

E A 03-010

Ford

10/22/03

Attachment

D & E

Book 2 of 24

Category	Owner Name	ST	Vehicle Identification Number (VIN)	Make and Model	Year	Mileage at Time of Incident	Incident Date	Report/Claim Date (date of service)	Crash Alleged?	Property Damage Alleged?	Number of alleged injuries	Number of alleged fatalities	Nature of alleged injuries
CLM		GA	1FAFP52U31A141879	Ford Taurus	2001	18,000	02/04/03	07/30/03	Yes	Yes	1	0	Broken ribs
CLM		GA	1MEFM55S1YA838235	Mercury Sable	2000	51,000	07/23/03	08/11/03	Yes	Yes	2	0	Driver: Injuries to neck, back, hip and left leg. Passenger: Injuries to her left arm, leg and foot.
SUIT		TX	1MEFM55S01G849570	Mercury Sable	2001	Unknown	08/17/01	02/18/03	Yes	Yes	1	0	Injuries to the face and chest.
NOTICE		MO	1FAHP56S81A279181	Ford Taurus	2001	Unknown	02/18/02	08/10/03	Yes	Yes	1	0	Permanent nerve damage resulting in loss of function in right arm and hand.
CLM		RI	1FAFP55211A284973	Ford Taurus	2001	Unknown	02/16/03	03/28/03	Yes	Yes	1	0	Knocked out for 6 hours, facial lacerations
CLM		NJ	1MEFM55S2YG812486	Mercury Sable	2000	Unknown	Unknown	04/29/03	Yes	Yes	2	0	Whiplash, damage to teeth, bruised ribs
CLM		TN	1FAFP56S21A292882	Ford Taurus	2001	Unknown	04/24/03	05/21/03	Yes	Yes	1	0	Back injuries, facial bruises
CLM		MI	1FAFP56U1YG284826	Ford Taurus	2000	7,200	07/14/03	07/15/03	Yes	Yes	1	0	Concussion, rotator cuff injury

Category	Owner Name	ST	Vehicle Identification Number (VIN)	Make and Model	Year	Mileage at Time of Incident	Incident Date	Report/Claim Date (date of service)	Crash Alleged?	Property Damage Alleged?	Number of alleged injuries	Number of alleged fatalities	Nature of alleged injuries
CLM		FL	1FAFP56U81A241565	Ford Taurus	2001	25,000	03/18/03	03/24/03	Yes	Yes	1	0	"Not serious"
CLM		MO	1FAFP56U81G204210	Ford Taurus	2001	46,000	06/14/03	06/02/03	Yes	Yes	1	0	Contusions and blood clots on her chest and stomach; muscle spasms; chest wall pain
CLM		SC	1MEFM63U11A609795	Mercury Sable	2001	61,000	07/18/03	08/25/03	Yes	Yes	1	0	Neck and back injuries, inflammation around vertebrae in lower back.
CLM		MI	1MEHM55S91G800733	Mercury Sable	2001	Unknown	01/08/01	07/17/03	Yes	Yes	1	0	Muscle tear in shoulder
SUIT		TN	Unknown	Ford Taurus	2001	Unknown	07/05/02	07/08/03	Yes	Yes	1	0	Fractured back, broken left forefinger, and bruised lungs and heart

Category	Owner Name	ST	Vehicle Identification Number (VIN)	Make and Model	Year	Mileage at Time of Incident	Incident Date	Report/Claim Date (date of service)	Crash Alleged?	Property Damage Alleged?	Number of alleged injuries	Number of alleged fatalities	Nature of alleged injuries
CLM		PA	1FAPP5B0ZYG107148	Ford Taurus	2000	Unknown	02/03/03	07/24/03	Yes	Yes	1	0	Police report lists head injuries, including two bleeding wounds and altered mental status.
CLM		KS	1FAHP55U31A146658	Ford Taurus	2001	Unknown	07/12/03	08/13/03	Yes	Yes	1	0	Major bruises to chest, side, abdomen, and legs; ligament damage to left rib area, broken ribs

Category	Owner Name	ST	Vehicle Identification Number (VIN)	Make and Model	Year	Mileage at Time of Incident	Incident Date	Report/Claim Date (date of service)	Crash Alleged?	Property Damage Alleged?	Number of alleged injuries	Number of alleged fatalities	Nature of alleged injuries
SUIT		CA	1FAFP65U61G173691	Ford Taurus	2001	Unknown	04/03/03	08/21/03	Yes	Yes	2	0	Driver: Jefferson fracture of the C1, upper thoracic fractures, bilateral hip dislocations with acetabular fractures, pelvic fractures, epidural bleed on the right parietal convexity, tibial plateau fracture, right ankle fracture, right peroneal nerve palsy with foot drop and right shoulder dislocation. Passenger: right clavical fracture, right pelvic fracture, left thumb fracture, and left foot

Category	Owner Name	ST	Vehicle Identification Number (VIN)	Make and Model	Year	Mileage at Time of Incident	Incident Date	Report/Claim Date (date of service)	Crash Alleged?	Property Damage Alleged?	Number of alleged injuries	Number of alleged fatalities	Nature of alleged injuries
SUIT		TX	Unknown	Mercury Sable	2000	Unknown	01/27/01	03/03/03	Yes	Yes	1	0	Injuries to neck, shoulder, and entire body.
SUIT		CA	1FAPP55U31G173198	Ford Taurus	2001	Unknown	05/28/02	05/02/03	Yes	Yes	1	0	Right wrist and right shoulder complaints.
CLM		MS	1FAPP65U01G274859	Ford Taurus	2001	Unknown	02/22/03	05/22/03	Yes	Yes	2	0	Unspecified personal injuries
CLM		TX	Unknown	Ford Taurus	2001	Unknown	05/04/01	05/27/03	Yes	Yes	2	0	Injuries to hands, arms, and chest.
CLM		PA	1FAPP55U71G264844	Ford Taurus	2001	Unknown	03/19/03	04/14/03	Yes	Yes	2	0	(1) Fractured sternum; (2) broken jaw, nose and right arm. Broken orbit of eye (out of socket).
CLM		AZ	1MEFMS0U41G823711	Mercury Sable	2001	17,000	10/20/01	11/09/01	Yes	Yes	0	1	Fatality.

