-01

INCIDENT TIME: 12:00:00

G M R E S T R I C T E D

371190

INCIDENT LOCATION: PARKING LOT AT OLSEN AND ROYAL, STORES NEARBY 24 HR FITNESS AND ALBERTSON'S.

DRIVER NAME: [REDACTED] DRIVER AGE: [REDACTED]  
DRIVER DISABILITY: LOWER BACK FUSION

OWNER DESCRIPTION: IN PARKING LOT, STARTING TO MAKE TURN TO RIGHT WHEN CAR STEERED ITSELF INTO PILLAR. VEH DIDN'T TURN

ALLEGED DEFECTIVE COMPONENT: STEERING COLUMN

INCIDENT RESULT: CRM advised file would be forwarded to ESIS for subrogation and medical issues. 9/25 2:30PM

POLICE REPORT: N

ROAD CONDITION: Dry

ROAD SURFACE:

NUMBER OF PEOPLE: 1

BODY INJURY: Y

INJURIES: Y

WAS ANOTHER VEHICLE INVOLVED: N

NUMBER OF VEHICLES: 0

PROPERTY DAMAGE:

WAS VEHICLE INSURED: Y

INSURANCE COMPANY NAME: GMAC INSURANCE- MIC GENERAL  
INSURANCE COMPANY ADDRESS: P.O. BOX 66790

SAINT LOUIS, MO 63166-6790

AGENT NAME: TARA DANIELS - EXT, 5831

AGENT PHONE NUMBER: 909-941-5700

NOTE INFORMATION: TARA DANIELS CASE NUMBER : 21140101.

MAINTENANCE LOCATION: COURTESY CHEVROLET

CURRENT LOCATION OF VEHICLE:

NOTIFY NAME: LEWIS, DON

WAS VEHICLE INSPECTED: N

INSPECTORS NAME: INSPECTION DATE:

MILEAGE AT INSPECTION:

WHERE WAS INSPECTION DONE:

WAS VEHICLE ROAD TESTED: N

ROAD TEST DESCRIPTION:

ROAD TEST RESULT:

COMP INSPECTED:

INVESTIGATIVE SUMMARY:

PAR STATUS: Accepted

\*\*\*\*\*PAR INFORMATION\*\*\*\*\*

SOURCE:

TRANSACTION:

REQUEST TYPE:

REPURCHASE REASON:

DEALER BAC:

DEALER NAME:

DEALER ADDRESS: , ,

CONTACT: ,

PHONE NUMBER:

FAX NUMBER:

DIST CODE:

BODY TYPE:

TRIM:

ENGINE TYPE:

TRANSMISSION:

G M R E S T R I C T E D

371190

VEHICLE @ BUY-BACK: 0  
MSRP:

VEHICLE DRIVEABLE:  
BRC WARRANTY DATE:  
NADA: 0  
SALES TAX:

DEPRECIATION:  
UPGRADE:  
AFTERMARKET:  
LEASE TERM:  
DAMAGE:  
OTHER:

BRANCH:  
ACCOUNT NUMBER:  
INTEREST RATE:

NAME:

INTEREST PAID:  
DEALER BUYOUT:

ACCOUNT BALANCE:  
LEGAL:

LEGAL TYPE:  
LEMON LAW:  
VEHICLE DESTINATION:  
LIEN PAYOFF:  
TITLE BRAND:

DEALER ADMINISTRATION:  
RELEASE:

REPLACEMENT VIN:

\*\*\*\*\*BODILY INJURY\*\*\*\*\*

NUMBER OF INJURIES: 0  
COMMENTS:

NAME: [REDACTED]

LOCATION:

ADDRESS: [REDACTED]

CITY/STATE: THOUSAND OAKS, CA [REDACTED]

PHONE NUMBER: [REDACTED]

SEATING POSITION: DRIVER'S SEAT RESTRAINT: SEAT BELT

TYPE OF INJURY: BROKEN RIB

TREATED: Y

IF SO, WHERE: CANWOOD FAMILY PHYSICAL THERAPY

\*\*\*\*\*ADR INFORMATION\*\*\*\*\*

EXTERNAL CASE NUMBER:

DATE:

TITLE NAMES:

BUSINESS:

1 BUSINESS: 0

ACCIDENT:

DATE OF ACCIDENT:

DESCRIPTION OF DAMAGE:

PURCHASE/LEASE: 0

DATE OF PURCHASE/LEASE:

MILEAGE AT PURCHASE: 0

PURCHASE/LEASE AS:

DOES OWNER HAVE POSSESSION OF VEHICLE:

RESOLUTION SOUGHT:

\*\*\*\*\*BRC CONTACT INFORMATION\*\*\*\*\*

NAME: [REDACTED]

CONTACT NUMBER: 1

COMPANY: [REDACTED]

CONTACT TYPE: Claimant

ADDRESS: [REDACTED]

CONTACT PHONE: [REDACTED]

THOUSAND OAKS, CA [REDACTED]

GM RESTRICTED

PAGE: 6

371190

**GM****PAR CASE INFORMATION**

Problem ID: 05356299

371190

<b>CONTACT INFORMATION</b>	<b>VEHICLE INFORMATION</b>
Name: [REDACTED] Address: [REDACTED] THOUSAND OAKS, CA 91320 Phone: [REDACTED]	VIN: 1G1YY22G3X5101234 MAKE: CHEVROLET MODEL: CORVETTE COUPE YEAR: 1999 ODOMETER: 82,878

<b>SRC CONTACT INFORMATION</b>	<b>ACCOUNT/POLICY</b>
NAME: [REDACTED] COMPANY: [REDACTED] ADDRESS: [REDACTED] PHONE: [REDACTED] TYPE: Claimant	SERVICE DEALER: COURTESY CHEVROLET CONTRACT: DAVID COSZELA SELLING DEALER: COURTESY CHEVROLET CONTRACT: DAVID COSZELA PAYEE: No

