



**GENERAL MOTORS NORTH AMERICA**  
**Structure & Safety Integration**

May 21, 2003

Bruce York  
 Vehicle Control Division  
 Office of Defects Investigation  
 NHTSA Safety Assurance  
 400 Seventh Street, S.W.  
 Washington, D.C. 20590

GM-621A  
 Supplement 1

NSA-13bby  
 EA02-030

Dear Mr. York:

This letter is a follow up to the May 16, 2003 response regarding alleged underhood fires. The subject vehicles include model year (MY) 1996 through 2003 Buick LeSabre, Park Avenue, Riviera, and Regal; Oldsmobile Ninety-Eight, Eighty-Eight, and Intrigue; Chevrolet Impala, Monte Carlo, Lumina; and Pontiac Bonneville and Grand Prix vehicles equipped with 3.8 liter (L36) engines.

I received additional information after mailing the response to EA02-030. I am forwarding this documentation that is for reports included in GM 621A or previously submitted in GM 621. I apologize for any inconvenience.

Please contact me if you have any questions.

Sincerely,

Mary Kardell  
 General Motors  
 Product Investigations

enclosure

RECEIVED  
 NYS-5111  
 2003 MAY 22 PM 3:57

**Product Investigations**

Mail Code: 480-106-304 • 30500 Mound Road • Warren, MI 48090-8056  
 Phone: (586) 886-8029 • Fax: (586) 947-2318  
 GM621A.eup1 5-21-03 memo to B. York.doc



**ESIS**

An Insurance Services Company

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

734828  
313.665.3402 tel  
313.665.0911 fax

joyce.jackson@esis.com

Joyce R. Jackson  
Claims Administrator

October 15, 2002

Tonya Bedell  
State Farm Insurance

FAX#: 972.732.4734

Re:   File Number:       434828  
      Date of Event:     1/27/02  
      Your claim#:      43-R867-092, Frances Martin  
      Client/Account:   General Motors Corporation

Dear Ms. Bedell:

The release form that I mentioned in your conversation is enclosed. The form requires a Notary Public to witness its signing. Upon return of the signed release, I will immediately forward the check in the amount of \$9,650.00.

Please submit tax-id number that the payment will be applied.

If you have any questions, please call me at 313.665.3402.

Sincerely,

Joyce R. Jackson

**RELEASE OF ALL CLAIMS**

**FILE NO:** 8213-259-434828 (Your claim number 43-R867-092)

**KNOW ALL MEN BY THESE PRESENTS:**

That the Undersigned, being of lawful age, **State Farm Insurance a.s.o. Frances Martin**, for the sole consideration of **nine thousand six hundred fifty dollars and 00/100 dollars (\$9,650.00)** to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge **ESIS/General Motors Corporation**, and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident, or event which occurred on or about the **January 27, 2002**, at or near **Paris, TX**.

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

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

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

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

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

**CAUTION: READ BEFORE SIGNING**

\_\_\_\_\_  
WITNESS (at lease 1 witness) LS

\_\_\_\_\_ LS

State of \_\_\_\_\_ }

County of \_\_\_\_\_ }

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ to me known to be the person(s) named herein and who executed the foregoing Release and \_\_\_\_\_ acknowledged to me that \_\_\_\_\_ voluntarily executed the same.

My term expires \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**JOB STATUS REPORT**

TIME : 10/17/2002 14:48  
NAME : T 388 28 TC  
FAX# : 313-665-8912  
TEL# :

DATE, TIME	10/17 14:48
FAX NO./NAME	819727324734
DURATION	00:00:31
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

**ESIS**

An Insurance Services Company

300 Renaissance Center  
Mail Code: 482-C20-071  
Detroit, MI 48260

313.665.3402 tel  
313.665.0911 fax

joyce.jackson@esis.com

Joyce R. Jackson  
Claims Administrator

October 15, 2002

Tonya Bedell  
State Farm Insurance

FAX#: 972.732.4734

Re: File Number: 434828  
Date of Event: 1/27/02  
Your claim#: 43-R867-092, Frances Martin  
Client/Account: General Motors Corporation

Dear Ms. Bedell:

The release form that I mentioned in your conversation is enclosed. The form requires a Notary Public to witness its signing. Upon return of the signed release, I will immediately forward the check in the amount of \$9,650.00.

Please submit tax-id number that the payment will be applied.

If you have any questions, please call me at 313.665.3402.

Sincerely,

# State Farm Insurance Companies



P. O. Box 799013  
Dallas, TX 75379-9013

October 18, 2002

[REDACTED]  
[REDACTED]  
Detroit, MI 48265

**RECEIVED**

**OCT 25 2002**

**ESIS-GM CLAIMS UNIT**

RE: Claim Number: 43-R867-092  
Date of Loss: January 27, 2002  
Our Insured: Frances Martin

Dear [REDACTED]:

Enclosed is a signed and notarized release. Please send your check to my attention.

Thank you for your assistance.

Sincerely,

*Tonya Bedell*  
Tonya Bedell

Claim Representative  
Subrogation Unit/Team 40  
(972) 732-4842  
State Farm Mutual Automobile Insurance Company

**RELEASE OF ALL CLAIMS**

FILE NO: 8213-259-434828 (Your claim number 43-R867-092)

**KNOW ALL MEN BY THESE PRESENTS:**

That the Undersigned, being of lawful age, State Farm Insurance a.s.o. Frances Martin, for the sole consideration of nine thousand six hundred fifty dollars and 00/100 dollars (\$9,650.00) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge **ESIS/General Motors Corporation**, and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen property damage and the consequences thereof resulting or to result from the accident, or event which occurred on or about the January 27, 2002, at or near Paris, TX.

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

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

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

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

Signed, sealed and delivered this 18 day of October, 2002.

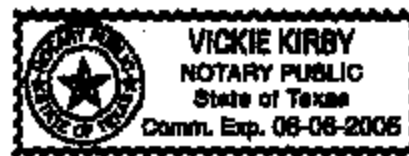
**CAUTION: READ BEFORE SIGNING**

\_\_\_\_\_  
WITNESS (at least 1 witness)

Jonie Bedell

\_\_\_\_\_  
IS

\_\_\_\_\_  
IS

State of TEXASCounty of COLLINOn the 16 day of OCTOBER, 2002, before me personally appearedTONYA BEDELL to me known to be the person(s) named herein and who executed the foregoing Release and She acknowledged to me that She voluntarily executed the same.My term expires 08/06, 2005Vickie Kirby  
Notary Public



An Insurance Services Company

300 Renaissance Center  
Mail Code 482-C20-D71  
Detroit, MI 48265-3000  
Telephone 313.665-3412  
Facsimile 313.665.0911  
Lisa.Smith2@Esis.com

January 4, 2002

State Farm Insurance Company  
Ms. Maggie Miller  
2601 W. Forrest Hill Avenue  
Peoria, IL 61612-3973

Your File Number: 13-7487-154  
Your Insured: John Kinsella  
Our File Number: 431787  
Our Client: General Motors Corporation  
Date of Event: 9-28-01

Dear Ms. Miller,

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

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

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

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

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

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

Respectfully,

Lisa M. Smith  
Claims Administrator

# State Farm Insurance Companies®



December 21, 2001

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

Peoria Service Center  
2801 W. Forrest Hill Ave.  
P.O. Box 3973  
Peoria, IL 61612-3973  
Phone: (309) 679-9500

**RECEIVED**

**JAN 02 2002**

**ESIS-GM CLAIMS**

*now  
no 1241  
no 0 441  
@B 1/3/02*

RE: Claim Number: 13-7487-154  
Our Insureds: [REDACTED]  
Date of Loss: September 28, 2001  
Vehicle: 1998 Buick Park Avenue four-door  
VIN: 1G4CW52K6W4813098

Dear Sir:

This State Farm® insured vehicle was involved in a fire loss. We settled a claim with our insured in the amount of \$16,990.00.

Our investigation revealed the cause of the loss was due to a backfire into the intake manifold. Enclosed is the documentation of State Farm's claim. The evidence is being held for your inspection. You may contact me at (309) 679-9854 to make arrangements to inspect the vehicle.

Please consider this letter as our demand to General Motors Corporation for reimbursement of \$16,990.00.

Sincerely,

Maggie Miller  
Claim Specialist  
State Farm Mutual Automobile Insurance Company  
(309) 679-9854  
1-800-324-0729

MM/032/1221010 drev - 033

Enclosure



route to: Maggie Miller

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

**AUTO PAYMENTS**

claim number  
13-7487-154  
named insured  
[REDACTED]

policy number  
V558-916-13B  
date of loss  
09-28-01

C denotes consolidated payment  
P denotes previous date

E denotes EFT payment

payment number	payee	total amount	issued	status
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
101772146J	BRIMFIELD FIRE PROTECTIO	435.00	10-17-01	PAID
101770091J	NELSON AUTO SALES ON BEH	80.00	10-08-01	PAID
101770090J	ENGSTROM WRECKER & GARAG	75.00	10-08-01	PAID
101770087J	ILLINOIS DEPT OF REVENUE	200.00	10-08-01	PAID
101419139J	[REDACTED]	10,288.09	10-03-01	PAID
101419138J	WYOMING BANK & TRUST ON	5,911.91	10-03-01	PAID



# PRE-LOSS CONDITION

<b>INTERIOR:</b> <small>(Explain if other than average condition for year, make and model vehicle)</small>	Above Avg	Avg	Below Avg
Seats: _____		X	
Carpets: _____		X	
Glass: _____		X	
Dash: _____		X	
Headliner: _____		X	
<b>EXTERIOR:</b> <small>(Explain if other than average condition for year, make and model vehicle)</small>			
Sheet Metal: _____		X	
Paint: _____		X	
Trim: _____		X	
<b>MECHANICAL:</b> <small>(Explain if other than average condition for year, make and model vehicle)</small>			
Engine: _____		X	
Transmission: _____		X	

**PRIOR DAMAGE:**  Yes  No Estimate Written  Yes  No Amount \_\_\_\_\_ Damage Location: \_\_\_\_\_

**OVERALL CONDITION:**  Above Avg.  Avg.  Below Avg.

Salvage Will Be:  Rebuilt  Sold for parts  Scrapped

Lawson Shann 10/01/01  
INSPECTED BY DATE

## TOTAL LOSS SETTLEMENT

Method used to determine base price: (Check one)  Computerized Evaluation  Comparable Vehicles  Book Value

**IF USED ONLY IF COMPUTERIZED EVALUATION USED** Vendor Name: \_\_\_\_\_ Amount \_\_\_\_\_

Did you pay the computerized evaluation amount  Yes  No If no, explain: \_\_\_\_\_  
Adjusted Amount \_\_\_\_\_

#	Source & Telephone Number	Quote By	Date	Make & Model	Available	Price
1.						
2.						
3.						

Vehicle number(s) used to determine base price:  1.  2.  3.