All Action Details for Issue

Print

VIN: 1FAPP52J31A141878 Year: 2001 Model: TALRUS Case: 733241973
 Name: [REDACTED] Owner Status: Original WSD: 2000-11-28
 Symptom Desc: RESTRAINTS AIR BAG SYSTEM NON-DEPLOYMENT Primary Phone: [REDACTED]
 Reason Desc: LEGAL - ALLEGED - NON-SERIOUS INJURY Secondary Phone: [REDACTED]
 Issue Type: 07 LEGAL Issue Status: CLOSED

Action: INJURY; ADVISE CUST INFORMATION WILL BE FORWARDED TO CONSUMER AFF Origin Desc: US CONCERN CASE BASE
 Dealer: 04230 LOU SOBH FORD, INC.
 Odometer: 18000 MI Comm Type: PHONE
 Analyst Name: HAROLD ASTUDILLO Analyst: HASTUDIL Action Data: No
 Action Date: 07/16/2003 Action Time: 20.14.15.033

Comments CUSTOMER SAYS: - I WAS IN A FRONTAL COLLISION ACCIDENT AND THE AIR BAGS DID NOT DEPLOY -VEH REPAIRED BY LOU SOBH FORD, INC. 1685 SCOTT BOULEVARD - I READ ABOUT SOME SITUATIONS WHERE AIR BAGS DID NOT DEPLOY - I AM CALLING TO FIND OUT WHAT'S GOING TO HAPPEN NOW - I HURT MY RIBS AND WAS IN A LOT OF PAIN - I HAD TO PAY SOMEONE TO CLEAN MY HOUSE AND THERE WERE OTHER COSTS - I WOULD LIKE TO PURSUE A PERSONAL INJURY CLAIM PER CUSTOMER, DEALER SAYS: - NONE CAC ADVISED: - THIS INFORMATION WILL BE FORWARDED TO OUR CONSUMER AFFAIRS GROUP. SOMEBODY WILL CONTACT IN TWO BUSINESS DAYS. - ADVISED CUST OF SUCH INFERENCE CASE ID: 5341

Action: INJURY; ADVISE CUST INFORMATION WILL BE FORWARDED TO CONSUMER AFF Origin Desc: US CONCERN CASE BASE
 Dealer: 04230 LOU SOBH FORD, INC.
 Odometer: 18000 MI Comm Type: PHONE
 Analyst Name: HAROLD ASTUDILLO Analyst: HASTUDIL Action Data: No
 Action Date: 07/16/2003 Action Time: 22.23.33.849

Caller Information if Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
------------	----------------	-----------	-----------	--------------

Comments CUSTOMER SAYS: - I WAS IN A FRONTAL COLLISION ACCIDENT AND THE AIR BAGS DID NOT DEPLOY -VEH REPAIRED BY LOU SOBH FORD, INC. 1685 SCOTT BOULEVARD - I READ ABOUT SOME SITUATIONS WHERE AIR BAGS DID NOT DEPLOY - I AM CALLING TO FIND OUT WHAT'S GOING TO HAPPEN NOW - I HURT MY RIBS AND WAS IN A LOT OF PAIN - I HAD TO PAY SOMEONE TO CLEAN MY HOUSE AND THERE WERE OTHER COSTS - I WOULD LIKE TO PURSUE A PERSONAL INJURY CLAIM DATE OF THE ACCIDENT, FEBRUARY 04, 2003 - WHAT THE CUSTOMER IS ALLEGING THE PRODUCT DEFECT IS THAT CAUSED ACCIDENT, NON-DEPLOYMENT OF AIR BAGS - LOCATION OF THE VEHICLE WHEN THE ACCIDENT OCCURRED, ON THE STREET IN FRONT OF MY HOUSE ON SNAPPINGER ROAD - WHETHER OR NOT THERE WAS A POLICE REPORT FILED, YES - IF A POLICE REPORT WAS FILED, WHAT THE FINDINGS WERE, ACCIDENT OCCURED DUE TO THE BRIGHTNESS OF THE SUN AT ABOUT 8:40AM - THE POLICE REPORT NUMBER AND THE CITY OR COUNTY IN WHICH THE REPORT WAS FILED, DECATUR, GA - WHETHER OR NOT THE CUSTOMER HAS FILED A CLAIM WITH THEIR INSURANCE COMPANY, YES - IF A CLAIM HAS BEEN FILED WITH THE INSURANCE COMPANY, WHAT IS THE STATUS OF THE CLAIM, CUST'S INSURANCE COMPANY PAID FOR CUST VEH AND VEH IN FRONT OF CUST THAT CUST HIT - WHETHER OR NOT THE VEHICLE IS REPAIRABLE, YES, ALREADY REPAIRED AT LOU SOBH FORD, INC., 1685 SCOTT BOULEVARD - NAME AND ADDRESS OF CUSTOMER'S ATTORNEY (ONLY IF THE CUSTOMER MENTIONS THEY HAVE

0400 010-CURE

BOUGHT ONE)-N/A PER CUSTOMER, DEALER SAYS: -NONE CAC ADVISED: - THIS INFORMATION WILL BE FORWARDED TO OUR CONSUMER AFFAIRS GROUP. SOMEBODY WILL CONTACT IN TWO BUSINESS DAYS. -***CSR RE-SUBMITTING ISSUE AS PREVIOUS ISSUE DID NOT INCLUDE ACCIDENT C&A-*** INFERENCE CASE ID: 5341

Action: MAKE OUTBOUND CALL TO CUSTOMER

Dealer: 04230 LOU SOBH FORD, INC.

Odometer: 18000 MI

Analyst Name: JACKSON,CELESTE (C.)

Action Date: 07/17/2003

Comm Type: PHONE

Analyst: CJACKS84

Action Time: 16.02.47.258

Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION

Action Date: Yes

Comments LPA COMMENTS: SPOKE WITH CUSTOMER WILL ENTER COMMENTS. CUSTOMER FEELS THAT AIRBAG SHOULD HAVE DEPLOYED. LPA ADVISED CUSTOMER THAT I WOULD CONTACT LOU SOB FORD AND GET DETAILS OF VEHICLE REPAIR.

Data Element Name

Data Value

CONTACT PERSON

MARY ANTHONY

Action: INFORMATION CALL/FAX WITH DEALER

Dealer: 04230 LOU SOBH FORD, INC.

Odometer: 18000 MI

Analyst Name: JACKSON,CELESTE (C.)