<b>PAR DETAILS</b>	<b>VEHICLE INFORMATION</b>
CONTACT ID: 00000123701227 DRIVER NAME: [REDACTED] DRIVER AGE: [REDACTED] DISABILITIES: LOWER BACK FUSION ROAD SURFACE: Asphalt ROAD CONDITION: Dry # PEOPLE IN VEHICLE: 1 INJURIES: Yes OTHER VEHICLES INVOLVED: No NUMBER INVOLVED: [REDACTED] DEFECTIVE COMPONENT: STEERING COLUMN POLICE REPORT: No INSURANCE: Yes INSURANCE COMPANY: GMAC INSURANCE- MIC GE INSURANCE COMPANY ADDR: P.O. BOX 86790 INSPECTION: No INSP NAME: [REDACTED] INSP DATE: [REDACTED] INSP MILES: [REDACTED] INSP DONE: [REDACTED] PROPERTY DAMAGE: [REDACTED] INCIDENT LOCATION: PARKING LOT AT OLSEN AND ROYAL. STORES NEARBY 24 HR FITNESS AND ALBERTSON'S. INCIDENT RESULT: CRUM advised file would be forwarded to EBIS for subrogation and medical issues. 8/25 2:30PM VEHICLE LOCATION: [REDACTED] MAINTENANCE LOCATION: COURTESY CHEVROLET OWNER DESC: IN PARKING LOT, STARTING TO MAKE TURN TO RIGHT WHEN CAR STICKERED ITSELF INTO PILLAR. VEH DIDN'T TURN. MORE INFO: TARA DANIELS CASE NUMBER : 31140101.	BODY INJURY: Yes COLLISION: No PROPERTY DMG: No NON COLL: Yes DMB ABV K: No NOTIFY NAME: LEWIS, DON AGENT NAME: TARA DANIELS - EXT, 5631 STATUS: Accepted REJECT REASON: [REDACTED] ROAD TEST: No ROAD TEST DESC: [REDACTED] ROAD TEST RESULT: [REDACTED] COMP INSPECTED: [REDACTED] INVEST SUMMARY: [REDACTED] AGENT PHONE: 800-841-5700 INCIDENT DATE & TIME: 08/01/2001 12:00:00 AM

<b>REIMBURSEMENT INFORMATION</b>
ID: [REDACTED] PAYEE: [REDACTED] ADDRESS: [REDACTED] COMPANY: [REDACTED] AMOUNT: [REDACTED] ACCT_TYPE: [REDACTED] ACCT_NUM: [REDACTED] TAX_ID: [REDACTED] ISSUE_1099: [REDACTED] POLICY NUM: [REDACTED]



## PAR CASE INFORMATION

Problem ID: 05356299

### USE CODE INFORMATION

DESCRIPTION

SOLUTION:

COMPONENT CODE 1: T01

COMPONENT DESCRIPTION 1: product allegation

COMPLAINT CODE 1: Customer Satisfaction

COMPLAINT DESCRIPTION 1: Product Allegation GM 1241

REPAIR ATTEMPTS 1: 0

COMPONENT CODE 2: A04

COMPONENT DESCRIPTION 2: steering allegation

COMPLAINT CODE 2: Other

COMPLAINT DESCRIPTION 2: Possible Safety Concern

REPAIR ATTEMPTS 2: 0

COMPONENT CODE 3: M41

COMPONENT DESCRIPTION 3: product allegation

COMPLAINT CODE 3:

COMPLAINT DESCRIPTION 3: Steering Column/Lock/Attaching Parts

REPAIR ATTEMPTS 3: 0

COMPONENT CODE 4:

COMPONENT DESCRIPTION 4:

COMPLAINT CODE 4:

COMPLAINT DESCRIPTION 4:

REPAIR ATTEMPTS 4:

COMPONENT CODE 5:

COMPONENT DESCRIPTION 5:

COMPLAINT CODE 5:

COMPLAINT DESCRIPTION 5:

REPAIR ATTEMPTS 5:

COMPONENT CODE 6:

COMPONENT DESCRIPTION 6:

COMPLAINT CODE 6:

COMPLAINT DESCRIPTION 6:

REPAIR ATTEMPTS 6:



## PAR CASE INFORMATION

Problem ID: 05356299

### WORK HISTORY

08/17/2001 - 08:03:09 AM  
CRM rec'd.  
cust concern fixed this visit but states that now there is a loud rattle in dash on driver's side that was not there. (crm assumes due to repair being done on something else????) cust comp calls with dir and very polite vech. In crms o  
url states that dir is excellent and the veh now has dash rattle that is very annoying. 1ST CALL ATTEMPT.....CUST VME PAUP. CRM LEFT CALL CAC MESSAGE. CRM WILL MAKE SECOND CALL ATTEMPT ON FRIDAY 7/17 BETWEEN 7-9 PM PST.  
NADIYA CANTERBURY/CAC/POD/APPR

08/17/2001 - 08:04:49 AM  
ATTENTION PAR REPRES.....PLEASE NOTE OPEN CAMPAIGN 2001044. THANKS!

08/17/2001 - 08:04:32 AM  
CRM ADVISED CUST OF OPEN CAMPAIGN REGARDING SEATBELT WHICH SHE HAS DEALT WITH THROUGH DLR BUT DID NOT ADVISE OF 2001044. crm took info and forwarded file to per. crm gave 1-800, request number and my name. crm explained that this crm would not be handling per case.  
nadiya canterbury/cac/pod/appr

08/17/2001 - 08:04:09 AM  
CRM UNSURE WHAT THE LAST OMT WAS REGARDING SINCE THIS CRM NEVER SPOKE WITH CUST. CRM MADE SECOND CALL ATTEMPT AS SCHEDULED AND REACHED CUST WHO STARTED TO ELABORATE ON SITUATION WITH COLUMN LOCK THAT CUST ALLEGES CAUSED AN INJURY ACCIDENT. CUST STATES  
THAT SHE WAS IN A PARKING LOT AND SHE STARTED TO TURN RIGHT WHEN HER VEH WOULD NOT TURN AND SHE CRASHED INTO A PILLAR CAUSING DAMAGE TO THE FRONT OF THE VEH AND BREAKING HER RIB. CUST STATES THAT SHE BROUGHT THE VEH INTO THE DLR TO GET REPAIRED AND BETWEEN THE BODY SHOP AND THE REGULAR SVC DEPT HER SCREEN ON HER DASH THAT GIVES COMPUTER READINGS STATED "SERVICE COLUMN LOCK". SHE SPOKE WITH SVC ADVISOR DON AND SVC MGR OSCAR. SHE ASKED OSCAR IF THE ACCIDENT COULD HAVE CAUSED THAT TO NEED REPAIRED AND HE STATED "NO, BUT THAT COULD HAVE CAUSED YOUR ACCIDENT TO HAPPEN." (ALL ACCORDING TO CUST). CUST HAS HAD VEH REPAIRED AND IS IN THE PROCESS OF HAVING HER RIB TREATED THROUGH PHYSICAL THERAPY AT CANWOOD FAMILY PHYSICAL THERAPY. CRM ADVISED CUST