Explain any adjustments for difference in mileage, equipment condition, prior damage, etc: \_\_\_\_\_  
Adjusted Amount \_\_\_\_\_

Book(s) used: NADA - Valuemaster Basic Book Price \_\_\_\_\_

List additions or deductions for equipment, mileage, etc, and prior dama \_\_\_\_\_  
Adjusted Amount 16,200

Did you pay this amount  Yes  No If No, explain \_\_\_\_\_

Base Price <u>\$16,200.00</u> Tax + <u>200.00</u> Fees + <u>50.00</u> Actual Cash Value = <u>16,450.00</u> Owner Retained Salvage - _____ Deductible - <u>0</u> Lienholder Payoff - <u>5911.91</u> Amount Paid Owner \$ <u>16,280.00</u> Date Settled <u>10/3/01</u>	<b>Salvage Disposition</b> Date Sold _____ Date Remittance Received _____ High Salvage Bid \$ _____ Towing Expense - _____ Storage Expenses - _____ Miscellaneous Expense - _____ Net Salvage Return \$ _____	<b>Purchaser:</b> _____ Remarks: _____ Disposition of Title: _____ Date: _____
_____ CLAIM REP. SIGNATURE		

Date: 10/1/01  
Claims 13-7487-15401  
Policy:  
Customer:  
Loss Date: 9/28/01  
Deductible: \$0  
Payer Code:

Valuation ID: 13-7487-15401  
Type of Loss: 0  
Classification: Total Loss  
Assessor:  
Assessor ID:  
Profile: State Farm  
State: IL

Vehicle: 1998 Buick Park Avenue 4D Sed 3.8L Inj 6 Cyl A0  
VIN: 104CL52K2M4613096  
Mileage: 50,000  
Condition:  
Type: Auto  
License: J8K 1937  
Color:

N.A.D.A.® CENTRAL VALUES		N.A.D.A.® CENTRAL VALUES	
PARK AVENUE-V6 SED 4D		PARK AVENUE-V6 SED 4D	
Base Value	\$15,900	Base Value	\$15,900
Mileage Adjustment	\$250	Mileage Adjustment	\$250
Power Brakes	Standard	Power Brakes	Standard
Power Windows	Standard	Power Windows	Standard
Power Door Locks	Standard	Power Door Locks	Standard
Power Seats	Standard	Power Seats	Standard
Tilt Steering Wheel	Standard	Tilt Steering Wheel	Standard
Cruise Control	Standard	Cruise Control	Standard
Electric Defogger	Standard	Electric Defogger	Standard
AM-FM Stereo	Standard	AM-FM Stereo	Standard
Leather Seats	Standard	Leather Seats	Standard
AntiTheft/Recover Sys	\$50	AntiTheft/Recover Sys	\$50
<b>Total Retail Value</b>	<b>\$16,200</b>	<b>Total Retail Value</b>	<b>\$16,200</b>

Mitchell International Corporation warrants that this valuation is an accurate representation of the N.A.D.A.® value guide.

AVERAGE BOOK VALUE	\$16,200.00
Taxable Adjustments	
Taxable Adjustments Total	\$0.00
Pre-Tax Subtotal	\$16,200.00
Post-Tax Subtotal	\$16,200.00
Non-Taxable Adjustments	
Non-Taxable Adjustments Total	\$0.00
<b>NET TOTAL</b>	<b>\$16,200.00</b>

Customer: [Redacted] Inspection Site: Res  
# RR 1 BOX 41  
# MYONING, IL 61491

Illinois Department of Revenue  
**RVT-7 Replacement Vehicle Tax Return**

(See instructions on the back of Page 8.)

Do not write above this line.

**Step 1: Identify the insurance company replacing a vehicle**

1 Name State Farm Insurance 4 Mailing address P.O. Box 3973  
2 FEIN 37-0329100 Peoria IL 61612  
3 Phone 309-679-9154

**Step 2: Identify the seller (Illinois sales only)**

1 Name Abson Auto Sales Inc. 4 Mailing address 201 E. Main  
2 FEIN 18214171 Taylor IL 61483  
3 Phone 309-286-3121 5 County Stark

**Step 3: Identify the insured**

1 Name [Redacted] 3 Mailing address [Redacted]  
2 Insurance claim no. 13-7187-154 HM Adams IL [Redacted]

**Step 4: Describe the vehicle**

1 VIN 1G4HP5K5YU133120 3 Purchase date 10-8-2001  
2 Year, make, and model 2000 Buick LaSalle 4 Net settlement amount (less deductible) \$20,000  
5 ST-556 return no. 31156303-5

**Step 5: Figure your tax**

1 State tax 1.8 200.00  
2 Local tax (county or municipal) (See instructions.) 2.5 (\$50.00 if applicable)  
3 Add lines 1 and 2. This is your total tax due. 4.3  
Pay this amount. Make your check payable to "Illinois Department of Revenue."

**Step 6: Sign below**

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

[Signature] 10/2/01

Insurance  
company's  
copy



Illinois Department of Revenue  
**RVT-7 Replacement Vehicle Tax Return**  
 (See instructions on the back of Page 3.)

**Step 1: Identify the insurance company replacing a vehicle** Do not write above this line.

1 Name State Farm Insurance 4 Mailing address P.O. Box 3973  
 2 FEIN 37-0533100 Peoria IL 61612  
Federal employer identification number City State ZIP  
 3 Phone 309 679-9154

**Step 2: Identify the seller (Illinois sales only)**

1 Name Nelson Auto Sales Inc. 4 Mailing address 201 E. Main  
 2 IBT no. 18714171 Toulon IL 61483  
Illinois Business Tax number City State ZIP  
 3 Phone 309 286-3121 5 County Stark

**Step 3: Identify the insured**

1 Name [REDACTED] 3 Mailing address [REDACTED]  
 2 Insurance claim no. 13-7487-154 HM Wyanoy IL [REDACTED]  
City State ZIP

**Step 4: Describe the vehicle**

1 VIN 1G4HP54K5YU133120 3 Purchase date 10 / 8 / 2001  
Vehicle identification number Month Day Year  
 2 Year, make, and model 2001 Buick LaSalle 4 Net settlement amount (less deductible) \$ 16,200.00  
 5 ST-558 return no. 31156303-5

**Step 5: Figure your tax**

1 State tax 1 \$ 200.00  
 2 Local tax (county or municipal) (See instructions.) 2 \$ 0.00  
(\$50.00 if applicable)  
 3 Add Lines 1 and 2. This is your total tax due. 3 \$ 200.00  
 Pay this amount. Make your check payable to "Illinois Department of Revenue."

**Step 6: Sign below**

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Chavis D. Miller Chavis Specialist 10/8/01  
Signature Title Date

Insurance company's copy

Clm # 13-7487-194

**ENGSTROM'S WRECKER & GARAGE SERVICE**

104 E. Main St.  
TOULON, ILLINOIS 61483  
(309) 286-7175 (309) 932-8191

DATE Sept 28-01		TIME 5:00	AM PM	RECEIVED BY OWNER
LOCATION OF VEHICLE Suble care Kickapoo				
ADDRESS			PHONE	
MILEAGE			SERVICE TIME	
FINISH			FINISH	
START			START	
TOTAL			TOTAL	
EXTRA PERSON			FINISH	
START			START	
TOTAL			TOTAL	
YEAR 98	MAKE / MODEL / COLOR BUICK PARK AVE			OWNER
STATE IL	LEAD JRK 1937	VEHICLE ID. NO.		
<input type="checkbox"/> SLINGHOIST TOW <input checked="" type="checkbox"/> WHEEL LIFT <input type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> START <input type="checkbox"/> LOCK OUT		<input type="checkbox"/> FLAT TIRE <input type="checkbox"/> OUT OF GAS <input type="checkbox"/> WRECK <input type="checkbox"/> RECOVERY		<b>SPECIAL EQUIPMENT</b> <input type="checkbox"/> SINGLE LINE WINCHING <input type="checkbox"/> DUAL LINE WINCHING <input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> DOLLY
VEHICLE TOWED TO Owners home				
REMARKS			MILEAGE CHARGE	
			TOWING CHARGE	75.00
			LABOR CHARGE	
			STORAGE CHARGE	
			<b>TOTAL</b>	<b>75.00</b>
Zack Taylor <small>OPERATOR'S SIGNATURE</small>			Barbara Humalla <small>AUTHORIZED SIGNATURE</small>	

**Road Service**

5037

To Reorder:  
800-223-6380 or nebl.com

PRODUCT 619

998 PARK AVENUE SEDAN  
 7U SILVERMIST METALLIC /V6G  
 73 MEDIUM GRAY LEATHER/VINYL 55/45  
 ORDER NO. HA7642/T STOCK NO.  
 VIN 1G4 CW52 K6 W4613096

BUICK MOTOR DIVISION  
 GENERAL MOTORS CORPORATION  
 902 E. HAMILTON AVE.  
 FLINT MI 48550-0001  
 VEHICLE INVOICE 4OD06077602

\*\*\*\*\*GA\*\*\*\*\*11\*438858

CODE	DESCRIPTION	MSRP	INV AMT	RETAIL - STOCK
000	FACTORY OPTIONS			
CW69	PARK AVENUE SEDAN	30675.00	27760.88	INVOICE 10/01/97
07	MIRROR- AUTOMATIC REARVIEW	70.00	60.20	SHIPPED 10/01/97
E9	FEDERAL EMISSIONS	N/C	N/C	RXP I/T 10/10/97
36	ENGINE- 3800 SERIES II V6	N/C	N/C	INT COM 10/10/97
0PY	TIRES- P225/60R16 WHITEWALL	85.00	73.10	PRC EFF 09/30/97
7P0	RADIO-POWER LOAD CD & CASSETTE	200.00	172.00	KEYS 1663 1663
	W/STEERING WHEEL RADIO CONTROL			WFP-S QTR OPT-1
	(REPLACES RADIO IN OPTION PKG)			BANK: COMERICA BA
109	HORN - FOUR NOTE	28.00	24.08	CHG-TO 43-885
K3	LICENSE PLATE MOUNTING PKG-FRNT	N/C	N/C	
SE	PRESTIGE OPTION PACKAGE (SE)	890.00	765.40	SHIP WT: 3657
	* INSTRUMENTATION - TEMPERATURE			HP: 34.7
	TACH, FUEL W/DRIVER INFORMATN			MEMO 1627.40
	CENTER (INCLUDES:TIRE PRESSUR			
	WARNING, OIL PRESSURE, VOLTS,			
	OIL LIFE & OIL LEVEL MONITORS			
	LOW WASHER FLUID, LOW COOLANT			
	& DOOR/TRUNK AJAR INDICATORS,			
	BASIC TRIP COMPUTER(FUEL ECON			
	MILES TO EMPTY, GALLONS USED)			
	* MIRROR - ELECTROCHROMIC AUTO			
	DIMMING OUTSIDE LEFT MIRROR			
	(HEATED RIGHT & LEFT)			
	* MIRROR - ELECTROCHROMIC AUTO			
	DIMMING (INSIDE REARVIEW)			
	RADIO - POWER-LOAD CASSETTE &			
	AUTOMATIC TONE CONTROL & CLCK			
	&STEERING WHEEL RADIO CONTROL			
	* SEAT - THREE POSITION MEMORY			
	10-WAY POWER DRIVER'S SEAT &			
	MEMORY MIRRORS			
	* UNIVERSAL TRANSMITTER			
	* WIPERS - MOISTURE SENSING			

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

17U SILVERMIST METALLIC	N/C	N/C
173 MEDIUM GRAY LEATHER/VINYL 55/45	600.00	516.00
17A STRIPE- BODY SIDE - PEWTER GRAY	N/C	N/C

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

LOU BACHRODT BUICK, INC.