Action Date: 07/22/2003

Comm Type: PHONE

Analyst: CJACKS84

Action Time: 15.54.28.047

Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION

Action Date: No

Comments LPA COMMENTS: SPOKE WITH DEALER BODY SHOP MANAGER AND HE STATES THAT THERE WAS VERY MINIMAL DAMAGE DONE TO THE VEHICLE. NEITHER HEADLIGHT WAS BROKEN. STATES HE WILL FAX REPAIR ESTIMATE. INSURANCE COVERED REPAIR.

Action: REDIRECT TO OGC - PERSONAL INJURY CLAIM

Dealer: 04230 LOU SOBH FORD, INC.

Odometer: 18000 MI

Analyst Name: JACKSON,CELESTE (C.)

Action Date: 07/25/2003

Comm Type: PHONE

Analyst: CJACKS84

Action Time: 15.02.10.587

Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION

Action Date: No

Comments LPA COMMENTS: RECEIVED COPY OF THE REPAIR INVOICE AND 2 BLACK AND WHITE FAXED PICTURES OF VEHICLE DAMAGE. SPOKE WITH CUSTOMER AND EXPLAINED AIRBAG LOGIC. CUSTOMER ALLEGES THAT SHE SUSTAINED SEVERAL BROKEN RIBS, WAS ON THREE MEDICATIONS, WAS BED RIDDEN FOR 2 WEEKS AND HAD TO HAVE SOMEONE CLEAN HER HOME FOR 2 WEEKS. CUSTOMER SEEKING PERSONAL INJURY CLAIM. SAYS THAT SHE SAW ON TV AND IN THE NEWSPAPER THAT THERE WAS A CONCERN WITH THE AIRBAG SYSTEM IN THE TAURUS. ALLEGES SHE DOESN'T KNOW IF SHE HIT THE STEERING WHEEL OR IF THE SEATBELT BROKE HER RIBS. LPA ADVISED CUSTOMER THAT HER CONCERN WOULD BE FORWARDED TO OGC AND TO ALLOW TIME FOR DELIVERY OF THE PERSONAL INJURY CLAIMS PACKET.

ENR0-018 BRAS

10

LOU SOBH FORD

BUSTER SORRELL
Body Shop Manager

1665 SCOTT BLVD. • DUBLIN, GA 31003

(404) 633-4005
Fax (404) 728-9833
Direct (404) 255-7178



EXPLORE EVERY TRUCK

LOU SOBH FORD
1665 SCOTT BLVD.
DUBLIN, GA 31003

PHONE: (404) 633-4005

FAX: (404) 728-9833

TO: CELEST

FAX: 313-845-5669

PHONE: _____

FROM: BUSTER SORRELL

DATE: 7-22-03

PAGES: 10 inc cover

COMMENTS: Hope this will

help

THANKS

Buster

EA03-018 0847

LOU SOBH FORD
1665 SCOTT BLVD
DECATUR, GA. 30033
(404)633-4005 FAX: (404)728-9833

USE
JH's
one

CD LOG NO 2907-3 DATE 02/21/03

SHOP: LOU SOBH FORD
ADDRESS: 1665 SCOTT BLVD.
CITY STATE: DECATUR, GA
ZIP: 30033-

INSP DATE: 02/20/03
CONTACT: BILLY WELLS
PHONE 1: (404)633-4005 EXT 233
FAX: (404)728-9833

OWNER:
ADDRESS:
CITY STATE:
ZIP:



CLAIM#: [REDACTED]
INSURED: [REDACTED]
LOSS DATE: 02/04/03
POINT OF IMPACT: 3

CLAIM REP: MINNICH, LINDSAY
TYPE OF LOSS: COLLISION/SERVICE
FIRST SUPPLEMENT

INS. CO: STATE FARM

CONTACT: MINNICH, LINDSAY

LIC#: 320KYG STATE:
BODY COLOR: SILVER
CONDITION: GOOD

VIN: 1FAPP52U31A141679
MILEAGE: 17,390
ACCTNG CTL#:

DRIVEABLE: YES

VEH. INSP#:

- *=USER-ENTERED VALUE
- EC=QUALITY REPLACEMENT PART
- UM=REMAN/REBUILT PRT
- PC=PXN RECONDITIONED
- ET=LABOR/PARTIAL REPLACE
- L=REFINISH
- CG=CHIPGUARD
- RI=R&I ASSEMBLY
- RP=RELATED PRIOR DAMAGE
- E=NEW PART
- ED=QUALITY RECYCLED PART
- PM=PXN REMAN/REBUILT
- IT=LABOR/PARTIAL REPAIR
- BR=BLEND REFINISH
- SB=SUBLET
- F=CHECK
- UP=UNRELATED PRIOR DAMAGE
- NG=REPLACE NAGS
- OC=RECONDITIONED PRT
- EP=SEE FX REPORT
- TE=PART/PARTIAL REPLACE
- I=REPAIR
- TT=TWO-TONE
- N=ADDITIONAL OPERATION
- AA=APPEARANCE ALLOWANCE

2001 FORD TAURUS LX 4DOOR SEDAN 6CYL GASOLINE 3.0
CODE: P3533B/B OPTMS B/24D

OPTIONS:
TWO-STAGE - EXTERIOR SURFACES
POWER DOOR LOCKS
TWO-STAGE - INTERIOR SURFACES

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
E	0005		BUMPER, FRONT	1F1Z17757AA	92.84			S2 0.8	1
E	0006		COVER, FRONT BUMPER	2F1Z17D957BA	255.00	✓		S2 0.7	1
L	0006	13	COVER, FRONT BUMPER	REFINISH					3.7 4
				2.6 SURFACE					
				0.6 TWO STAGE SETUP					