08/17/2001 - 08:04:04 AM  
Cust stated that she has told her story several times and will not do it again. Cust stated she had an appt for a return call Wed @ 4:00 her time. and waited all day for the call. Cust seeks to have the prev crm give her a call otherwise she is cont  
acting an attorney. CRM offered to assist the cust, but she stated that she did not want to give her story again. CRM advised the cust would notify prev crm., however, crm does not have the schedule of other crms. domery/pod/cac

08/17/2001 - 08:03:44 AM  
NEXT CRM.....PLEASE THANK CUST FOR SURVEY, PLEASE ADVISE THEM THAT WE HAVE DOCUMENTED THEIR CONCERNS AND THAT THEY HAVE TWO OPEN CAMPAIGNS #8 - 2000034, 2001044. PLEASE INFORM THEM OF SUCH AND ASSIST THEM AS NEEDED WITH ANY CURRENT ISSUE  
B.  
THANKS!

08/20/2001 - 03:20:15 AM  
CRM has received and reviewed PAR request. CRM is transferring additional notes from previous file. >>>>>>>  
Paul M Reed  
Tampa-PAR/ 57326

08/20/2001 - 03:31:28 AM  
Cust stated that she has told her story several times and will not do it again. Cust stated she had an appt for a return call Wed @ 4:00 her time. and waited all day for the call. Cust seeks to have the prev crm give her a call otherwise she is cont  
acting an attorney. CRM offered to assist the cust, but she stated that she did not want to give her story again. CRM advised the cust would notify prev crm., however, crm does not have the schedule of other crms. domery/pod/cac

08/21/2001 - 03:55:46 AM  
CRM left VME requesting a callback from [REDACTED] Driver.  
Paul M Reed  
Tampa-PAR/ 57326



## PAR CASE INFORMATION

Problem ID: 05356299

08/27/2001 - 02:09:51 AM

CRM left VME requesting callback from Driver.  
Paul M Rued  
Tampa-PAR/57326

08/27/2001 - 05:02:06 AM

CRM reached driver of vehicle who states she got home from surgery today. Cust states she would call tomorrow between 2-5 in the afternoon. CRM advised of contact information.  
Paul M Rued  
Tampa-PAR/57326

08/27/2001 - 05:16:03 AM

CRM called ESIS requesting advice on the request.  
Paul M Rued  
Tampa-PAR/57326

08/25/2001 - 11:03:24 AM

crm received call from Barbara Semming/cac. crm transferred to crm handling request. kdg.

08/25/2001 - 03:35:33 AM

BUSINESS SUMMARY: 1. CRM reviewed PAR request. 2. CRM discussed PAR request with cust. 3. Cust states insurance has repaired vehicle and is subrogating. 4. Cust states injuries have incapacitated her and seeks compensation. 5. CRM advised file would be forwarded to ESIS. 6. CRM made no offers for repair or repurchase.  
Paul M Rued  
Tampa-PAR/57326

08/25/2001 - 03:28:29 AM

CRM requested service manager David Cozala FAX repair order with the steering repair.  
Paul M Rued  
Tampa-PAR/57326

08/25/2001 - 03:22:26 AM

CRM left vme with GMAC agent advising CRM discussed PAR facts with cust and CRM is forwarding request to ESIS for subrogation handling.  
Paul M Rued  
Tampa-PAR/57326

08/25/2001 - 01:55:13 AM

DESCRIPTION OF INCIDENT: Cust states was driving in parking lot and while she was turning wheel the steering stayed at 8 degree angle and stuck. Cust states she ran into post that was 30 feet away. Cust states no prior concerns or warning in steering components. Cust states she has had surgery and has been working with GMAC insurance with claims. Cust states vehicle has been repaired via insurance GMAC. Cust states insurance company GMAC subrogating. Cust states insurance company states cust should receive a check for the \$500 deductible from GM. Cust seeks status of that request. Cust states sustained injuries that has left her incapacitated and seeks compensation. CRM Advised to address concerns with ESIS and he would forward file. Cust states husband drives vehicle and she has not heard about any subsequent concerns.  
Paul M Rued  
Tampa-PAR/57326



## CAC - CASE PRINT

Request Date: 09/25/2001

PROBLEM ID 08318440 VIN NUMBER 1G1YY233X0101234  
 CONTACT NAME [REDACTED] MAKE CHEVROLET  
 ADDRESS [REDACTED] MODEL CORVETTE COUPE  
 CITY, STATE THOUSAND OAKS, CA YEAR 1999  
 ZIP [REDACTED] VEHICLE MILEAGE 82,978  
 COUNTRY USA  
 PHONE NUMBER [REDACTED]

COMPONENT CODE 1 T22  
 COMPONENT DESCRIPTION 1 sury rec'd 08/14/01  
 COMPLAINT CODE 1 Customer Satisfaction  
 COMPLAINT DESCRIPTION 1 CSI Reply  
 COMPONENT CODE 2 C33  
 COMPONENT DESCRIPTION 2 rattles on driver's side after fix repair made to something else?  
 COMPLAINT CODE 2 Other  
 COMPLAINT DESCRIPTION 2 Dash Trim Panel  
 COMPONENT CODE 3  
 COMPONENT DESCRIPTION 3  
 COMPLAINT CODE 3  
 COMPLAINT DESCRIPTION 3  
 COMPONENT CODE 4  
 COMPONENT DESCRIPTION 4  
 COMPLAINT CODE 4  
 COMPLAINT DESCRIPTION 4  
 COMPONENT CODE 5  
 COMPONENT DESCRIPTION 5  
 COMPLAINT CODE 5  
 COMPLAINT DESCRIPTION 5  
 COMPONENT CODE 6  
 COMPONENT DESCRIPTION 6  
 COMPLAINT CODE 6  
 COMPLAINT DESCRIPTION 6