998 PARK AVENUE SEDAN  
7U SILVERMIST METALLIC /V6G  
73 MEDIUM GRAY LEATHER/VINYL 55/45  
ORDER NO. HA7642/T STOCK NO.  
VIN 1G4 CW52 K6 W4613096

BUICK MOTOR DIVISION  
GENERAL MOTORS CORPORATION  
902 E. HAMILTON AVE.  
FLINT MI 48550-0001  
VEHICLE INVOICE 40D06077602  
\*\*\*\*\*GA\*\*\*\*\*11\*43885S  
MSRP INV AMT RETAIL - STOCK

FACTORY OPTIONS  
\* CONTINUED FROM PAGE 1 \*\*

TOTAL MODEL & OPTIONS	32548.00	29371.66	ACT 231	29060.22
DESTINATION CHARGE	665.00	665.00	H/B 261	976.44
TOTAL	33213.00	30036.66	PAY 310	30036.66
MEMO: TOTAL LESS HOLDBACK AND APPROX WHOLESALE FINANCE CREDIT		28600.09		

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

BOU BACHRODT BUICK, INC.

VINCAMPI

DISPLAY VIN\RELATED CAMPAIGNS

KIPSA06I

02/01/2002 12:29

VIN 1G4CW52K6W4613096

OPEN\CLOSED STATUS:

SEL	CAMPAIGN STATUS	REPAIR	REPAIR PREV.	CAMPAIGN
CODE NUMBER		DATE	DEALER NUMBER	TYPE
98003	DEALER REPAIRED	1998/03/16	43551	EMISSION
SPARK PLUG TIP EROSION CALIBRATION PCM REFLASH				
98016	DEALER REPAIRED	1998/07/20	43551	CUSTOMER SAT.
WINDSHIELD WASHER LOW FLUID INSTRUMENT PANEL MESSAGE INOPERATIVE				
00039	OPEN	/ /		SAFETY
FRONT SHOULDER BELT RETRACTOR				

INQUIRY COMPLETE

PW:

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

# GM Vehicle Inquiry System

## Summary

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<b>VIN:</b>	1G4CW52K6W4613096
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### VEHICLE INFORMATION

<b>Merchandising Model:</b>	4CW69 - 1998 PARK AVENUE	<b>Warranty Start Date:</b>	10/30/1997. <sup>47mark</sup> 5
<b>BARS Order Type</b>	70 - RETAIL - STOCK		
<b>Delivering Dealer :</b>	BOB GRIMM BUICK-GMC, INC. 100 W JACKSON MORTON, IL 61550-1664 (309) 266-7151	<b>Selling Source:</b>	11 - BUICK
		<b>Site Code:</b>	43551
		<b>Business Associate Code:</b>	133122
<b>Service Contract:</b>	Yes	<b>Branded Title:</b>	No
		<b>Warranty Block:</b>	No
		<b>PDI Status:</b>	Paid

### CAMPAIGN ELIGIBILITY

Campaign Number	Description	Owner Notified	Campaign Status
00032	FRONT SHOULDER BELT RETRACTOR	N/A	Open
98003	SPARK PLUG TIP EROSION CALIBRATION PCM REFLASH	N/A	Closed
98016	WINDSHIELD WASHER LOW FLUID INSTRUMENT PANEL MESSAGE INOPERATIVE	N/A	Closed

### APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36 BUMPER TO BUMPER - NO DEDUCTIBLE	10/30/1997	147 miles	10/30/2000	36147 miles
72/100 SHEET METAL RUST-THROUGH	10/30/1997	147 miles	10/30/2003	100147 miles
36/36 CORROSION	10/30/1997	147 miles	10/30/2000	36147 miles
96/80 PCM/CC EMISSIONS	10/30/1997	147 miles	10/30/2005	80147 miles
36/36 FEDERAL EMISSIONS	10/30/1997	147 miles	10/30/2000	36147 miles

### CLAIM HISTORY

R.O. Date	R.O. Number	Type	Labor Operation	Odometer Reading
02/18/2000	075770	0	D1811 - ACTUATOR ELECT RPL TEMP DOOR - RT	41456 miles
02/18/2000	074858	0	J4206 - SPARK PLG WIRES RPL	40409 miles
11/01/1999	028039	#	J9995 - CUST COMPLAINT NOT DUPLICATED - ENG. EMISSION	36051 miles
11/01/1999	028039	#	K5244 - SHIFT LINKAGE ADJ	36051 miles
08/25/1999	026470	#	C6488 - FRONT POWER SEAT SWITCH - REPLACE.	33460 miles
08/25/1999	026470	#	C6489 - FRONT POWER SEAT SWITCH - REPLACE.	33460 miles
08/25/1999	026470	#	C3348 - R/F DR TRIM R&R/RPL	33460 miles
08/09/1999	026055	#	C6488 - FRONT POWER SEAT SWITCH - REPLACE.	32588 miles
08/09/1999	026055	#	C6489 - FRONT POWER SEAT SWITCH - REPLACE.	32588 miles
03/19/1999	064663	#	C6576 - FT ST TRACK COV RPL	25835 miles
03/02/1999	064013	#	C6576 - FT ST TRACK COV RPL	25427 miles
02/24/1999	063767	#	D1811 - ACTUATOR ELECT RPL TEMP DOOR - RT	25070 miles
02/15/1999	063389	#	H0127 - ROTOR ASSEMBLY - R&R OR REPLACE/BOTH	24801 miles
01/18/1999	062407	#	N0110 - BATTERY REPLACE ONE	21907 miles
01/18/1999	062407	#	C9020 - R/F SEAT BELT RPL	21907 miles
01/18/1999	062407	#	C6488 - FRONT POWER SEAT SWITCH - REPLACE.	21907 miles
01/18/1999	900FSF	#	Z8014 - ROADSIDE SERVICE (BATTERY/JUMP START)	21000 miles
12/01/1998	020746	#	C9041 - L/F ST BELT R&R/RPL	18826 miles
12/01/1998	020746	D	L1200 - SENDER/PUMP ASSEMBLY, FUEL (TANK UNIT) - REPLACE	18826 miles
12/01/1998	020746	#	L1200 - SENDER/PUMP ASSEMBLY, FUEL (TANK UNIT) - REPLACE	18826 miles
11/10/1998	020312	#	N2115 - L/F DR LCK SWCH RPL	16941 miles
07/20/1998	017972	#	V0155 - 98 PARK AVENUE/WNSHLD WASHER LOW FLD INST PNL MSG INOP	13301 miles
03/16/1998	015472	#	V0125 - 98 PN,OD,BK C/H-MODELS SPARK PLUG CALIBRATION PCM REFLASH	8670 miles
12/08/1997	013804	#	C9040 - R/F ST BELT R&R/RPL	1885 miles
12/08/1997	013804	#	B0917 - LEFT REAR BUMPER FASCIA MOLDING STRIP - R&R/RPL	1885 miles
10/01/1997	A13096	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

**CHECK HISTORY INFORMATION**

Vehicle Has No Associated Check History Information.

# GM Vehicle Inquiry System

## Claim History

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<b>VIN:</b>	1G4CW52K6W4613096
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### CLAIM HISTORY

<b>Repair Order Date:</b>		02/18/2000		<b>Repair Order Number:</b>		075770		<b>Odometer Reading:</b>		41456 miles	
<b>Serviced By:</b>	FIELDS CADILLAC, OLDS, BUICK & PONTIAC, INC. PO BOX 3907 LAKE WALES, FL 33859-3907 (863) 676-2503					<b>Selling Source:</b>		11 - BUICK			
						<b>Site Code:</b>		39521			
						<b>Business Associate Code:</b>		117844			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
02/29/2000	43	01	0	D1811 - ACTUATOR ELECT RPL TEMP DOOR - RT	16163982 - ACTUATOR	N/A	N/A	\$139.30	N		

<b>Repair Order Date:</b>		01/31/2000		<b>Repair Order Number:</b>		074858		<b>Odometer Reading:</b>		40409 miles	
<b>Serviced By:</b>	FIELDS CADILLAC, OLDS, BUICK & PONTIAC, INC. PO BOX 3907 LAKE WALES, FL 33859-3907 (863) 676-2503					<b>Selling Source:</b>		11 - BUICK			
						<b>Site Code:</b>		39521			
						<b>Business Associate Code:</b>		117844			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
02/04/2000	36	01	0	J4206 - SPARK PLG WIRES RPL	12192053 - WIRE	N/A	N/A	\$22.40	N		

<b>Repair Order Date:</b>		11/01/1999		<b>Repair Order Number:</b>		028039		<b>Odometer Reading:</b>		36051 miles	
<b>Serviced By:</b>	BOB GRIMM BUICK-GMC, INC. 100 W JACKSON MORTON, IL 61550-1664 (309) 266-7151					<b>Selling Source:</b>		11 - BUICK			
						<b>Site Code:</b>		43551			
						<b>Business Associate Code:</b>		133122			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
11/01/1999	26	01	#	J9995 - CUST COMPLAINT NOT DUPLICATED - ENG. EMISSION	N/A	A	N/A	\$10.88	N		
12/31/1999	26	02	#	K5244 - SHIFR LINKAGE ADJ	N/A	AE	N/A	\$27.20	N		



Repair Order Date:		08/25/1999		Repair Order Number:		026470		Odometer Reading:		33460 miles	
Serviced By:	BOB GRIMM BUICK-GMC, INC. 100 W JACKSON MORTON, IL 61550-1664 (309) 266-7151					Selling Source:			11 - BUICK		
						Site Code:			43551		
						Business Associate Code:			133122		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
09/03/1999	991	01	#	C6488 - FRONT POWER SEAT SWITCH - REPLACE.	12531397 - BEZEL	BB	N/A	\$27.89	N		
09/03/1999	991	02	#	C6489 - FRONT POWER SEAT SWITCH - REPLACE.	N/A	BE	N/A	\$21.76	N		
09/03/1999	991	03	#	C3348 - R/F DR TRIM R&R/RPL	N/A	E	N/A	\$27.20	N		

Repair Order Date:		08/09/1999		Repair Order Number:		026055		Odometer Reading:		32588 miles	
Serviced By:	BOB GRIMM BUICK-GMC, INC. 100 W JACKSON MORTON, IL 61550-1664 (309) 266-7151					Selling Source:			11 - BUICK		
						Site Code:			43551		
						Business Associate Code:			133122		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
08/09/1999	987	01	#	C6488 - FRONT POWER SEAT SWITCH - REPLACE.	12457174 - RETAINER	E	N/A	\$23.13	N		
08/20/1999	987	02	#	C6489 - FRONT POWER SEAT SWITCH - REPLACE.	12531392 - BEZEL	E	N/A	\$29.26	N		

Repair Order Date:		03/19/1999		Repair Order Number:		064663		Odometer Reading:		25835 miles	
Serviced By:	FIELDS CADILLAC, OLDS, BUICK & PONTIAC, INC. PO BOX 3907 LAKE WALES, FL 33859-3907 (863) 676-2503					Selling Source:			11 - BUICK		
						Site Code:			39521		
						Business Associate Code:			117844		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
03/25/1999	944	01	#	C6576 - FT ST TRACK COV RPL	25662241 - COVER	B	N/A	\$32.09	N		