2833-818 8848

PAGE

2001 FORD TAURUS LX 4DOOR SEDAN
CD LOG NO 2907-3

		0.5 TWO STAGE			
E	0007	ABSORBER, FRONT ENERGY	YF1Z17754AA	73.32	S2 INC 1
E	0035	GRILLE ASSEMBLY	YF1Z8200AA	59.13 ✓	INC 1
E	0041	HEADLAMP ASSY, HALOG LT	1F1Z13008AB	215.00 ✓	INC 1
E	0042	HEADLAMP ASSY, HALOG RT	1F1Z13008AA	215.00 ✓	INC 1
N	0973	HEADLAMPS AIM	ADDITIONAL OPERAT		0.5 1
E	0083	PANEL, HOOD	YF1Z16612AA	350.00 ✓	0.7 1
L	0083	PANEL, HOOD	REFINISH		4.7 4
		2.9 SURFACE			
		1.0 EDGE			
		0.8 TWO STAGE			
E	0088	LATCH, HOOD PANEL	YF1Z16700AA	38.88 ✓	INC 1
E	0074	CATCH, HOOD SAFETY	F6DZ16892AA	28.07 ✓	INC 1
E	0063 #	PANEL, RADIATOR SUPT	2F1Z8A419AA	96.97 100.98	8.3 1
		# = 01, 02			
RI	0755	RADIATOR	R&I ASSEMBLY		INC 1
E	0057	PANEL, UPPER RAD MTG	1F1Z8A284AA	160.67 167.32	0.6 1
L	0057	PANEL, UPPER RAD MTG	REFINISH		1.4 4
		1.4 SURFACE			
E	0760	FAN ASSY, ENG COOLIN LT	F8DZ8C607AC	178.64 ✓	INC 1
E	0162	COVER, BATTERY	LT YF1Z10A687AA	16.65 17.20	1
N	0977	A/C EVACUATE & RECHARG	ADDITIONAL OPERAT		1.4 2
I	0731	CONDENSER, A/C	REPAIR		1.0*2
RI	0791	CONDENSER, A/C	R&I ASSEMBLY		INC 2
BR	0103	FENDER, FRONT	LT BLEND REFINISH		1.1 4
		0.7 BLEND			
		0.4 TWO STAGE			
BR	0104	FENDER, FRONT	RT BLEND REFINISH		1.1 4
		0.7 BLEND			
		0.4 TWO STAGE			
E		coolant lgal	NEW PART	12.00*	1
I		set up for pull	REPAIR		S2 2.0*1
I		frame pull	REPAIR		S2 3.0*3
E		fuse box cover lower	NEW PART	20.00*	0.5*2
I		lt lower rail after pu	REPAIR		S2 1.0*1
I		rt lower rail after pu	REPAIR		S2 1.0*1

29 ITEMS

- MC MESSAGE(S)
 01 CALL DEALER FOR EXACT PART NUMBER / PRICE
 02 PART NO. DISCONTINUED, CALL DEALER FOR EXACT PART NO
 13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS	1,812.17
PAINT MATERIAL	264.00
PARTS TOTAL	2,076.17
TAX ON PARTS & MATERIAL 8	7.0004 145.33

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	36.00	11.1	4.5	561.60
2-MECH/ELEC	74.00	0.5	2.4	214.60

EA83-B18 8848

PAGE

2001 FORD TAURUS LX 4DOOR SEDAN
CD LOG NO 2907-3

3	3-FRAME	55.00		3.0	165.00
	4-REFINISH	36.00	12.0		432.00
	5-PAINT MATERIAL	22.00			
	LABOR TOTAL				1,373.20
	TAX ON LABOR			0.0004	
	SUBLET REPAIRS				
	TOWING				
	STORAGE				
	GROSS TOTAL				3,594.70
	LESS: DEDUCTIBLE				500.00-
	NET TOTAL				3,094.70
	LESS: PREVIOUS NET TOTAL				2,715.91-
	NET SUPPLEMENT TOTAL				378.79

ADP SHOPLINK US477 S2 CD LOG 2907-3 DATE 02/21/03 01:01:10PM R6.3 CD 01/03
HOST LOG
(C) 1998 - 2002 ADP CLAIMS SOLUTIONS GROUP, INC.

2.7 HRS WERE ADDED TO THIS EST. BASED ON ADP TWO-STAGE REFINISH FORMULA.

3594.70
- 214.60

3380.10

165.00
561.60

34 726.60
21.4

LOU SOBH FORD
1665 SCOTT BLVD
DECATUR, GA. 30033
(404)633-4005 FAX: (404)728-9833

ATTN OF: BILLY WELLS

INSP DATE: 2/20/03

OWNER:
ADDRESS:
CITY STATE:
ZIP:



EXT
EXT

INS CO: State Farm
CLAIM#: [REDACTED]
INSURED:
LOSS DATE: 2/4/03

CONTACT: Minnich, Lindsay
PHONE:
POLICY#: [REDACTED]
CLAIMANT:
TYPE OF LOSS: Collision
FILE HANDLER:

LICENSE#: [REDACTED]
BODY COLOR:
CONDITION:

STATE:

VIN: 1FAPP52U31A141679
MILEAGE:
ACCTG CTL#: [REDACTED]
IMPACT: /

DEDUCTIBLE: 500.00

VEHICLE DESCRIPTION:
2001 FORD TAURUS
4DR

/ OPTNS /

SCHEDULE MESSAGE / LOSS DESCRIPTION:

CLAIM NUMBER: 11-4063-31101 AGENT CODE: 1806
VEHICLE DESCRIPTION: 2001 FORD TAURUS 4DR
PRINCIPAL DAMAGE -
DAMAGE TO FRONT END
PRIOR DAMAGE -

VEHICLE LOCATION -

ACCIDENT LOCATION -

CORNER OF SHAFER ROAD AND AUSTIN DRIVE
SPECIAL INSTRUCTIONS -
PLEASE SEND PICTURES AND ESTIMATE TO TEAM 6. PLEASE ADVISE ON MILE
AGE, AND IN AND OUT DATES. THANKS.

ADP SHOPLINK U SC CD LOG 2907 - 1 DATE 2/20/03 9:00:43AM
HOST LOG NO 4448940

(C) 1998 - 2002 ADP CLAIMS SOLUTIONS GROUP, INC

R 5.3

PAGE 1

EA03-010 0051

5

LOU SOBH FORD
1665 SCOTT BLVD
DECATUR, GA. 30033
(404) 633-4005 FAX: (404) 728-9833

ESTIMATE UPLOAD CONFIRMATION

UPLOAD DATE: 03/03/03 5:55:29PM

TRANSACTION SUMMARY

TRANSACTIONS DECLINED: 0
TRANSACTIONS ACCEPTED: 1

TRANSACTIONS ACCEPTED

OWNER NAME	VEHICLE	CLAIM NUMBER	CD LOG#	ADR LOG#
[REDACTED]	2001 FORD TAURUS	[REDACTED]	2907-3	[REDACTED]

LOU SOBH FORD
1665 SCOTT BLVD
DECATUR, GA. 30033
(404) 633-4005 FAX: (404) 728-9833

ESTIMATE UPLOAD CONFIRMATION

UPLOAD DATE: 02/20/03 1:57:45PM

TRANSACTION SUMMARY

TRANSACTIONS DECLINED: 0
TRANSACTIONS ACCEPTED: 2

TRANSACTIONS ACCEPTED

OWNER NAME	VEHICLE	CLAIM NUMBER	CD LOG#	ADP LOG#
[REDACTED]	1999 FORD ESCORT	[REDACTED]	1454-3	4703502
[REDACTED]	2001 FORD TAURUS	[REDACTED]	2907-1	4703506



SERVICE HOURS
7:00 am - 8:00 pm Mon. - Fri.