08/14/01 CMT rec'd.  
 cust concern fixed this visit but states that now there is a loud rattle in dash on driver's side that was not there. (crm assumes due to repair being done on something else????) cust comp satis with dr and very satis w/veh. In crm's o ust states that dr is excellent and the veh now has dash rattle that is very annoying. 1ST CALL ATTEMPT.....CUST VME P/R/P. CRM LEFT CALL CAC MESSAGE. CRM WILL MAKE SECOND CALL ATTEMPT ON FRIDAY 7/17 BETWEEN 7-8 PM PST. NADIYA GANTERBURY/CAC/PDX/APPR  
 08/14/01 NEXT CRM.....PLEASE THANK CUST FOR SURVEY, PLEASE ADVISE THEM THAT WE HAVE DOCUMENTED THEIR CONCERNS AND THAT THEY HAVE TWO OPEN CAMPAIGNS #3 - 2000034, 2001044. PLEASE INFORM THEM OF SUCH AND ASSIST THEM AS NEEDED WITH ANY CURRENT ISSUE  
 S,  
 THANKS  
 NADIYA GANTERBURY/CAC/PDX/APPR  
 08/17/01 Cust stated that she has told her story several times and will not do it again. Cust stated she had an appt for a return call Wed @ 4:00 her time. and waited all day for the call. Cust wants to have the prev crm give her a call otherwise she is cont suing an attorney. CRM offered to assist the cust, but she stated that she did not want to give her story again. CRM advised the cust would notify prev crm, however, crm does not have the schedule of other crms. doosey/pdx/oso  
 08/17/01 CRM UNSURE WHAT THE LAST CMT WAS REGARDING SINCE THIS CRM NEVER SPOKE WITH CUST. CRM MADE SECOND CALL ATTEMPT AS SCHEDULED AND REACHED CUST WHO STARTED TO ELABORATE ON SITUATION WITH COLUMN LOCK THAT CUST ALLEGES CAUSED AN INJURY ACCIDENT. CUST STATES

Request Date: 09/25/2001

08/17/01

THAT SHE WAS IN A PARKING LOT AND SHE STARTED TO TURN RIGHT WHEN HER VEH WOULD NOT TURN AND SHE CRASHED INTO A PILLAR CAUSING DAMAGE TO THE FRONT OF THE VEH AND BREAKING HER RIB. CUST STATES THAT SHE BROUGHT THE VEH INTO THE DLR TO GET REPAIRED AND BETWEEN THE BODY SHOP AND THE REGULAR SVC DEPT HER SCREEN ON HER DASH THAT GIVES COMPUTER READINGS STATED "SERVICE COLUMN LOCK". SHE SPOKE WITH SVC ADVISOR DON AND SVC MGR OSCAR. SHE ASKED OSCAR IF THE ACCIDENT COULD HAVE CAUSED THAT TO NEED REPAIRED AND HE STATED "NO, BUT THAT COULD HAVE CAUSED YOUR ACCIDENT TO HAPPEN." (ALL: ACCORDING TO CUST). CUST HAS HAD VEH REPAIRED AND IS IN THE PROCESS OF HAVING HER RIB TREATED THROUGH PHYSICAL THERAPY AT CANWOOD FAMILY PHYSICAL THERAPY. CRM ADVISED CUST CRM ADVISED CUST OF OPEN CAMPAIGN REGARDING SEATBELT WHICH SHE HAS DEALT WITH THROUGH DLR BUT DID NOT ADVISE OF 2001044. crm took info and forwarded file to par. crm gave 1-800, request number and my name. crm explained that this crm would not be handling per case.

nadiya cantabury/cac/pdu/appr

# 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:	1G1YY2203X3101234
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### VEHICLE INFORMATION

Merchandising Model:	1YY07 - 1999 CORVETTE COUPE	Warranty Start Date:	08/22/1998				
BARE Order Type	70 - RETAIL - STOCK						
Delivering Dealer :	PARADISE CHEVROLET 6350 LELAND ST VENTURA, CA 93003-8385 (805) 642-0111	Selling Source:	13 - CHEVROLET				
		Site Code:	20388				
		Business Associate Code:	114622				
Service Contract:	No	Branded Title:	No	Warranty Block:	No	PDI Status:	Paid

### CAMPAIGN ELIGIBILITY

Campaign Number	Description	Owner Notified	Campaign Status
00034	LAP BELT WEBBING TWISTED	11/10/2000	Open
01044	CORVETTE ELECTRONIC COLUMN LOCK	07/10/2001	Open

### APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36 BUMPER TO BUMPER - NO DEDUCTIBLE	08/22/1998	13 miles	8/22/2001	36013 miles
72/100 SHEET METAL RUST-THROUGH	08/22/1998	13 miles	8/22/2004	100013 miles
36/36 CORROSION	08/22/1998	13 miles	8/22/2001	36013 miles
96/90 PCM/CC EMISSIONS	08/22/1998	13 miles	8/22/2005	80013 miles
36/36 FEDERAL EMISSIONS	08/22/1998	13 miles	8/22/2001	36013 miles

### CLAIM HISTORY

R.O. Date	R.O. Number	Type	Labor Operation	Odometer Reading
06/20/2001	089486	#	B7301 - STEER LOCK PART RPL	50256 miles
03/15/2001	086919	B	J0667 - SERPENTINE BELT RPL	49327 miles
10/09/2000	072571	#	H2355 - MULTIFUNCTION SWITCH - RPL	40768 miles
10/09/2000	072571	#	R4490 - RMT DR LOCK TRANS	40768 miles
06/12/2000	063962	#	J0667 - SERPENTINE BELT RPL	37629 miles