Repair Order Date:		03/02/1999		Repair Order Number:		064013		Odometer Reading:		25427 miles	
Serviced By:	FIELDS CADILLAC, OLDS, BUICK & PONTIAC, INC. PO BOX 3907 LAKE WALES, FL 33859-3907 (863) 676-2503					Selling Source:			11 - BUICK		
						Site Code:			39521		
						Business Associate Code:			117844		

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
03/15/1999	941	01	#	C6576 - FT ST TRACK COV RPL	25651790 - COVER	N/A	N/A	\$14.40	N

Repair Order Date:	02/24/1999	Repair Order Number:	063767	Odometer Reading:	25070 miles
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Serviced By:	FIELDS CADILLAC, OLDS, BUICK & PONTIAC, INC. PO BOX 3907 LAKE WALES, FL 33859-3907 (863) 676-2503	Selling Source:	11 - BUICK
		Site Code:	39521
		Business Associate Code:	117844

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
03/04/1999	938	01	#	D1811 - ACTUATOR HLBCT RPL TEMP DOOR - RT	16163982 - ACTUATOR	N/A	N/A	\$124.04	N

Repair Order Date:	02/15/1999	Repair Order Number:	063389	Odometer Reading:	24801 miles
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Serviced By:	FIELDS CADILLAC, OLDS, BUICK & PONTIAC, INC. PO BOX 3907 LAKE WALES, FL 33859-3907 (863) 676-2503	Selling Source:	11 - BUICK
		Site Code:	39521
		Business Associate Code:	117844

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
02/18/1999	934	01	#	H0127 - ROTOR ASSEMBLY - R&R OR REPLACE/BOTH	N/A	N/A	N/A	\$93.30	N

Repair Order Date:	01/18/1999	Repair Order Number:	062407	Odometer Reading:	21907 miles
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Serviced By:	FIELDS CADILLAC, OLDS, BUICK & PONTIAC, INC. PO BOX 3907 LAKE WALES, FL 33859-3907 (863) 676-2503	Selling Source:	11 - BUICK
		Site Code:	39521
		Business Associate Code:	117844

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
01/25/1999	927	01	#	N0110 - BATTERY REPLACE ONE	19001631 - BATTERY	N/A	N/A	\$116.22	N
01/25/1999	927	02	#	C9020 - R/F SEAT BELT RPL	N/A	N/A	N/A	\$38.42	N
01/25/1999	927	03	#	C6488 - FRONT POWER SEAT SWITCH - REPLACE.	N/A	N/A	N/A	\$11.37	N

Repair Order Date:	01/16/1999	Repair Order Number:	900F5F	Odometer Reading:	21000 miles
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Serviced By:	GM ROADSIDE ASSISTANCE PO BOX 5033 TROY, MI 48007-5033				Selling Source:		11 - BUICK		
					Site Code:		90524		
					Business Associate Code:		160087		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
01/21/1999	926	01	#	Z8014 - ROADSIDE SERVICE (BATTERY/JUMP START)	N/A	C	N/A	\$28.27	N
01/21/1999	926	01	#	Z8014 - ROADSIDE SERVICE (BATTERY/JUMP START)	N/A	C	N/A	\$28.27	N

Repair Order Date:		12/01/1998		Repair Order Number:		020746		Odometer Reading:		18826 miles	
Serviced By:	BOB GRIMM BUICK-GMC, INC. 100 W JACKSON MORTON, IL 61550-1664 (309) 266-7151				Selling Source:		11 - BUICK				
					Site Code:		43551				
					Business Associate Code:		133122				
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
01/11/1999	923	01	D	L1200 - SENDER/PUMP ASSEMBLY, FUEL (TANK UNIT) - REPLACE	N/A	G	N/A	\$30.00	N		
01/11/1999	923	01	D	L1200 - SENDER/PUMP ASSEMBLY, FUEL (TANK UNIT) - REPLACE	N/A	G	N/A	\$30.00	N		
12/10/1998	914	01	#	C9041 - L/F ST BELT R&R/RPL	12455769 - BELT KIT	N/A	N/A	\$306.38	N		
12/10/1998	914	01	#	C9041 - L/F ST BELT R&R/RPL	12455769 - BELT KIT	N/A	N/A	\$306.38	N		
12/10/1998	914	02	#	L1200 - SENDER/PUMP ASSEMBLY, FUEL (TANK UNIT) - REPLACE	25322890 - SENSOR KI	N/A	N/A	\$133.29	N		
12/10/1998	914	02	#	L1200 - SENDER/PUMP ASSEMBLY, FUEL (TANK UNIT) - REPLACE	25322890 - SENSOR KI	N/A	N/A	\$133.29	N		

Repair Order Date:		11/10/1998		Repair Order Number:		020312		Odometer Reading:		16941 miles	
Serviced By:	BOB GRIMM BUICK-GMC, INC. 100 W JACKSON MORTON, IL 61550-1664 (309) 266-7151				Selling Source:		11 - BUICK				
					Site Code:		43551				
					Business Associate Code:		133122				
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
11/16/1998	907	01	#	N2115 - L/F DR LCK SWCH RPL	N/A	N/A	N/A	\$37.42	N		
11/16/1998	907	01	#	N2115 - L/F DR LCK SWCH RPL	N/A	N/A	N/A	\$37.42	N		

Repair Order Date:		07/20/1998		Repair Order Number:		017972		Odometer Reading:		13301 miles	
Serviced By:	BOB GRIMM BUICK-GMC, INC. 100 W JACKSON MORTON, IL 61550-1664 (309) 266-7151					Selling Source:			11 - BUICK		
						Site Code:			43551		
						Business Associate Code:			133122		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
07/23/1998	874	01	#	V0155 - 98 PARK AVENUE/WNSHLD WASHER LOW FLD INST PNL MSG INOP	12089660 - TERMINAL,	N/A	N/A	\$30.20	N		

Repair Order Date:		03/16/1998		Repair Order Number:		015472		Odometer Reading:		8670 miles	
Serviced By:	BOB GRIMM BUICK-GMC, INC. 100 W JACKSON MORTON, IL 61550-1664 (309) 266-7151					Selling Source:			11 - BUICK		
						Site Code:			43551		
						Business Associate Code:			133122		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
03/19/1998	838	01	#	V0125 - 98 PN,OD,BK C/H-MODELS SPARK PLUG CALIBRATION PCM REFLASH	N/A	N/A	N/A	\$26.73	N		

Repair Order Date:		12/08/1997		Repair Order Number:		013804		Odometer Reading:		1885 miles	
Serviced By:	BOB GRIMM BUICK-GMC, INC. 100 W JACKSON MORTON, IL 61550-1664 (309) 266-7151					Selling Source:			11 - BUICK		
						Site Code:			43551		
						Business Associate Code:			133122		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
01/19/1998	821	01	#	C9040 - R/F ST BELT R&R/RPL	12533389	P	N/A	\$314.60	N		
12/22/1997	813	02	#	B0917 - LEFT REAR BUMPER FASCIA MOLDING STRIP - R&R/RPL	25623869 - MLDG R/BP	N/A	N/A	\$47.05	N		

Repair Order Date:		10/01/1997		Repair Order Number:		A13096		Odometer Reading:		0 miles	
Serviced By:	LOU BACHRODT BUICK, INC. PO BOX 5647 ROCKFORD, IL 61125-0647 (815) 332-3000					Selling Source:			11 - BUICK		
						Site Code:			43885		
						Business Associate Code:			152100		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
10/14/1997	741	01	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	N/A	N/A	N/A	\$99.36	N		

**CHECK HISTORY**

**Vehicle Has No Associated Check History.**

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# GM Vehicle Inquiry System

## Vehicle Build

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VIN:	1G4CW52K6W4613096
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### VEHICLE BUILD

Merchandising Model:	4CW69 - 1998 PARK AVENUE		
Gross Vehicle Weight Rating:	N/A	Order Number:	N/A
Build Date:	09/30/1997	Build Plant:	1W4C - ORION ASSEMBLY

### OPTION CODES

ACM	AK5 - SEAT, INFLATABLE, DRIVER & PASS
AQ7 - FRT SPLIT, 3 PASS, 6 WAY ADJ, R	A43 - SEAT ADJUSTER, MIRROR, POWER, D
CD2 - WSWA JAR FLUID	CE1 - WINDSHIELD, PULSE, MOISTURE SEN
CJ2 - AIR CONDITIONER FRT, AUTO TEMP	DD7 - MIRROR - INSIDE REARVIEW,
DH & RH, REMOTE CONTROL, ELECTR	D85 - BODY SIDE PAINT STRIPES
FB1 - SOFT RIDE	FE9 - EMISSION, FEDERAL
FB3 - TRANSAXLE FINAL DRIVE 3.05	IC3 - 4HE1-TC 4 CY,DIE 175 HP
IL9 - ANTILOCK	K68 - GENERATOR
L36 - 3.8 LITRE V6 MFI	MN3 - 4 SPD AUTO TRANS 4T65-E
MX0 - 4-SPRED AUTOMATIC TRANSMISSION	NF2 - FEDERAL, TIER 1
NK5 - STANDARD	ORN - ORION, MI, USA.
PY0 - 16 X 6.5, ALUMINUM	QPY - P225/60R16-97S WS2 R/PB ST TL A
R9X - SALES ITEM NO. 98	UB7 - INST, OIL, COOL TEMP, VOLTS, TR
UG1 - GARAGE DOOR, UNIVERSAL	UK3 - STEERING WHEEL, ACCESSORY
UP0 - AM/FM STEREO, SEEK/SCAN, AUTO R	UW6 - 6, CUSTOM
U09 - FOUR NOTE HORN	U77 - REAR WINDOW ANTENNA
VE9 - OWNER INFO MAN	VK3 - FRT MOUNTING PKG
VM3 - CONSUMER, CONTAINS BPR IMP STAN	V73 - USA/CANADA
WJ7 - INTERIOR *LEATHER* (TO BE USED	Y67 - REMINDER PACKAGE
1L - UPGRADE EQUIP. GROUP	18Z - OPTION PACKAGE
171 - MED GRAY (3) (97)	17U - EXTERIOR, SILVERMIST MET (97)
173 - MED. GRAY LEATHER	6MB - COMPUTER SEL SUSP (6MB)
7MR - COMPUTER SEL SUSP (7MR)	8AC - COMPUTER SEL SUSP (8AC)

87A - ACCENT, GUNMETAL MET (91)

9AC - COMPUTER SEL SUSP (9AC)

87A - ACCENT, GUNMETAL MET (91)

9AC - COMPUTER SEL SUSP (9AC)

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# GM Vehicle Inquiry System

## Vehicle Component

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<b>VIN:</b>	1G4CW52K6W4613096
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### Vehicle Component

<b>Component Code:</b>		10 - ENGINE ASSEMBLY			
<b>Source Plant:</b>		B - BOC FLINT, MICHIGAN			
<b>Part/Num Broadcast:</b>		BCY	<b>Traceability:</b>	0012460	
<b>Date Scanned:</b>	09/30/1997	<b>Time Scanned:</b>	13.39.00	<b>Scan Station:</b>	04