LOU SOBH AUTOMOTIVE GREATER ATLANTA

1685 SCOTT BOULEVARD
DECATUR, GA 30035
(404) 833-4006
P & A CODE: 84290



PARTS HOURS
8:00 am - 6:00 pm Mon. - Fri.

CELEST -
FAX 313-845-
5669

TERMS CASH; UNLESS ARRANGEMENTS MADE

DISPUTE RESOLUTION PROCEDURE

BY SIGNATURE OF THE PURCHASER, THE PURCHASER AGREES THAT INSTEAD OF LITIGATION IN A COURT, ANY DISPUTE, CONTROVERSY, OR CLAIM ARISING OUT OF OR RELATING TO THE SERVICE OR REPAIR OF THE MOTOR VEHICLE OR TO THIS DOCUMENT OR TO ANY OTHER DOCUMENT OR AGREEMENT BETWEEN THE PARTIES RELATIVE TO THE MOTOR VEHICLE SHALL BE SETTLED BY BINDING ARBITRATION ADMINISTERED BY THE AMERICAN ARBITRATION ASSOCIATION, UNDER ITS COMMERCIAL ARBITRATION RULES. SUCH ARBITRATION SHALL BE CONDUCTED IN DEKALB COUNTY, GEORGIA. EACH PARTY SHALL PAY 50% OF THE COSTS. ANY ARBITRATION REQUIRED BY THE PURCHASER MAY BE INITIATED IN ANY COURT-HAVING JURISDICTION.

SIGN X

ON BEHALF OF SERVICE CENTER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE INDICATED. REPAIRS DESCRIBED WERE PERFORMED AT NO CHARGE TO CUSTOMER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN COMMITTED IN ANY WAY WITHIN ANY ACCIDENT, DAMAGE SERVICE OR REPAIR RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE REPAIRING DEALER FOR INSPECTION BY REPRESENTATIVES OF FORD.

DISCLAIMER OF WARRANTIES

Any warranties on the product sold hereby are those made by the manufacturer. The Seller, LOU SOBH AUTOMOTIVE, accepts no liability for claims of merchandise, other systems or parts, including any limited warranty of merchantability or fitness for a particular purpose, and LOU SOBH AUTOMOTIVE neither assumes nor endorses any other person's assumption for it or its liability in connection with the sale of said products.

Invoice # [redacted] SIGN X

INVOICE TO

NAME: [redacted]

REGISTERED INFORMATION

PLATE: [redacted]

FOR OFFICE USE

DATE: 08/08 AM: 5:00 PM, 9 INVOICE: FINAL REP 2 IN
TAX BILL#: 17208 INVOICED: 02/27/2003 12:28:41
QUANTITY IN: 17208 UNIT: 1PA
DATE: 02/15/03 DATE: 02/25/03

VEHICLE INFORMATION

VIN: 1FATP2C6L4AM6957 LICENSE NUMBER: [redacted]
BI FORD TAURUS LX 4DR SED
DATE 10SERVICED: 11/2000 PRODUCTION: 100620

CONCRETE REPAIR PER ESTIMATE CORRECTION BODY

PART NUMBER	QTY	DESCRIPTION
FNC 2F12 179397 AA		
FNC 1F12 8200 AA		
FNC 1F12 12000 AA		
FNC 1F12 12000 AA		
FNC 1F12 16613 AA		
FNC 1F12 16700 AA		
FNC 1F02 16892 AA		
FNC 2F12 84415 AA		
FNC 1F12 84204 AA		
FNC 1F02 85087 AC		
FNC 1F12 104689 AA		
FNC 1F12 7825123 A		
FNC 1F12 17737 AA		
FNC 1F12 17754 AA		

LOU SOBH AUTOMOTIVE GREATER ATLANTA

OPERATION	TRCK	AMOUNT
30	446	446.00
	446	294.00
		294.00
		294.00
		215.00
		215.00
		338.00
		38.00
		38.07
		100.90
		167.32
		178.64
		16.65
		17.20
		92.84
		73.22

SUBTOTAL		
PARTS		1000.00
LAB-BODY REPR		604.00
TOTAL CHARGE FOR CONCRETE		2492.00

TYPE: REP

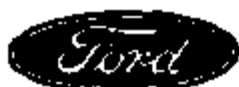
CONCRETE REPAIR PER ESTIMATE CORRECTION PAINT

OPERATION	TRCK	AMOUNT
31	303	304.00
SUBTOTAL		
LAB-BODY SUP		304.00

REVISION: 1 TIME

PAGE 1

800-810 0854



SERVICE HOURS
7:20 am - 6:00 pm Mon. - Fri.

LOU SOBH AUTOMOTIVE GREATER ATLANTA

1685 SCOTT BOULEVARD
DECATUR, GA 30033
(404) 523-4006
P & A CODE: 04880



PARTS HOURS
12:00 am - 12:00 pm Mon. - Fri.

TERMS CASH UNLESS ARRANGEMENTS MADE

DISPUTE RESOLUTION PROCEDURE

ARBITRATION REQUIRED BY THIS AGREEMENT: THE PARTIES AGREE THAT INSTEAD OF LITIGATION IN A COURT, ANY DISPUTE, CONTROVERSY, OR CLAIM ARISING OUT OF OR RELATED TO THE SERVICE OR REPAIR OF THE MOTOR VEHICLE OR TO THIS DECLARATION OR TO ANY OTHER DOCUMENT OR AGREEMENT BETWEEN THE PARTIES RELATED TO THE MOTOR VEHICLE SHALL BE SETTLED BY BINDING ARBITRATION ADMINISTERED BY THE AMERICAN ARBITRATION ASSOCIATION UNDER ITS COMMERCIAL ARBITRATION RULES. SUCH ARBITRATION SHALL BE CONDUCTED IN DEKALB COUNTY, GEORGIA. EACH PARTY WILL PAY THEIR OWN COSTS. ANY AGREEMENT REACHED BY THE ARBITRATOR MAY BE ENFORCED BY ANY COUNTY JUDGE ARBITRATOR.