05/10/2000	061754	#	C6040 - BUCK ST ADJ R&R/RPL	35998 miles
05/10/2000	061754	#	J6355 - POWERTRAIN CONTROLLER - REPROGRAM	35998 miles
05/10/2000	061754	#	J0690 - IDLER PULLEY RPL	35998 miles
05/10/2000	061754	#	Z7910 - COURTESY TRANSPORTATION - SHUTTLE (1 WAY)	35998 miles
05/10/2000	061754	#	C9040 - R/F ST BELT R&R/RPL	35998 miles
04/17/2000	060085	#	N6620 - POWER & GROUNDS DISTRIBUTION	34926 miles
04/17/2000	060085	#	J3250 - RAD COOL SURGE RPL	34926 miles
01/03/2000	053263	#	L1200 - SENDER/PUMP ASSEMBLY, FUEL (TANK UNIT) - REPLACE	29453 miles
01/03/2000	053263	#	B7240 - RT BEZEL HDLAMP RPL	29453 miles
01/03/2000	053263	#	B7241 - LT BEZEL HDLAMP RPL	29453 miles
08/13/1999	043869	#	B7270 - HEADLAMP DOOR BEZEL PLUG - INSTALL	19870 miles
06/08/1999	039082	#	J0667 - SERPENTINE BELT RPL	16095 miles
03/02/1999	032636	F	Z7200 - CORPORATE PARTS RETURN REIMBURSEMENT	9815 miles
02/25/1999	032352	#	E7690 - STR WH ROTAT SEN (EVO) RPL	9815 miles
02/25/1999	032352	#	Z7910 - COURTESY TRANSPORTATION - SHUTTLE (1 WAY)	9815 miles
02/08/1999	031166	#	E7100 - HORN CONTACT RPL	9092 miles
02/08/1999	031166	#	C7051 - BUCK CUSH R&R/RPL	9092 miles
01/06/1999	029050	#	J0680 - SERP BELT TENSIN RPL	6683 miles
10/27/1998	024678	#	B0835 - (COMPACT DISC) AUTOCHANGER - REPLACE	3241 miles
10/27/1998	024678	#	B7270 - HEADLAMP DOOR BEZEL PLUG - INSTALL	3241 miles
10/27/1998	024678	#	Z7910 - COURTESY TRANSPORTATION - SHUTTLE (1 WAY)	3241 miles
08/03/1998	A01234	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

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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 Blank](#) - [Branded Title](#)

[Help](#)

VIN:	1G1YY22G3X5101234
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### CLAIM HISTORY

Repair Order Date:		06/20/2001		Repair Order Number:		089486		Odometer Reading:		50256 miles			
Service By:		COURTESY CHEVROLET PO BOX 3729 THOUSAND OAKS, CA 91359-0729 (805) 497-1651						Selling Source:		13 - CHEVROLET			
								Site Code:		20082			
								Business Associate Code:		114591			
Cycle Date		Cycle Nbr		Case		Type		Labor Operation		Part		Comments	
07/03/2001		183		01		#		H7501 - STEER LOCK PART RPL		26050960 - LOCK		N	

Repair Order Date:	05/15/2001	Repair Order Number:	086919	Odometer Reading:	49327 miles	
Serviced By:	COURTESY CHEVROLET PO BOX 3729 THOUSAND OAKS, CA 91359-0729 (805) 497-1651			Selling Source:	13 - CHEVROLET	
				Site Code:	20082	
				Business Associate Code:	114591	
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Comments
05/22/2001	171	01	B	Y0667 - SERPENTINE BELT RPL	12561501 - BELT	N

Repair Order Date:	10/09/2000	Repair Order Number:	072571	Odometer Reading:	40768 miles	
Service By:	COURTESY CHEVROLET PO BOX 3729 THOUSAND OAKS, CA 91359-0729 (805) 497-1651			Selling Source:	13 - CHEVROLET	
				Site Code:	20082	
				Business Associate Code:	114591	
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Comments
10/13/2000	108	01	#	N2355 - MULTIFUNCTION SWITCH - RPL	26075870 - SWITCH	N
10/13/2000	108	02	#	B4490 - RMT DR LOCK TRANS	10253839 - TRANSM-LK	N

Repair Order Date:		06/12/2000		Repair Order Number:		063962		Odometer Reading:		37629 miles	
Service By:		COURTESY CHEVROLET PO BOX 3729 THOUSAND OAKS, CA 91359-0729 (805) 497-1651						Selling Source:		13 - CHEVROLET	
								Site Code:		20082	
								Business Associate Code:		114591	
Cycle Date	Cycle Nbr	Case	Type	Labor Operation				Part		Comments	
06/16/2000	74	01	#	J0667 - SERPENTINE BELT RPL				12561501 - BELT		X	

Repair Order Date:	05/10/2000	Repair Order Number:	061754	Odometer Reading:	35998 miles	
Service By:	COURTESY CHEVROLET PO BOX 3729 THOUSAND OAKS, CA 91359-0729 (805) 497-1651			Selling Source:	13 - CHEVROLET	
				Site Code:	20082	
				Business Associate Code:	114591	
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Comments
05/19/2000	66	01	#	C6040 - BUCK ST ADJ R&R/RPL	12455496 - ADJUSTER	N
05/19/2000	66	02	#	J6355 - POWERTRAIN CONTROLLER - REPROGRAM	N/A	N
05/19/2000	66	03	#	J0690 - IDLER PULLEY RPL	12564401 - PULLEY	N
05/19/2000	66	04	#	Z7910 - COURTESY TRANSPORTATION - SHUTTLE (1 WAY)	N/A	N
05/19/2000	66	05	#	C9040 - R/F ST BELT R&R/RPL	88893513 - BELT	N

Repair Order Date:	04/17/2000	Repair Order Number:	060065	Odometer Reading:	34926 miles	
Serviced By:	COURTESY CHEVROLET PO BOX 3729 THOUSAND OAKS, CA 91359-0729 (805) 497-1651			Selling Source:	13 - CHEVROLET	
				Site Code:	20082	
				Business Associate Code:	114591	
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Comments
04/21/2000	58	01	#	N6620 - POWER & GROUNDS DISTRIBUTION	N/A	N
04/21/2000	58	02	#	J3250 - RAD COOL SURGE RPL	N/A	N

Repair Order Date:	01/03/2000	Repair Order Number:	053263	Odometer Reading:	29453 miles
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Served By:	COURTESY CHEVROLET PO BOX 3729 THOUSAND OAKS, CA 91359-0729 (805) 497-1651			Selling Source:	13 - CHEVROLET	
				Site Code:	20082	
				Business Associate Code:	114591	
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Comments
01/14/2000	30	01	#	L1200 - SENDER/PUMP ASSEMBLY, FUEL (TANK UNIT) - REPLACE	12458243 - SENDER KI	N
01/14/2000	30	02	#	B7240 - RT BEZEL HDLAMP RPL	10435412 - BEZEL	N
01/14/2000	30	03	#	B7241 - LT BEZEL HDLAMP RPL	10435411 - BEZEL	N