<b>Component Code:</b>		35 - STEERING COLUMN - SIR SYSTEM			
<b>Source Plant:</b>		S - SAGINAW DIVISION SAGINAW, MI			
<b>Part/Num Broadcast:</b>		JKS	<b>Traceability:</b>	AH0052337	
<b>Date Scanned:</b>	09/30/1997	<b>Time Scanned:</b>	01.05.00	<b>Scan Station:</b>	03

<b>Component Code:</b>		61 - TRANSMISSION			
<b>Source Plant:</b>		W - HYDRAMATIC WARREN, MICHIGAN			
<b>Part/Num Broadcast:</b>		EFFB	<b>Traceability:</b>	0LZH	
<b>Date Scanned:</b>	09/30/1997	<b>Time Scanned:</b>	13.39.00	<b>Scan Station:</b>	04

<b>Component Code:</b>		86 - ELECTRONIC CONTROL MODULE (ECM)			
<b>Source Plant:</b>		M - DELCO ELECTRONICS MILWAUKEE, WISCONSIN			
<b>Part/Num Broadcast:</b>		CJTS	<b>Traceability:</b>	37267B7EM	
<b>Date Scanned:</b>	09/30/1997	<b>Time Scanned:</b>	18.19.00	<b>Scan Station:</b>	01

<b>Component Code:</b>		AB - IR-MODULE ASM-INFLATOR			
<b>Source Plant:</b>		Q - RIMIR MATAMORS MEXICO			
<b>Part/Num Broadcast:</b>		2923	<b>Traceability:</b>	WR6LDKC	
<b>Date Scanned:</b>	09/30/1997	<b>Time Scanned:</b>	12.23.00	<b>Scan Station:</b>	03

<b>Component Code:</b>		AL - IR-MODULE ASM-I/P			
<b>Source Plant:</b>		Q - RIMIR MATAMORS MEXICO			



Part/Num Broadcast:	3040	Traceability:	2R6T08C
Date Scanned:	09/30/1997	Time Scanned:	00.38.00
		Scan Station:	02

Component Code:	AS - SENSING DIAGNOSTIC MODULE		
Source Plant:	K - DELCO ELECTRONICS KOKOMO,IN		
Part/Num Broadcast:	5956	Traceability:	172670BG9
Date Scanned:	10/01/1997	Time Scanned:	02.48.00
		Scan Station:	03

Component Code:	CB - SEQ NUM (FLEX) BODY ASM		
Source Plant:	N/A		
Part/Num Broadcast:	1ZZ	Traceability:	0590885
Date Scanned:	09/25/1997	Time Scanned:	03.02.00
		Scan Station:	N/A

Component Code:	CP - SEQ NUM (FLEX) GEN ASM		
Source Plant:	N/A		
Part/Num Broadcast:	1PP	Traceability:	1095502
Date Scanned:	09/30/1997	Time Scanned:	00.28.00
		Scan Station:	N/A

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# GM Vehicle Inquiry System

## Delivery Information

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

[Help](#)

VIN:	1G4CW52K6W4613096
------	-------------------

### IN-SERVICE INFORMATION

In-Service Information Not On File

### DELIVERY INFORMATION

Delivery Date:	10/30/1997	Delivery Type:	010 - RETAIL/INDIVIDUAL	Delivered Odometer:	147 miles
Delivering Dealer:	BOB GRIMM BUICK-GMC, INC. 100 W JACKSON MORTON, IL 61550-1664 (309) 266-7151	Delivery Selling Source:	11 - BUICK		
		Delivery Site Code:	43551		
		Business Associate Code:	133122		

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# GM Vehicle Inquiry System

## Dealer Information

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

[Help](#)

VIN:	1G4CW52K6W4613096
------	-------------------

### INVOICE INFORMATION

Invoice Date:	10/01/1997		
Site Address:	LOU BACHRODT BUICK, INC. PO BOX 5647 ROCKFORD, IL 61125-0647 (815) 332-3000	Selling Source:	11 - BUICK
		Site Code:	43885
		Business Associate Code:	152100

### SHIP-TO INFORMATION

Ship-To Date:	10/14/1997		
Site Address:	LOU BACHRODT BUICK, INC. PO BOX 5647 ROCKFORD, IL 61125-0647 (815) 332-3000	Selling Source:	11 - BUICK
		Site Code:	43885
		Business Associate Code:	152100

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# GM Vehicle Inquiry System

## Service Contract

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

[Help](#)

VIN:	1G4CW52K6W4613096
------	-------------------

### SERVICE CONTRACT

Type:	SC/E		
Description:	48/50 GMPP MAJOR GUARD		
Deductible Amount:	Refer to Motors Insurance Corp. (U.S.) 1-800-MIC-CARE Refer to Motors Insurance Corp. (Canada) 1-888-642-4677		
Inception Date:	10/30/1997	Expiration Date:	10/30/2001
Inception Odometer:	147 miles	Expiration Odometer:	50000 miles

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# GM Vehicle Inquiry System

## Service Contract

[Back](#)

---

**SERVICE CONTRACT** - This section contains information on GM service contracts that exist on vehicles. The primary source of this information is Motors Insurance Corporation (MIC). If service contract information has not been reported then "Vehicle Has No GM Service Contracts" is displayed. This page displays multiple service contracts if they exist.

Service Contract Type - This field contains a five-character code uniquely identifying a service contract.

Description - This field contains a brief description of the service contract. If no description is available then "N/A" is displayed.

Deductible Amount - This field contains a dollar amount of any deductible that applies to the service contract.

Inception Date - This field contains the date when the service contract begins.

Inception Odometer - This field contains the vehicle's odometer reading when the service contract begins.

Expiration Date - This field contains the date when the service contract ends.

Expiration Odometer - This field contains the vehicle's odometer reading when the service contract ends.

---

Lisa Smith  
Claims Administrator  
ESIS-GM CLAIMS

673-12-2002  
**ESIS**

An Insurance Services Company

300 Renaissance Center  
Mail Code 482-C20-D71  
Detroit, MI 48265-3000  
Telephone 313.665-3412  
Facsimile 313.665.0911

March 12, 2002

State Farm Insurance Companies  
Attn: Ms. Maggie Miller  
PO Box 3793  
Peoria, IL 61612-3973

Your Claim Number: 13-7487-154  
Your Insured: [REDACTED]  
Our File Number: 431787  
Our Client: General Motors Corporation  
Date of Event: 09/28/2001

Dear Ms. Miller,

This will have reference to the above product liability subrogation claim that you filed with General Motors Corporation.

I have thoroughly reviewed the documentation provided to date in support of your subrogation claim. However, our file reflects that we have not been provided with your specific technical documentation, which supports your theory of liability as being that of General Motors Corporation.

Correspondence that was sent to you on January 4, 2002 requested specific information, which would enable us to perform our evaluation. Unless we are provided with the requested supporting technical documentation within thirty (30) days from the date of this letter, we will be unable to take further action in this matter and I will have to close our file. Finally, if it is your intention to pursue this matter further, you will be responsible for preserving the subject vehicle and/or defective component in their immediate post loss condition.

Thank you for your time and attention in this regard.

Sincerely,

Lisa M. Smith  
Claims Administrator

# State Farm Insurance Companies



March 26, 2002

Claim Office  
185 North Randall Road - Suite 8  
Batavia, Illinois 60510-0470  
Phone: (830) 408-5000  
FAX: (830) 408-5038

ESIS/GM CLAIMS  
Renaissance Center  
Mail Code 482C20D711  
PO Box 300  
Detroit, MI 48285-3000  
Attention: Lisa Smith  
**CERTIFIED MAIL- RETURN RECEIPT REQUESTED**

**RECEIVED**

APR 08 2002

ESIS-GM CLAIMS UNIT

431787  
LWS

Our Claim Number: 13 7487 154 VIP  
Our Insured: [REDACTED]  
Date of Loss: 9/28/01  
Amount of Loss: \$16,990  
Vehicle: 1998 Buick Park Ave  
VIN: 1G4CW52K6W4613096  
Mileage: unknown/ was 53K at purchase 12/00  
Loss Location: Kickapoo, IL  
Your File: 43187

Dear Lisa:

The above vehicle was involved in a fire loss. Damage to the vehicle resulted in a loss the amount of \$16,990. Enclosed find my supporting subrogation documents as well as the expert report, color copies of the photos and the estimated salvage quota.

Our investigation indicates: Brief Facts: Mrs. Kinsella got in the car after work and tried to start it, heard a loud bang and then it started to smoke and flame and she turned off the ignition, grabbed the keys and got out.

Cause of Loss: The fire originated in a backfire in the upper intake manifold and ignited.

[REDACTED] The mileage at the time of loss is not known. The owners had no prior complaints with the vehicle and had no mechanical or electrical problems with it. No warranty work was performed, no recalls received and no service other than regular oil changes every 2000-3000 miles. The vehicle had not been involved in any accident during ownership. No maintenance receipts are available.

Please accept this letter as notice of a subrogation claim in the amount stated above. The vehicle is being held at an off site location, and is available for your inspection by appointment.

Sincerely,

  
Barbara Edens  
Claim Specialist/ V.I.P. Subrogation  
(830) 827 8550  
FAX (830) 827 5874

# State Farm Insurance Companies



*p.s. Other claims have been reported with the same make and model and same cause of loss.*

*Please refer to other claims submitted:*

*13 7487 458 Donald Mickelson (ESIS FILE 428311/ Janice Lapinski handling)*

*13 7560 177 Mildred Farley (case will be submitted to ESIS soon)*

Claim Office  
185 North Randall Road - Suite S  
Batsavia, Illinois 60510-8470  
Phone: (630) 406-6000  
FAX# (630) 406-6086

*In order to assist you in evaluating and processing the subrogation claim we are insuring, we may provide nonpublic personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer. However, you are neither authorized nor permitted to: (1) use the customer information we provide for any purpose other than to evaluate and process the subrogation claim, or (2) disclose or share the customer information we provide for any purpose other than to evaluate and process the subrogation claim.*



[Redacted]  
Peoria, Illinois 61604



December 7, 2001

Ms. Wendy Call  
State Farm Insurance  
2601 W. Forrest Hill Ave.  
Peoria, IL 61604

RE: Claim # 13-7487-154  
Our File # S011129A

Dear Ms. Call,

At your request, on November 29, 2001 an inspection of a 1998 Buick Park Avenue took place. The purpose of the inspection was to investigate the cause and origin of a fire upon starting the engine. The inspection took place at Co-Part in Pekin, Illinois.

The vehicle identification number was 1G4CW52K6W4613096. It was equipped with a 3.8-liter V-6 engine and automatic transmission.

[Redacted] stated that the insured reported that upon cranking the engine he heard a poof sound in the engine compartment. Then, he saw smoke from the dash vents.

Fire patterns revealed that damage was primarily confined to the engine compartment and hood. No fire was apparent in the passenger compartment dash vent area as a result of a failure in the dash.

Examination of the fire patterns in the engine compartment revealed that the fire was most intense in the left rear corner of the engine in the fuel pressure regulator area and center area of the intake manifold.

In the area of the left rear corner is a fuel line and fuel rail that connects to the left bank fuel injectors. Burn patterns show that fuel burned down the left rear side or radiator side of the engine toward the starter motor.

Burn patterns are significant aft of center in the upper intake manifold forward of the throttle body. A significant portion of the plastic intake manifold in this area is ash. Toward the front of the engine the plastic material has melted, but hasn't turned to ash. This concludes that the fire was more intense near the throttle body unit.