SIGN X

ON BEHALF OF SERVING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE INDICATED. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO CUSTOMER. THERE WAS NO REDUCTION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT. REPAIRS OR CHARGE ON RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR 10 YEARS FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVING DEALER FOR PURSUIT OF REPRESENTATION OF FORD.

DISCLAIMER OF WARRANTIES

Any statement on this document made hereby are from records by the dealer. I, the Seller, LOU SOBH AUTOMOTIVE, hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and LOU SOBH AUTOMOTIVE neither warrants nor guarantees any repair person to answer for any liability of negligence with the sale of used products.

SIGN X

NAME: _____ SERIAL NUMBER OR AUTHORITY NUMBER: _____ DATE: _____

INVOICE TO: _____ DRIVER/OWNER INFORMATION: _____ INVOICE NUMBER: _____

FOR OFFICE USE: _____ VEHICLE INFORMATION: _____

MAKE: 1996 AWD SUB COMPACT, INVOICED: 02/27/2003 11:20:41 AM BI TRUCK LICENSE NUMBER: _____

TYPE: XP TOTAL CHARGE FOR CONCERN: 398.00

SUMMARY OF CHARGES FOR INVOICE 019629		PATIENT CONTRIBUTION FOR INVOICE 019629	
PARTS	1488.83	TOTAL CHARGE	398.18
BODY SHOP HNT	254.80	NEW CHARGE ACCT	398.18
LAB-BODY SHOP	1163.89	ATTEND, HNT	
SUB-TOTAL	3233.86		
TAX	145.84		
TOTAL CHARGE	3379.70		

ESTIMATE: _____
 I HEREBY ACKNOWLEDGE THAT THE ESTIMATE IS APPROVED BY THE APPROVED PERSON TO THE WORK BEING DONE. I AM ACKNOWLEDGING THAT I WAS CONTACTED AND APPROVED BY SERVING DEALER. ESTIMATE #3308.18
 IF YOU HAVE ANY QUESTIONS - PLEASE SEE FINANCIAL REPRESENTATIVE
 REPRINTED 1 TIMES

LOU SOBH AUTOMOTIVE GREATER ATLANTA

Partial cash sale \$500.00
check #509

3/13/03

PAGE 2
LAST PAGE

***** ERROR TX REPORT *****

TX FUNCTION WAS NOT COMPLETED

TX/RX NO.	8852
CONNECTION TEL	13188458889
CONNECTION ID	
START TIME	07/23 18:08
USAGE TIME	00'00
PAGES	0
RESULT	NC
	0 STOP

5083-818 8856

All Action Details for Issue

Print

VIN: 1MEFM86S1YA838235 Year: 2000 Model: SABLE Case: 1358632173
 Name: [REDACTED] Owner Status: Original WBD: 2000-06-29
 Symptom Desc: RESTRAINTS AIR BAG SYSTEM NON-DEPLOYMENT Primary Phone: [REDACTED]
 Reason Desc: LEGAL - OTHER ATTORNEY DEMAND Secondary Phone: [REDACTED]
 Issue Type: 07 LEGAL Issue Status: ACKNOWLEDGE

Action: OPEN LEGAL CONTACT - ATTORNEY DEMAND
 Dealer: 10178 DON JACKSON LINCOLN MERCURY Origin Desc: CA-LITIGATION PREVENTION-FRONT DESK
 Odometer: 51000 MI Comm Type: MAIL
 Analyst Name: LEICH,CHERIE Analyst: CLEICH
 Action Date: 08/11/2003 Action Time: 14.43.10.175 Action Data: Yes

Comments: *****ATTORNEY DEMAND***** DATE STAMPED 8-11-03. ATTORNEY ALLEGES CLIENT WAS INVOLVED IN AN ACCIDENT AND THE AIR BAGS DID NOT DEPLOY. ATTORNEY DEMANDS CONTACT FROM FORD REPRESENTATIVE.

Data Element Name	Data Value
NAME OF LAW FIRM	BUSSEY & GIUDICE ATTORNEYS AT LAW
ATTORNEY NAME	JOHNNY B. TERRELL
ATTORNEY PHONE NUMBER	4043204000

Action: SEND ACKNOWLEDGEMENT LETTER TO ATTORNEY
 Dealer: 10178 DON JACKSON LINCOLN MERCURY Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
 Odometer: 51000 MI Comm Type: OTHER
 Analyst Name: SMITH,ERIKA (E.L.) Analyst: ESMITH68
 Action Date: 08/12/2003 Action Time: 18.40.08.018 Action Data: Yes

Comments: SENT ACK VIA FAX

Data Element Name	Data Value
CERTIFIED LETTER #	000

ER03-018 8856

All - ction Details for Issue

Print

VIN: 1MEFM55S1YA635235 Year: 2000 Model: SABLE Case: 1358532173
 Name: [REDACTED] Owner Status: Original WSD: 2000-06-29
 Symptom Desc: RESTRAINTS AIR BAG SYSTEM NON-DEPLOYMENT Primary Phone: [REDACTED]
 Reason Desc: LEGAL - ALLEGED - NON-SERIOUS INJURY Secondary Phone: [REDACTED]
 Issue Type: 07 LEGAL Issue Status: CLOSED

Action: INJURY; ADVISE CUST INFORMATION WILL BE FORWARDED TO CONSUMER AFF
 Dealer: 10178 DON JACKSON LINCOLN MERCURY Origin Desc: US CONCERN CASE BASE
 Odometer: 51000 MI Comen Type: PHONE
 Analyst Name: ASIM KAMRAN SYED Analyst: ASYED1
 Action Date: 08/08/2003 Action Time: 09:57:00.478 Action Data: No

Caller Information if Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
CYNTHIA		[REDACTED]		SPOUSE