Repair Order Date:	08/13/1999	Repair Order Number:	043869	Odometer Reading:	19870 miles	
Served By:	COURTESY CHEVROLET PO BOX 3729 THOUSAND OAKS, CA 91359-0729 (805) 497-1651			Selling Source:	13 - CHEVROLET	
				Site Code:	20082	
				Business Associate Code:	114591	
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Comments
08/27/1999	989	01	#	B7270 - HEADLAMP DOOR BEZEL PLUG - INSTALL	10417504 - PLUG	N

Repair Order Date:	06/08/1999	Repair Order Number:	039082	Odometer Reading:	16695 miles	
Served By:	COURTESY CHEVROLET PO BOX 3729 THOUSAND OAKS, CA 91359-0729 (805) 497-1651			Selling Source:	13 - CHEVROLET	
				Site Code:	20082	
				Business Associate Code:	114591	
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Comments
06/14/1999	967	01	#	J0667 - SERPENTINE BELT RPL	12561501 - BELT	N

Repair Order Date:	03/02/1999	Repair Order Number:	032636	Odometer Reading:	9815 miles	
Served By:	COURTESY CHEVROLET PO BOX 3729 THOUSAND OAKS, CA 91359-0729 (805) 497-1651			Selling Source:	13 - CHEVROLET	
				Site Code:	20082	
				Business Associate Code:	114591	
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Comments
03/08/1999	939	01	F	Z7200 - CORPORATE PARTS RETURN REIMBURSEMENT	N/A	N

Repair Order Date:		02/25/1999		Repair Order Number:		032352		Odometer Reading:		9815 miles			
Service By:		COURTESY CHEVROLET PO BOX 3729 THOUSAND OAKS, CA. 91359-0729 (805) 497-1651						Selling Source:		13 - CHEVROLET			
								Site Code:		20082			
								Business Associate Code:		114591			
Cycle Date		Cycle Nbr		Case		Type		Labor Operation		Part		Comments	
03/01/1999		937		01		#		E7690 - STR WH ROTAT SEN (EVO) RPL		26058284 - SENSOR		N	
03/01/1999		937		02		#		Z7910 - COURTESY TRANSPORTATION - SHUTTLE (1 WAY)		N/A		N	

Repair Order Date:	02/08/1999	Repair Order Number:	031166	Odometer Reading:	9092 miles	
Service By:	COURTESY CHEVROLET PO BOX 3729 THOUSAND OAKS, CA 91359-0729 (805) 497-1651			Selling Source:	13 - CHEVROLET	
				Site Code:	20082	
				Business Associate Code:	114591	
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Comments
02/16/1999	933	01	#	E7100 - HORN CONTACT RPL	N/A	N
02/16/1999	933	02	#	C7051 - BUCK CUSH R&R/RPL	12455453 - COVER	N

Repair Order Date:		01/06/1999		Repair Order Number:		029050		Odometer Reading:		6683 miles	
Serviced By:		COURTESY CHEVROLET PO BOX 3729 THOUSAND OAKS, CA 91359-0729 (805) 497-1651						Selling Source:		13 - CHEVROLET	
								Site Code:		20082	
								Business Associate Code:		114591	
Cycle Date		Cycle Nbr	Case	Type	Labor Operation				Part		Comments
01/14/1999		924	01	#	J0680 - SERP BELT TENSION RPL				12559315 - TENSIONER		N

Repair Order Date:	10/27/1998	Repair Order Number:	024678	Odometer Reading:	3241 miles
Service By:	COURTESY CHEVROLET PO BOX 3729 THOUSAND OAKS, CA 91359-0729 (805) 497-1651			Selling Source:	13 - CHEVROLET
				Site Code:	20082
				Business Associate Code:	114591

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Comments
11/09/1998	905	01	#	R0855 - (COMPACT DISC) AUTOCHANGER - REPLACE	N/A	N
11/09/1998	905	02	#	B7270 - HEADLAMP DOOR BEZEL PLUG - INSTALL	10417504 - PLUG	N
11/09/1998	905	03	#	Z7910 - COURTESY TRANSPORTATION - SHUTTLE (1 WAY)	N/A	N

Repair Order Date:		08/03/1998		Repair Order Number:		A01234		Odometer Reading:		0 miles	
Serviced By:	PARADISE CHEVROLET 6350 LELAND ST VENTURA, CA 93003-8585 (805) 642-0111					Selling Source:		13 - CHEVROLET			
						Site Code:		20388			
						Business Associate Code:		114622			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation				Part		Comments	
08/06/1998	878	01	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE				N/A		N	

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# GM Vehicle Inquiry System

## Vehicle Build

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

[Help](#)

VIN:	1G1YY22G3X5101234
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### VEHICLE BUILD

Merchandising Model:	1YY07 - 1999 CORVETTE COUPE		
Gross Vehicle Weight Rating:	1685 kg (3715 lb)	Order Number:	435UK2
Build Date:	08/03/1998	Build Plant:	1X5Y - BOWLING GREEN