Further examination concluded that there was no fuel leakage at the fuel pressure regulator

[Redacted]

(More)

1604C  
61604

Case S011129A, continued:

[REDACTED] fire inside the intake manifold communicated to the plastic material of the manifold. Then, the fire communicated to consumable materials in the area of the fuel rail including a non-metallic fuel line connected to the left bank fuel injector rail. This caused fuel to drip, spill and burn down the left rear side or radiator side of the engine. This fire communicated to consumable materials including wiring at the front of the vehicle.

As a result of these findings a backfire in the upper intake manifold caused an air fuel mixture and raw gasoline contained in the upper and lower manifolds to ignite. This fire communicated to the plastic manifold and to other consumable material in the engine compartment.

Please refer to the enclosed field photo report.

Please call if you have any questions.

Sincerely,



Phil Arendt

# State Farm Insurance Companies



March 26, 2002

Claim Office  
125 North Pentol Road - Suite B  
Boling, Illinois 60010-8470  
Phone: (800) 400-8600  
FAX: (815) 400-4000

Copart Inc  
80 Sauk Trail  
Chicago Ill  
Attention: Don Winn / Mgr

Our Claim No: 13 7487 154MP  
Our Insured: XXXXXXXXXX  
Stock No: 7183501  
Vehicle: 1998 Buick Park Ave

Dear Don:

- > Please fax a breakdown of all charges incurred to date.
- > Please provide me with a written salvage quote for the above vehicle by completing the lower portion of this letter. Please sign where indicated and fax the completed salvage quote information back to me as soon as possible.
- > Please note the salvage quote should be based on visual inspection of the burned vehicle as it may be used as a protection bid when the salvage is released for sale.
- > **THIS VEHICLE REMAINS ON HOLD.**

Sincerely,

Barbara Edens  
Claim Specialist/ VIP- Subrogation  
(800) 627-8660

SALVAGE QUOTE: \$ 2,800

  
\_\_\_\_\_  
SIGNATURE OF PERSON PROVIDING SALVAGE QUOTE



STATE FARM MUTUAL AUTO MOBILE INSURANCE COMPANY

ILLINOIS OFFICE  
BLOOMINGTON, IL  
PEORIA, IL 61617

BRANCH OFFICE  
CINCINNATI, OH

1 01 419138 J

10/23/2001

INSURED

CLAIM NO 13-7487-154

LOSS DATE 8/28/2001

EXACTLY FIVE THOUSAND NINE HUNDRED ELEVEN AND 91/100 DOLLARS \$\*\*\*\*\*5,911.91

Pay to the  
Order of WYOMING BANK & TRUST ON BEHALF OF

WYOMING B. [REDACTED]

*[Handwritten Signature]*

AUTHORIZED SIGNATURE

150091181 1009014049 14

⑈0119419138⑈

⑈044115443⑈

⑈27118268⑈

⑈0000591191⑈

**MUST BE ENDORSED BY ALL PAYEES**

PLEASE SIGN AND DATE BACK

WYOMING BANK & TRUST CO.

*This Notice Only Applies to Machines and Special Problems.*

By endorsing this payment for your services, you agree not to use or disclose any personal customer information received from us unless necessary for the services we requested.

WYOMING BANK & TRUST CO.

*Shari Copple, Asst. Cashier*

1071100124

1071100124

1071100124

1071100124

1071100124

01 06990-0030-1  
720357978 0710-0030-1  
-47000009557978 10-09-01  
1071100124 4458 4021 11 72 162  
PO 1100124

071000124  
NATIONAL CITY BANK  
10/19/01

720357978

12



STATE FARM MUTUAL

MOBILE INSURANCE COMPANY

1 01 770090 J

ILLINOIS OFFICE  
BLOOMINGTON, IL  
PEORIA, 01-157 1087

BANK ONE NA 55-7544/441  
CINCINNATI, OH

10/09/2001

CLAIM NO 13-7487-184

LOSS DATE 9/28/2001

EXACTLY SEVENTY-FIVE AND 00/100 DOLLARS \$\*\*\*\*\*75.00

140181201 101101 3836 07

Pay to the ORDER OF ENGSTROM WRECKER & GARAGE SERVICE ON BEHALF OF

Order # [REDACTED]

TOULON IL [REDACTED]

*Donald S. Brown*

AUTHORIZED SIGNATURE

#0117770090#

#0441154430

627118268#

#000007500#

MUST BE ENDORSED BY ALL PAYEES

*Ernestine Wheeler*  
*Allen M. Chapman*  
*Joseph M. Thread*

By endorsing this payment for your services, you agree not to use or disclose any personal customer information received from us unless necessary for the services we requested.

0000 47912

▶0711078874  
SLR  
(303) 283 1231

OCT 13 01

INDUSTRIAL REVIV  
EMERSON ALLEN EMERSON  
18/18/01 1122A  
SL # 02 0022 # 75  
Cashier  
11 07 00

ST BANK OF TOULON 28711079874  
140181201 0440-0050-3  
071000604 10-11-01  
710142270 0710-0030-1  
710142270 10-11-01  
071000604 4302 4725 02 71 144  
060033449 0711-0711-0  
060033449 10-11-01  
060033449 4904 4873 03 06

444 140811



STATE FARM MUTUAL JTC. BILE INSURANCE COMPANY

ILLINOIS OFFICE  
BLOOMINGTON, IL  
PEORIA, IL 61617 1087

BANK ONE BR 56-1544/441  
CINCINNATI, OH

1 01 419139 J

10/03/2001

INSURED KINSELLA, JOHN

CLAIM NO 13-7487-154

LOSS DATE 8/28/2001

EXACTLY TEN THOUSAND TWO HUNDRED EIGHTY-EIGHT AND 09/100 DOLLARS \$\*\*\*10,288.09

Pay to the  
Order of

[Redacted Name]

WYOMING IL

*Handwritten Signature*  
AUTHORIZED SIGNATURE

FD189419139F 0044115443C 627118258F 700010288097



NOT BE ENDORSED BY ALL PAYEE

By authorizing this payment for your services, you agree not to use or disclose any personal customer information received from us unless necessary for the services we requested.

0001 26881

⑆0711072004  
WYOMING BANK  
& TRUST CO.  
1000 O. STREET  
CASP, WY 82401  
⑆0711072004

001-001

0010000070  
10098

MAY 06 10 10 AM  
CASP, WY 82401  
WYOMING BANK & TRUST CO.  
1000 O. STREET  
CASP, WY 82401



STATE FARM MUTUAL JTC. VEHICLE INSURANCE COMPANY

1 01 770087 J

ILLINOIS OFFICE  
BLOOMINGTON, IL  
PEORIA, IL 61617

BANK ONE NA 36-1541/445  
EVANSVILLE, IN

10/08/2001

01303 5400515

CLAIM NO 13-7487-154

LOSS DATE 9/28/2001

EXACTLY TWO THOUSAND 00/100 DOLLARS \$\*\*\*\*\*200,00

Pay to the  
Order of ILLINOIS DEPT OF REVENUE REPLACEMENT VEHICLE TAX UNIT  
POB 19011  
SPRINGFIELD IL 62794-8010

*Sharon Miller*  
AUTHORIZED SIGNATURE

⑆0117770087⑆

⑆044115443⑆

⑆29118268⑆

⑆000020000⑆





STATE FARM MUTUAL AUTO & HOMEOWNERS INSURANCE COMPANY

ILLINOIS OFFICE  
BLOOMINGTON, IL  
PHONIA 01-117 1087

STATE FARM  
SERVING YOU SINCE 1886

1 01 772146 J

10/17/2001

CLAIM NO 13-7487-154

LOSS DATE 9/28/2001

EXACTLY FOUR HUNDRED THIRTY-FIVE AND 00/100 DOLLARS \$\*\*\*\*\*435.00

120105944 102201 4015 14

Pay to the BRIMFIELD FIRE PROTECTION DIST ON BEHALF OF JOHN KINSELLA & BARB

Order of KINSELLA  
P.O. BOX 27  
BRIMFIELD IL 61517

*John Kinella*  
AUTHORIZED SIGNATURE

⑆0117772146⑆ ⑆044115443⑆ 627118268⑆ ⑆000043500⑆

**MUST BE ENDORSED BY ALL PAYEES**

**For Deposit Only  
BRIMFIELD FIRE DEPT.**

This Notice Only Applies to Venues and Service Providers

By endorsing this payment for your services, you agree not to use or disclose any personal customer information received from us unless necessary for the services we requested.

0710-0030-1  
730416754 0710-0030-1  
730416754 10-22-01  
730416754 4698 4129 11 73 162

120105944 0440-00599  
120105944 10-22-01 **BRIMFIELD**

0416061218 10/19/01 **083 BANK**  
BRIMFIELD, CT 06107  
▶071111863◀

0416061218  
10/19/01  
0416061218  
10/19/01  
416061218  
10/19/01



STATE FARM MUTUAL JTC BILE INSURANCE COMPANY

1 01 770091 J

112 INDIA OFFICE  
BLOOMINGTON, IL  
PEORIA: 01-112 1087

BANK ONE BA 56-1544/445  
CINCINNATI, OH

10/08/2001

CLAIM NO 13-7487-154

LOSS DATE 9/28/2001

140184953 110201 3938 07

EXACTLY EIGHTY AND 00/100 DOLLARS \*\*\*\*\*80.00

Pay to the Order of NELSON AUTO SALES ON BEHALF OF

TOULON E.

*[Signature]*  
AUTHORIZED SIGNATURE

⑆0117770091⑆ ⑆044115443⑆ ⑆27118268⑆ ⑆0000008000⑆



01-142

IC# 215 7800 Da# 999933 A10 1

-008 09/28/01 14:28 S F 00

71277 NH KX DOWNSIDE EDWARDS RD OCC

:(( )) INTERSTATE 744 189

DEALER NAME == JUBILEE CAFE

PHONE # 309-691-51439

IN REAR PARKING LOT CAR ON FIRE

1428.007

BRIN

BRINFIELD FIRE (FIRES, VEH & FARM ACCIDENTS, FALLS GREATER THAN 6')

PEORIA COUNTY POLICE

AMT



State Farm Insurance Co.  
2601 West Forest Hill Ave Peoria, IL 61604  
(309) 679-9600  
Fax: (309) 679-9668

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

Damage Assessed By: Steve Lamon      Appraised For:

Condition Code: Excellent      Type of Loss: Comprehensive  
Date of Loss: 9/28/01      Arrival Date:  
Accident Date: 9/28/01  
Payer:  
Policy No:  
Deductible: 0.00      Claim Number: 13-7487-15401  
File Number: None  
Owner:  
Insured:  
Claimant:  
Address: RR 1 BOX 41  
MYOMING, IL  
Telephone: Work Phone: Home Phone:

Description: 1998 Buick Park Avenue      Mitchell Service: 918495  
Body Style: 4D Sed      Vehicle Production Date: /  
VIN: 1G4CM52K6M4613096      Drive Train: 3.8L [In] 6 Cyl A0  
Licenses: JRK 1937      Mileage: 1  
EN/ALT: A      Search Code: A117