Comments CUSTOMER SAYS: =AIR BAG INDICATOR WAS ON AND CUST ALREADY ADVISED THE LM DLR THAT IT'S A SAFETY PROBLEM AND THEY ADVISED THAT =VEH THEN INVOLVED IN AN ACCIDENT AND BOTH THE SIDE AND BOTH THE FRONT AIR BAGS WERE UNABLE TO DEPLOY. CUST HAS RECEIVED THE INJURIES =VEH IS WITH THE INSURANCE COMPANY AND THEY ARE TRYING TO REPAIR IT =ACCIDENT WAS FRONT END DRIVER SIDE COLLISION =ACCIDENT HAPPENED ON JULY 23, 2003 =THE OTHER VEH HIT THE CUST VEH =INTERSECTION WAS ONATIONAL HWY BATHSAIBA RD IN RIVERDALE GEORGIA =POLICE REPORT WAS FILED AND DOES NOT HAVE THE NUMBER HANDY =FULTON COUNTY IS WHERE THE POLICE REPORT FILED =POLICE REPORT INDICATED THAT THE OTHER VEH HIT THE CUST VEH =ATTORNEY IS BUSSEY & GIJDICE AND TELEPHONE NUMBER 404-320-4000. ATTORNEY NAME IS JOHNY TERREL =ALREADY FILED THE CLAIM WITH THE INSURANCE COMPANY OF THE OTHER PERSON AND THEY ARE PROCESSING IT =DONT KNOW THAT WHETHER VEH IS REPAIRABLE OR NOT PER CUSTOMER, DEALER SAYS: =DONT WORRY ABOUT THE AIR BAG INDICATOR CAC ADVISED: - THIS INFORMATION WILL BE FORWARDED TO OUR CONSUMER AFFAIRS GROUP. SOMEBODY WILL CONTACT IN TWO BUSINESS DAYS. INFERENCE CASE ID: 5341

Action: MAKE OUTBOUND CALL TO CUSTOMER
 Dealer: 10178 DON JACKSON LINCOLN MERCURY Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
 Odometer: 51000 MI Comen Type: PHONE
 Analyst Name: JACKSON,CELESTE Analyst: CJACKS84
 (C.)
 Action Date: 09/09/2003 Action Time: 12:03:54.889 Action Data: Yes

Comments LPA COMMENTS NONE

Data Element Name	Data Value
CONTACT PERSON	CYNTHIA BRAY

Action: REDIRECT TO OTHER
 Dealer: 10178 DON JACKSON LINCOLN MERCURY Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
 Odometer: 51000 MI Comen Type: PHONE
 Analyst Name: JACKSON,CELESTE Analyst: CJACKS84
 (C.)
 Action Date: 08/08/2003 Action Time: 12:05:27.964 Action Data: No

ER63-010 6850

Comments LPA COMMENTS: CUSTOMER CONFIRMED THAT SHE HAS AN ATTORNEY. NO FURTHER INFORMATION PROVIDED AND CUSTOMER HUNG UP ON ME. NO LETTER SENT DUE TO ATTORNEY INVOLVEMENT.

ER83-010 0550

BUSSEY & GIUDICE
ATTORNEYS AT LAW
1800 CENTURY BOULEVARD, N.E.
SUITE 910
ATLANTA, GEORGIA 30345

MARK E. BUSSEY
RAYMOND V. GIUDICE
JOHNNY B. TERRELL

PHONE: (404) 520-6000
FAX: (404) 520-6007

August 6, 2003

Ford Motor Company
P.O. Box 6248 MD 3NE-B
Dearborn, Michigan 48126

RE: Our Clients: [REDACTED]
Your Client: [REDACTED]
Date of Loss: July 23, 2003
Vehicle: 2000 Mercury Sable - Tan
VIN Number: IMEFM35581YA638235

To Whom It May Concern:

This will confirm that we represent the above-named clients for bodily injuries sustained in the referenced accident when the air bags failed to deploy as the adversary vehicle struck their vehicle. Please forward all correspondence and calls concerning this claim to our office rather than dealing directly with my client.

Please contact my office upon receipt of this letter.

Very truly yours,

Johnny B. Terrell/az
Johnny B. Terrell
Attorney At Law

JBT/az
cc: clients, file

3
AUG 11 12:01
LITIGATION AFFAIRS

[REDACTED]

- still being tx
- pmw + suffering

BUSSEY & GIUDICE
ATTORNEYS AT LAW
1800 CENTURY BOULEVARD, N.E.
SUITE 810
ATLANTA, GEORGIA 30346

Juliet

MARK E. BUSSEY
RAYMOND V. GIUDICE
JOHNNY E. TERRELL

PHONE: (404) 590-0000
FAX: (404) 590-0007

August 21, 2003

Ms. Erika Smith
Ford Motor Company
P.O. Box 6348
MD 3NB-B
Dearborn, Michigan 48126

Re: [REDACTED]
2000 Sable
VIN: 1MEFM55B1YA6382351

Dear Ms. Smith:

This letter is in regards to your recent inquiry. The following is the information that you requested:

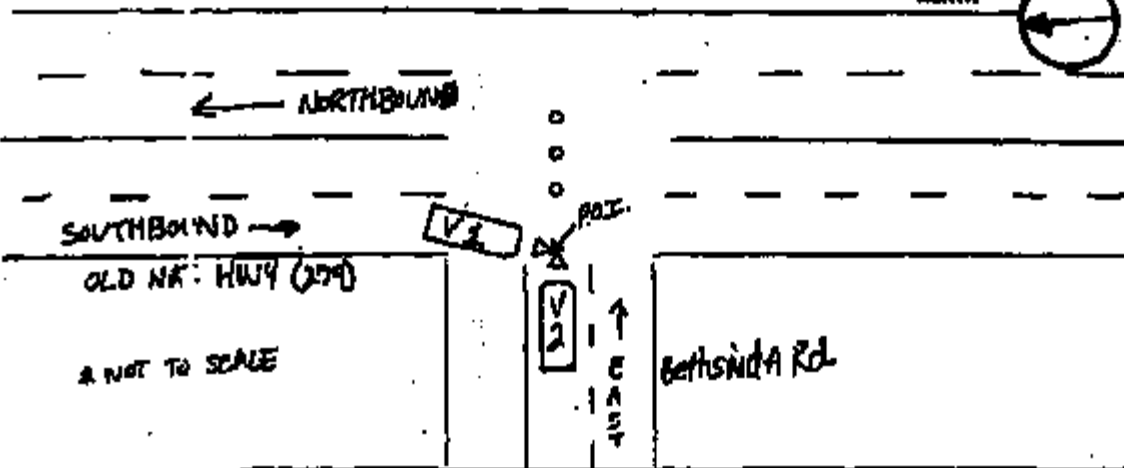
1. Please see the enclosed police report.
2. The accident happened on July 23, 2003. Mr. [REDACTED] was driving a 2000 tan Mercury Sable. [REDACTED] was sitting in the passenger side of this vehicle. Mr. [REDACTED] was stopped at the light on Bethesda Road and was headed eastbound. [REDACTED] was driving a 1997 tan Pontiac Grand Am southbound on Highway 279. The light had turned red and she continued to make a wide right turn westbound onto Bethesda Road. [REDACTED] then hit the front end of Jimmy [REDACTED] car. The impact was extremely hard. The two front and two side air bags did not deploy upon impact. The air bag light was still on at the time of the accident. They suffered more injuries because of this.
3. [REDACTED] were injured. [REDACTED] is 53 years old and [REDACTED] is 50 years old. Their address is [REDACTED].
4. Mr. [REDACTED] suffers injuries to neck, back, hip and left leg. Ms. [REDACTED] suffers injuries to her left arm, leg and foot.
5. Enclosed are copies of the medicals that we have. We are still in the process of collecting them. We will forward them to you when we receive them.