### OPTION CODES

AAB - MEMORY PACKAGE-OSRV MIRRORS,	AG2 - POWER PASSENGER SEAT,
AK5 - INFLAT RESTRAINT DR/PAS	AR9 - RECLINING FRONT BUCKET SEATS
BGR - BOWLING GREEN, KY, USA	B34 - FRONT CARPETED FLOOR MATS
CE7 - HATCH ROOF	CJ2 - AIR CONDITIONING - ELECTRONIC
DL5 - ROADSIDE SERVICE INFORMATION	DL8 - DR/PASS REMOTE ELEC
D42 - LUGGAGE SHADE AND PARCEL NET	FE1 - SOFT RIDE
G90 - REAR AXLE RATIO	G92 - 3.15 REAR RATIO
IP3 - INTERIOR DESIGN (P3)	JL9 - ANTILOCK BRAKES
K63 - ALTERNATOR 110 AMP DELCO	LS1 - ENGINE: 5.7L V8 345 HP SFI ALUM
MX0 - 4-SPEED AUTOMATIC TRANSMISSION	M30 - 4L60 AUTO TRANS
NB6 - CALIFORNIA, TIER 1	NK4 - SPORT LEATHER
N37 - TILT/TELESCOPIC STEERING WHEEL	QD4 - 17 X 8.5, FRT & 18 X 9.5 RR, ALUM, STYLED
T83 - AUTOMATIC ON-OFF	T96 - FOG LAMPS
ULD - RADIO 2001-AM/FM, CAS	UV7 - WHEELWER WINDOW ANTENNA
UZ5 - 6, PREMIUM	UIS - REMOTE COMPACT DISC CHANGER
US2 - ELECTRONIC MP CLUSTER	VG6 - BUMPER IMPACT, 5 MPH, CALIFORNIA
VG8 - LABEL, NOTICE TO BUYER	V49 - LICENSE PLATE FRAME
V73 - USA/CANADA	XGG - P245/45R17-89Y BW TL SBR HW4 EMT
YF5 - CALIFORNIA EMISSIONS	YGE - P275/40R18-94Y BW TL HW4 SBR EMT
LAY - STOCK	18A - OPTION 01
191 - EBONY MALIBU (I) (FRONTERA 98)	195 - BLACK LEATHER

70U - TORCH RED	
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**CAC WebKnowledge Center****BULLETINS****Customer Satisfaction Campaign  
01044 FAQs****Date: 7/10/2001****Corvette Electronic Column Lock****SCIM Level:  
N/A****Vehicles Involved:****> 1998 - 2000 Corvette****Dealer Notification Date: July 10, 2001****Owner Notification Date: July 17, 2001****POTENTIAL QUESTIONS AND ANSWERS****Q1: Please direct all MEDIA questions to: N/A****Q2: What is the condition that prompted this campaign?****A2: We have learned that certain Corvettes may have been built with a condition in which the steering wheel may not unlock when the key is turned to the "on" position. If the steering wheel does not unlock, the engine will stop running if the vehicle starts to move.****Q3: What might occur as a result of this condition?****A3: If the steering wheel fails to unlock at engine startup, a warning message is sent to the Driver Information Display ("Service Column Lock". An audible chime accompanies this message. If the driver attempts to drive the vehicle, the Body Control Module (BCM) will shut off the flow of fuel to the engine and disable the vehicle if it reaches 2 mph (3 kph).****Q4: What will GM do to correct this condition on the subject vehicles?****A4: If your car is equipped with an automatic transmission, the dealer will install an Electronic Column Lock bypass that will prevent the Electronic Column Lock from functioning. The steering wheel will no longer lock when the key is removed from the ignition switch. All other systems will continue to perform like they did before this repair. Your car will now function similarly to Corvettes currently being produced with an automatic transmission.****If your vehicle is equipped with a manual transmission, the dealer will install an Improved, Electronic Column Lock module and a new relay in the Electronic Column Lock circuit. The steering wheel will continue to lock and all systems will continue to perform like they did before this repair. Your car will now function similarly to Corvettes currently being produced with a manual transmission.****Q5: Are parts available yet?****A5: Please see the official campaign bulletin for parts availability.**

- Q6:** Have there been any reports from the field of accidents or injuries related to this condition?  
**A6:** No reported incidents.
- Q7:** Where were these vehicles built?  
**A7:** All vehicles were built in Bowling Green, KY
- Q8:** Vin breakdown of vehicles involved.  
**A8:** Please see the official campaign bulletin for vin breakdown.
- Q9:** Which model years and how many Corvettes are effected by this recall?  
**A9:** There are 58,621 vehicles, from model years 1998, 1999 and 2000, which were built between April 1, 1998 and December 31, 1999 involved in this recall.
- Q10:** Why are only certain vehicles included in this customer satisfaction campaign?  
**A10:** It became apparent that some Electronic Column Lock components did not meet our quality expectations and had a greater likelihood of having a problem.
- Q11:** Why are the repairs different depending on the type of transmission?  
**A11:** Our objective is to improve these vehicles by making them function similarly to those we are currently producing. The Federal Motor Vehicle Safety Standards requires that either the steering or the forward motion of the vehicle be restricted when the key is removed from the ignition switch. On vehicles with an automatic transmission we accomplish this by locking the shifter in Park when the ignition key is removed. On vehicles with a manual transmission there is no lock on the transmission in any gear so we lock the steering wheel.
- Q12:** What if I choose not to have this campaign performed?  
**A12:** You could at some time experience the steering wheel not unlocking when the ignition key is turned to the "on" position. If this occurs you will not be able to drive your car.
- Q13:** Can this happen when the car is in motion?  
**A13:** No, because the ECL is designed to prevent locking when the car is in motion. GM has investigated allegations of this occurring and none were verified.
- Q14:** I notice that this problem affects three model years. Why didn't General Motors recall these vehicles when the condition was first reported?  
**A14:** GM has been working hard to understand the issue and develop effective solutions.
- Q15:** I have previously purchased an alternative solution that addresses this problem. Will GM reimburse my expenses?  
**A15:** We will not reimburse expenses for alternative repairs. We believe that the resolution that has been developed by our engineers is the best solution and will prevent any concerns from occurring in the future. We would advise you to have this repair performed on your vehicle at your earliest possible time.
- Q16:** How much will this recall cost General Motors?  
**A16:** General Motors does not reveal the costs of recalls.