Color: SILVER  
Options: Alloy Wheels, Air Conditioning, Power Steering, Power Windows, Power Door Locks, Power Seats, Tilt Steering Wheel, Cruise Control, Electric Defogger, AM-FM Stereo Cassette, Automatic Transmission, Automatic Overdrive, Trip Counter, Passenger Side Air Bag, Power Remote Mirror, Front Wheel Drive, 4-Door, Fuel Injection, Driver Side Air Bag

ESTIMATE RECALL NUMBER: 10/17/01 11:16:27 13-7487-15401

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Mitchell Data Version: SEP\_01\_A Copyright (C) 1994 - 2000 Mitchell International  
UltraMate Version: 4.7.007 All Rights Reserved

Entry Number	Labor Type	Op	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor CEB Units	Unit
1	900500	BOY*	CHECK/ADJUST	Existing		0.0*	
2			TOTAL LOSS UNABLE TO OBTAIN CORRECT MILEAGE				

\* - Adjustment Item

Recycler Information Section:

Prior Damage

Remarks

I. Labor Subtotals						II. Part Replacement Summary		
Units	Rate	Add'l Labor Amount	Sublet Amount	Totals			Amount	
0.0	42.00	0.00	0.00	0.00	Taxable Parts		0.00	
0.0	42.00	0.00	0.00	0.00	Parts Adjustments		0.00	
0.0	42.00	0.00	0.00	0.00	Glass Adjustments	0	-70.000	
0.0	42.00	0.00	0.00	0.00	Sales Tax	0	7.500	
0.0	50.00	0.00	0.00	0.00	Non-Taxable Parts			
Taxable Labor					Parts Adjustments		0.00	
	Labor Tax	0	0.000	0.00	Glass Adjustments	0	-70.000	
	Non-Taxable Labor				Total Replacement Parts Amount		0.00	
0.0				0.00				
III. Additional Costs						IV. Adjustments		
Taxable Costs						Insurance Deductible	0.00	
	Sales Tax	0	7.500	0.00	Settlement	0.00		
Non-Taxable Costs						Appearance Allowance	0.00	
						Customer Responsibility	0.00	

ESTIMATE RECALL NUMBER: 10/ 1/01 11:16:27 13-7487-15401

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Total Additional Costs 0.00

I.	Total Labor:	0.00
II.	Total Replacement Parts:	0.00
III.	Total Additional Costs:	0.00
	Gross Total:	0.00
IV.	Total Adjustments:	0.00
	Net Total:	0.00

Point(s) of Impact  
12 Front Center (P), 15 Total Loss (S)

Insurance Co:  
Address:  
Telephone:  
Fax Phone:

Body Shop: BO SHOP CORDICE  
Address:  
Telephone:  
Fax Phone:  
State Lic. No:

Inspection Site: Ben  
Address:  
Inspection Date: 10/ 1/01

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

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

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

ESTIMATE RECALL NUMBER: 10/ 1/01 11:16:27 13-7487-15401

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Lisa Smith  
Claims Administrator  
ESIS/GM Central Claims

# ESIS

An Insurance Services Company  
300 Renaissance Center  
Mail Code 482-C20-D71  
Detroit, MI 48265-3000  
Telephone 313.665-3412  
Facsimile 313.665.0911

April 9, 2002

State Farm Insurance Companies  
Attn: Ms. Barbara Edens  
185 N. Randall Road - Suite B  
Batavia, IL 60510-9470

Your File Number: 13 7487 154 VIP  
Your Insured: [REDACTED]  
Our Client: General Motors Corporation  
Our File Number: 431787  
Date of Loss: 09/28/2001

Dear Ms. Edens:

Thank you for your correspondence dated March 26, 2002. Your letter alleges that your insured's vehicle sustained property damage as a result of a manufacturer's product defect. However we are still in need of some information that was not included in your last packet. Please provide me with:

- A copy of the police and fire reports.
- A copy of the vehicle operator's statement of events, which should include events prior to and immediately following the subject incident.
- Advise as to any after-market equipment, modifications, alterations or changes to the subject vehicle. If applicable, provide copies of relevant installation receipts.

As soon as information is received we can further evaluate your claim. For so long as you intend to pursue a claim and/or cause of action you have the obligation and responsibility to ensure that the subject vehicle and it's related components are maintained and preserved in their immediate post-incident condition. We will be unable to determine if a physical inspection of the subject vehicle would be necessary until we have received and had the opportunity to thoroughly evaluate your supporting technical documentation. If you have any questions please do not hesitate to contact me.

Respectfully,

Lisa M. Smith

# State Farm Insurance Companies



April 16, 2002

Claim Office  
185 North Randall Road - Suite 8  
Bolingbrook, Illinois 60510-9470  
Phone: (630) 408-5000  
FAX: (630) 408-5038

ESIS/GM CLAIMS  
Renaissance Center  
Mail Code 482C20D711  
PO Box 300  
Detroit, MI 48265-3000  
Attention: Lisa Smith

431787  
LISA SMITH

**RECEIVED**

APR 27 2002

**ESIS-GM CLAIMS UNIT**

**CERTIFIED MAIL- RETURN RECEIPT REQUESTED**

Our Claim Number: 13 7487 154 VIP  
Our Insured: [REDACTED]  
Date of Loss: 9/28/01  
Amount of Loss: \$18,990  
Vehicle: 1998 Buick Park Ave  
VIN: 1G4CW5ZK6W4613098  
Mileage: unknown/ was 53K at purchase 12/00  
Loss Location: Kickapoo, IL  
Your File: 43187

Dear Lisa:

Enclosed find the Fire Department report. I don't believe a police report was filed.

We do not release statements however the insured's facts of loss included events prior to and following the incident.

Short scenario leading up to the fire: Mrs. [REDACTED] got in the car after work and tried to start it, heard a loud bang and then it started to smoke and flame and she turned off the ignition, grabbed the keys and got out.

The insured advised there is no aftermarket equipment on the vehicle that they are aware of and that all wiring is factory wiring. No modifications or changes were made to the vehicle. When asked about service the insured responded the only service were routine oil changes every 2000-3000 miles. Receipts for the oil changes were not available. When asked if there had been any problems with the vehicle prior to the fire, the insured responded that they never had a problem with it and it was a good running car. It was purchased used by the insured December 2000 with about 53,000 miles.

Sincerely,

Barbara Edens  
Claim Specialist/ V.I.P. Subrogation  
(630) 827 8550  
FAX (630) 827 5874

# State Farm Insurance Companies



*P.S.. Other claims have been reported with the same make and model and same cause of loss:*

*Please refer to other claims submitted:*

*13 7487 456 VIP Donald Mickelson (ESIS FILE 428311/ Janice Lapinski handling)*

*13 7560 177 VIP Mildred Farley (case will be submitted to ESIS soon)*

Claim Office  
100 North Randall Road - Suite 9  
Batsavia, Illinois 60510-9470  
Phone: (830) 406-5000  
FAX: (830) 406-8098

BRIMFIELD COMMUNITY FIRE PROTECTION DISTRICT

\*\* FIRE REPORT \*\* 01-142

DATE 9-28-01 OFFICER IN CHARGE 100  
 TIME REC'D 14:30 ON SCENE 14:36 RETURNED 15:35  
 WEATHER Cloudy 60° REPORTED BY Jubilee Cafe  
 LOCATION Jubilee Cafe Kucheyan - Edward - 1-74 Exit 92 Edward  
 OCCUPANT Barb Kinsella  
 OWNER John + Barb Kinsella

\*\*\* TYPE OF ALARM \*\*\*

STRUCTURE \_\_\_\_\_  
 VEHICLE Fire  
 GRASS, ETC. \_\_\_\_\_  
 OTHER \_\_\_\_\_

WHERE FIRE STARTED Engine in front of car  
 HOW FIRE STARTED Engine pop and started fire

\*\*\* EQUIPMENT USED \*\*\*

ENG 192  ENG 193 \_\_\_\_\_ SQUAD 194  TANKER 191 \_\_\_\_\_ TANKER 195  #196 \_\_\_\_\_  
 HOW EXTINGUISHED 1/4 \_\_\_\_\_ 1/2  2/4 \_\_\_\_\_ BOOSTER \_\_\_\_\_ OTHER: \_\_\_\_\_  
 NUMBER OF FIREMEN Station I - 6 Station II - 4 total - 10

INJURIES \_\_\_\_\_

EST. VALUE OF PROPERTY \_\_\_\_\_ LOSS TO PROPERTY total  
 INS. ON PROPERTY \_\_\_\_\_ AGENT & CO. State Farm  
 EST. VALUE OF CONTENTS \_\_\_\_\_ LOSS TO CONTENTS \_\_\_\_\_  
 INS. ON CONTENTS \_\_\_\_\_ AGENT & CO. State Farm Mike Bigger

\*\*\* REMARKS \*\*\*

*Orde*

**BRIMFIELD FIRE PROTECTION DISTRICT**206 East Knoxville  
Brimfield, Illinois 61517RATE: \$75<sup>00</sup> per hr. per vehicle unit on scene  
\$35<sup>00</sup> per hr. per number of personnel on scene

<u>EQUIPMENT</u>			<u>DATE OF CALL:</u>	
TANKER	#191 <input type="checkbox"/>	HRS _____	Month	<u>9</u> /Day <u>28</u> /Year <u>01</u>
ENGINE	#192 <input checked="" type="checkbox"/>	HRS <u>1</u>	Call #	<u>01-142</u>
ENGINE	#193 <input type="checkbox"/>	HRS _____	<u>TYPE OF CALL:</u> FIRE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> OTHER <input type="checkbox"/> (Details) <u>Water cut on fire</u> <u>when she went to start</u> <u>car</u>	
SQUAD	#194 <input checked="" type="checkbox"/>	HRS <u>1</u>		
TANKER/PUMPER	#195 <input checked="" type="checkbox"/>	HRS <u>1</u>		
BRUSH RIG	#196 <input type="checkbox"/>	HRS _____		
TOTAL NUMBER OF VEHICLE HRS <u>3</u>				

**\*\*\*COST ANALYSIS\*\*\***

<b>① PERSONNEL COST</b>	NUMBER OF PERSONNEL ON SCENE <u>6</u> x <u>1</u> HRS x \$35 <sup>00</sup> = <u>\$ 210<sup>00</sup></u>
<b>② VEHICLE COST</b>	TOTAL VEHICLE HRS <u>3</u> x \$75 <sup>00</sup> = <u>\$ 225<sup>00</sup></u>
<b>TOTAL COST OF CALL</b> (ADD TOTALS FROM ① & ②)	<u>\$ 435<sup>00</sup></u>

**PLEASE REMIT PAYMENT OF TOTAL COST OF CALL TO:**Mr. William Symonds - Captain  
Brimfield Fire Department  
P.O. Box 27  
Brimfield, IL 61517**REFER QUESTIONS TO:**Mr. Dan Fishel - Assistant Chief, BFD  
(309) 446-9678



Lisa Smith  
Claims Administrator  
ESIS/EM Central Claims

# ESIS

An Insurance Services Company  
300 Renaissance Center  
Mail Code 482-C20-D71  
Detroit, MI 48265-3000  
Telephone 313.665-3412  
Facsimile 313.665.0911

May 8, 2002

State Farm Insurance Companies  
Attn: Ms. Barbara Edens  
185 N. Randall Road -- Suite B  
Batavia, IL 60510-9470

Your File Number: 137487154VIP  
Your Insured: ██████████  
Our Client: General Motors Corporation  
Our File Number: 431787  
Date of Loss: 09-28-2001

Dear Ms. Edens:

Thank you for your correspondence dated April 16, 2002. As you are aware, we have requested a copy of the vehicle operator's statement of events. While you have responded that you refuse to release this information, you have indicated that "the insured's facts of loss included events prior to and following the incident."

Thorough review of your submitted documentation reveals that we have not received any document identified as the "Insured's Facts of Loss." If this is an oversight, please forward this information as soon as possible. Otherwise, we again respectfully request that you forward the vehicle operator's statement as requested. This does not need to be in the form of a recorded statement or transcript thereof. A statement that is written and signed by the vehicle operator covering the requested information would be satisfactory.

As soon as information is received we can further evaluate your claim. For so long as you intend to pursue a claim and/or cause of action you have the obligation and responsibility to ensure that the subject vehicle and it's related components are maintained and preserved in their immediate post-incident condition. We will be unable to determine if a physical inspection of the subject vehicle would be necessary until we have received and had the opportunity to thoroughly evaluate your supporting technical documentation. If you have any questions please do not hesitate to contact me.

Respectfully,

Lisa M. Smith

**Marianne Spalla**  
Claims Administrator  
ESIS-GM CLAIMS

**ESIS**

An Insurance Services Company

300 Renaissance Center  
Mail Code 482-C20-D71  
Detroit, MI 48265-3000  
Telephone 313.665-3403  
Facsimile 313.665.0911

June 6, 2002

State Farm Insurance Companies  
Attn: Ms. Barbara Edens  
185 N. Randall Road Suite B  
Batavia, IL 60510-9470

Your Claim Number: 137487154VIP  
Your Insured: [REDACTED]  
Our File Number: 431787  
Our Client: General Motors Corporation  
Date of Event: 9-28-2001

Dear Ms. Edens:

This will have reference to the above product liability subrogation claim that you filed with General Motors Corporation.

I have thoroughly reviewed the documentation provided to date. However, our file reflects that we have not been provided with your "Insured's facts of loss".

Unless we are provided with the requested supporting documentation within thirty (30) days from the date of this letter, we will be unable to take further action in this matter and I will have to close our file. Finally, if it is your intention to pursue this matter further, you will be responsible for preserving the subject vehicle and/or defective component in their immediate post loss condition.

Thank you for your time and attention in this regard.

Sincerely,

**Marianne Spalla**  
Claims Administrator

FIELD PHOTO REPORT  
STATE FARM INSURANCE  
ATTN: MS. WENDY CALL  
RE: {1996 BUICK PARK AVENUE}  
A+ACC, INC. FILE # 80111298 CLAIM #13-7487-154  
VEHICLE IDENTIFICATION NUMBER - 1G4CW52K6W4613098

1. 80111298A- LEFT FRONT 3/4 VIEW.



2. 80111298A - VEHICLE IDENTIFICATION NUMBER DASH PLATE.



**FIELD CLAIMS SERVICE  
STATE FARM INSURANCE  
ATTN: MS. WENDY CALL  
RE: (1998 BUICK PARK AVENUE)  
A+ACC, INC. FILE # 8011129B CLAIM #13-7487-154  
VEHICLE IDENTIFICATION NUMBER - 1G4CW52K5W4613096**

**3. 8011129BA - BURN PATTERNS ON HOOD.**



**4. 8011129A - UPPER INTAKE MANIFOLD, FUEL RAILS, FUEL PRESSURE REGULATOR AND BACK VIEW OF THROTTLE BODY UNIT.**



**FIELD PHOTO REPORT**  
**STATE FARM INSURANCE**  
**ATTN: MS. WENDY CALL**  
**RE: (1998 BUICK PARK AVENUE)**  
**A+ACC, INC. FILE # S0111298 CLAIM #13-7487-154**  
**VEHICLE IDENTIFICATION NUMBER - 1G4CW52K9W4613068**

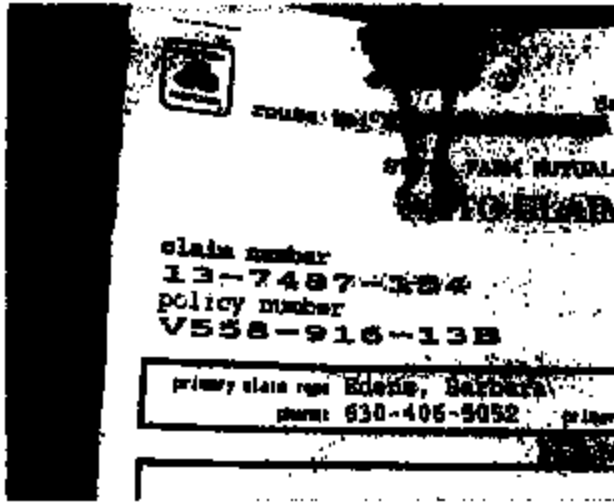
5. S011128BA - LEFT REAR BANK - BURN PATTERNS.



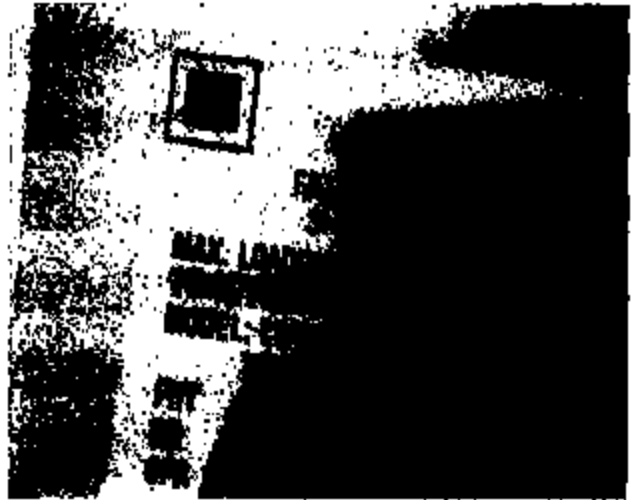
6. S011128A - FULL VIEW OF INTAKE MANIFOLD, THROTTLE BODY UNIT LEFT REAR PORTION OF ENGINE.



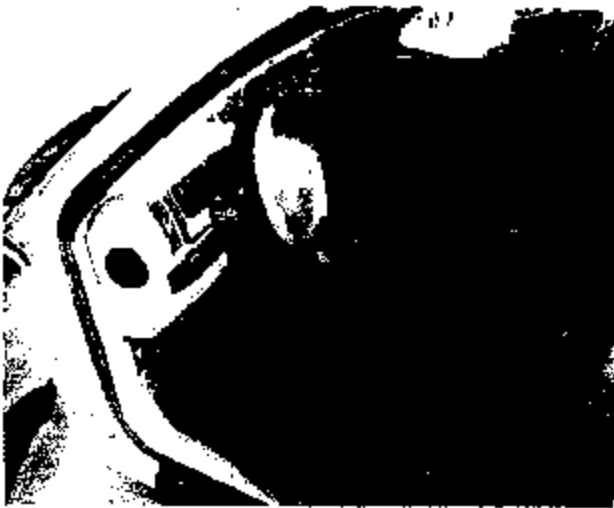
Photos for : 13-7523-182 7487-154



CLAIM NUMBER



V.I.N.



PASSENGER COMPARTMENT



PASSENGER COMPARTMENT

Photos for : 13-7576-482 74 87-154



REAR OF HOOD



OUTSIDE OF HOOD



LEFT FRONT



RIGHT FRONT

Photos for : ~~13-7575-182~~ 13-7487-154



PASSENGER COMPARTMENT



ENGINE COMPARTMENT



ENGINE COMPARTMENT



ENGINE COMPARTMENT



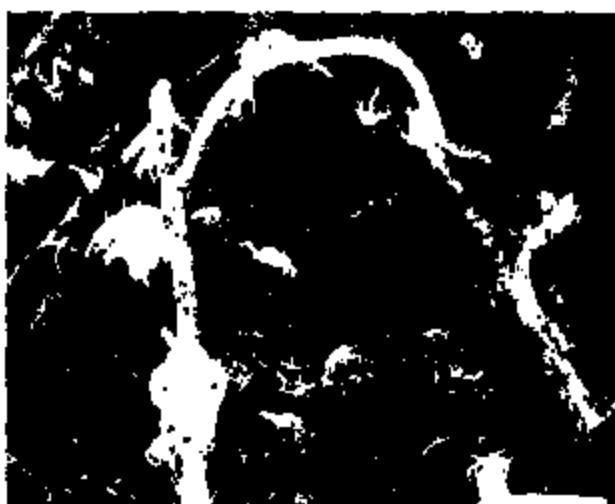
Photos for : 13-7573-482 7487-154



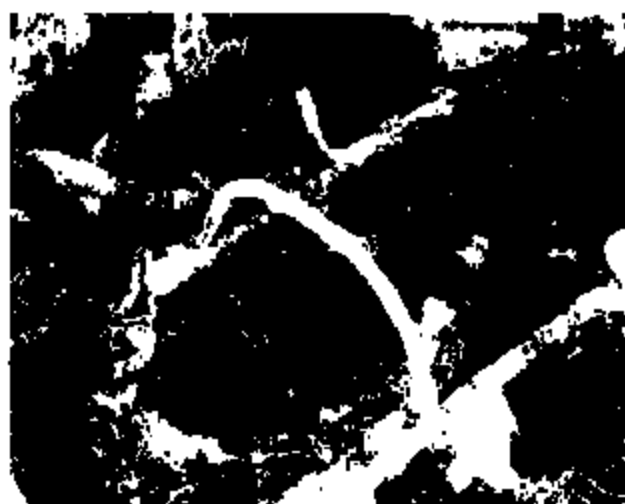
FUEL RAILS AND INTAKE MANIFOLD



FUEL RAILS AND INTAKE MANIFOLD



FUEL RAILS AND INTAKE MANIFOLD

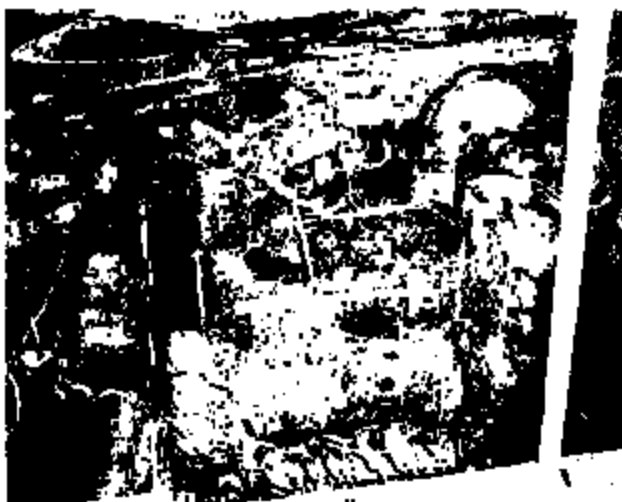


FUEL RAILS AND INTAKE MANIFOLD

Photos for : 19-7823-782 7487-154



FUEL RAILS AND INTAKE MANIFOLD



ENGINE COMPARTMENT



ENGINE COMPARTMENT



BURN PATTERN INSIDE HOOD

Photos for ~~13-7487-154~~ 13-7487-154



**RIGHT REAR**



**LEFT REAR**