## FACSIMILE TRANSMITTAL SHEET

DATE: 25 SEPT 01 NO. OF PAGES 3  
(INCL. THIS SHEET)TO: PAUL RUDE TEL. \_\_\_\_\_CC: \_\_\_\_\_ FAX 813 635-4071FROM: DAVE KOSZELA PHONE #: (805) 497-1651

CC: COURTESY CHEVROLET FAX #: (805) 373-0116

NOTE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_REPLY REQUESTED ☐ YES ☐ NO

P.O. BOX 3728 • THOUSAND OAKS, CA 91359-0728

From Canoga Park  
(818) 888-0842From Oxnard  
(805) 482-8808From Simi  
(805) 526-4002From Thousand Oaks  
(805) 497-1651

CC 126

SEP 25 2001 17:49

1 805 373 0116

PAGE 01

444

## WORK ORDER

**WCA**

318

### SERVICE ADVISOR:

3810 THOUSAND OAKS BLVD.  
P.O. BOX 3757 - THOUSAND OAKS, CA 91320-0756

From Thousand Oaks	Area Office	Area Office Phone	Area City	Area State
3810-497-1007	3810-497-1007	3810-497-1007	3810-497-1007	3810-497-1007

3810-497-1007 - 3810-497-1007 - 3810-497-1007

LOAD REVISIONS: NONE

COLOR	YEAR	MAKE/MODEL	VIN	LIBRARY	RELEASE IN/OUT	TAX
RED	89	CHEVROLET CORVETTE	1G1Y123G35101234		00250	1000
DELIVERY DATE	PROP. DATE	SAFELY EXP.	PROMISED	PO NO.	PAYMENT	INV. DATE
2/28/1999			17130-2017101		70.00	06/08
R.D. OPENED	READY	OPTIONS:				
20-JUN-2001 07:03						

LINE	OF	CODE	TECH	TYPE	DESCRIPTIONS/INSTRUCTIONS
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WJH  
 CK STEERING COLUMN LOCKED MESSAGE AND STEERING WON'T  
 MOVE

2140 STEWARD STEWART COLUMBIA COLLEGE

OK

112 01

D6.27

[illegible]

SEP 23 2021 17:50

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PAGE 12



# Service Satisfaction Survey

Please make any corrections to your name, address or telephone number here:

THOMAS CARL CA

Edmond, Oklahoma 73034

Home telephone

Change to: ( )

Please provide us with your preferred email address:

Dear

Our records indicate that you had your 1999 Corvette serviced at Courtney Chevrolet on June 28, 2001. Our goal is for you to be completely satisfied. Please take a few minutes to complete both sides of this questionnaire about our dealership's personnel and services. Your timely response is very important to us and will be used to direct our continued efforts toward meeting the highest expectations of our customers.

Thank you for having your vehicle serviced at Courtney Chevrolet.

Sincerely,

*David L. Wright*

David L. Wright

Director - Customer & Relationship Services

## Instructions

Please use a dark pen or pencil (preferably black) when filling out this survey.

- ☐ Please check this box if you no longer own/lease this 1999 Corvette, and return the questionnaire.

\*\* PLEASE HAVE THE PERSON WHO TOOK THE VEHICLE IN FOR SERVICE ON JUNE 28, 2001, COMPLETE THIS SURVEY. \*\*

## About Your Chevrolet Dealership's Service Department

- |   | Completely Satisfied                    | Very Satisfied              | Satisfied                           | Somewhat Satisfied                  | Not At All Satisfied     |
|---|---|-----------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. How satisfied were you with the convenience of the Service Department's hours?.....                                  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. Were services available to you on both an appointment and non-appointment basis?.....                                | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> | Don't Know <input type="checkbox"/> |                          |
| 3. When arriving for service, were you greeted promptly?.....   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>            |                                     |                          |
| 4. How satisfied were you that all dealership personnel treated you in a courteous, fair, and professional manner?..... | <input checked="" type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

## About Your Service Consultant/Advisor

- |  | Completely Satisfied                    | Very Satisfied              | Satisfied                                      | Somewhat Satisfied                  | Not At All Satisfied     |
|--|---|-----------------------------|--|-------------------------------------|--------------------------|
| 5. How satisfied were you that your Service Consultant took enough time to thoroughly understand your service request?.... | <input checked="" type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. Were you offered transportation options?.....   | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | Don't Know <input checked="" type="checkbox"/> | Don't Know <input type="checkbox"/> |                          |
| 7. How satisfied were you that you were kept informed about the status of your service request?.....                       | <input checked="" type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. Was your vehicle ready by the original time promised?.....  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | No Time Promised <input type="checkbox"/>      |                                     |                          |

Thank you for your feedback!

1G1Y7E22503B101234 20012

Z1128338442 00000114881 088488

051

# About Your Service Consultant/Advisor - Continued

9. How satisfied were you with the explanation you were given of all services performed? .....
10. Overall, how satisfied were you with your Service Consultant? .....

## About Service Delivery

11. When you placed your vehicle up, how satisfied were you with:
- The time it took to complete the transaction? .....
  - The ease of getting your vehicle? .....
  - The condition in which it was returned? .....

12. Were ALL of your service concerns corrected on this service visit? ☒ Yes ☐ No
- If NO, why not? (check all that apply)
- ☐ Condition explained - repair not necessary
  - ☐ Work performed did not correct the problem
  - ☐ Service Department could not duplicate problem
  - ☐ Service Department was too busy
  - ☐ Parts not available
  - ☐ I declined repair
  - ☐ Other (please specify) \_\_\_\_\_
  - ☐ Don't know

13. How satisfied are you that your vehicle was fixed right on this service visit? *THANKS, I AM VERY LEADY. PARTS IN THE DASH ON DRIVER SIDE WHICH WAS NOT THERE BEFORE.* .....
14. Were you given a copy of the bill/repair order? .....
15. Were you contacted shortly after this service visit to determine your satisfaction with the dealership's service? .....

## Summing Up Your Experience

16. Based on this service visit, overall, how satisfied are you with Courtesy Chevrolet? .....
17. Would you recommend this dealership for service? .....
18. Overall, how satisfied are you with your 1988 Corvette? .....
19. Do you have any comments/suggestions about your Dealership? *EXCEPT* .....

*VEHICLE NOW DASH PARTS, VERY ANNOYING*

20. Are you ... ☐ Male ☒ Female
21. Your age ... ☐ Under 25 ☐ 25-34 ☐ 35-44 ☒ 45-54 ☐ 55-64 ☐ 65 or older
22. May we include your name when providing this information to your dealership? ☒ Yes ☐ No

If you have a concern requiring immediate attention, we encourage you to first contact your dealer. If further assistance is required, you may contact Chevrolet Motor Division directly by calling the Chevrolet Customer Assistance Center: 1-800-222-1028

THANK YOU! YOUR OPINIONS WILL HELP US SERVE YOU BETTER.

Please return this questionnaire in the self-addressed, postage-paid envelope to: 49999  
CHEVROLET MOTOR DIVISION, P.O. BOX 10062, TOLEDO, OH 43609-0062

Document Index - 05318440

3

Class - CARS Docs

RequestNum

05318440

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