EA03-516 0882

Driver # 2 (Vehicle # 1) told us she was traveling southbound on Hwy 209 and was going to turn right (west) onto Bethesda Rd. She told us the light turned yellow and she was "trying to beat the light" before it turned red. She made a wide right turn and hit Driver # 2 (Vehicle # 2) to us he was stopped at the light on Bethesda Rd. and was headed eastbound. Driver # 2 told us from out of nowhere a car came around the corner and hit them.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE DIRECTION



Investigation Date: Yes No
 Emergency call number: 40-6-120
 Citation #: 399503
 None

1	1	2	2	1	1	1	2	1	1
---	---	---	---	---	---	---	---	---	---

BEFORE IMPACT	AFTER	WHEEL TO ROAD
VEH 1	VEH 1	42 FT.
VEH 2	VEH 2	

Damage to Other Vehicle: NONE

Operator	Driver # 1	Dr Passenger #	4	2	1	3	2	1
Operator	Driver # 2	Dr Passenger #	4	1	1	3	2	1
Operator	Driver # 3	Dr Passenger #	50	2	3	4	1	1
Operator	Driver # 4	Dr Passenger #	2	4	1	3	1	2

DISABILITY CERTIFICATE

PERIOD OF DISABILITY

Name of patient: _____

Dates of treatment: 7/24/03 through 12/3/03 Anticipated

Is patient still under treatment? Yes No

Date patient was released to return to work, (or, if currently disabled, date of anticipated return to work): Anticipated 8/9/03

Dates of disability by history: 7/23/03 through 8/9/03
Anticipated

JOB LIMITATIONS ON RETURNING TO WORK

When patient returns to work, it should be under the following conditions:

- Return to regular job duties, no limitations
- Return to regular job duties with the following marked limitations:
 - Patient should not be doing any lifting, bending, or strenuous activity.
 - Patient should not be doing any lifting of objects over _____ pounds, and any bending, or strenuous activity.
 - Other: _____

Date: 7/29/03 Signature: [Signature]
(Attending Doctor)

923 Hillwood
(Address)

Atlanta, GA 30310
(City, state, zip)

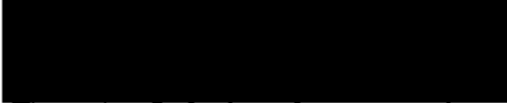
Please return to:
 Law Offices of Bussey & Studios, P.C.
 1800 Century Boulevard, N.E., Suite 910
 Atlanta, Georgia 30345
 (404) 320-4000

237

ERG3-010 0300

WAGE AND SALARY VERIFICATION FORM

Employee's Name and Address:



Return To:
BOBBY & GIUDICE
1808 Century Boulevard
Suite 930
Atlanta, GA 30345

DATE OF ACCIDENT: 07-29-03

- 1. Occupation: Domestic
- 2. Dates of Employment From: 3-29-03 To: Present
- 3. Wage/Salary as of \$ 19.00 Per Hour X
the date of accident. Per Week _____
Per Month _____
- 4. Usual number of days worked per week: 5 (45 hours per week)
- 5. Has Employee filed claim for benefits under workers' compensation as a result of this accident? Yes _____ No X
- 6. Has Employee received, is receiving or entitled to receive benefits under any workers' compensation or similar law as a result of this accident? Yes _____ No X Undetermined _____
- 7. Dates absent following accident:
 - * First Date Missed: 7-24-03
 - * Date Returned to Work: Has not returned to work

Jo Anne Hich Payroll Specialist 7-28-03
Signature/Title Date

Company Name: AAA Cooper Transportation
Address: 1751 Kinsey Rd., Dothan, AL 36003
Phone: (334) 793-2286

Aug 21 03 10:44a

P. 8

Southern Regional Medical Center

AUG 06 2003



11 UPPER RIVERDALE RD. SW
RIVERDALE, GEORGIA 30274-8004
(770) 991-8130

STATEMENT DATE: 07/27/03

NOTE:
PLEASE KEEP THIS ITEMIZED BILL FOR YOUR
INCOME TAX AND OTHER RECORDS.

PATIENT NAME: [REDACTED]
PATIENT NUMBER: [REDACTED]

PAGE: 001 E/R 05 01

GUARANTOR'S NAME:

[REDACTED]

07/23/03	07/23/03
REVISION DATE	UPGRADE DATE
HYPER CODE	HYPER TIME

YOUR PHYSICIAN, SURGEON, ASST. SURGEON,
ANESTHESIOLOGIST AND RADIOLOGIST BILL
SEPARATELY FOR THEIR SERVICES.

DATE	QTY	CHARGE	DESCRIPTION	HOSPITAL CHARGE	NON-HOSPITAL CHARGE	TOTAL CHARGE
7/23	1	6528	*** 320 RADIOLOGY DIAGNOSTIC XR HIP ROUTINE 2+ VIEWS	74.32		74.3
7/23	1	6564	XR SHOULDER ROUTINE 2+ VIEWS	121.45		121.4
7/23	1	6574	XR SPINE CERVICAL ROUTINE 4+ V	264.99		264.9
7/23	1	6584	XR SPINE LUMBOSACRAL 4+ VIEWS	209.15		209.1
			TOTAL RADIOLOGY DIAGNOSTIC			769.9
7/23	1	7056	*** 450 EMERGENCY ROOM ER LEVEL III CHARGE	235.22		235.2
			TOTAL EMERGENCY ROOM			235.2
			TOTAL CHARGES			1,005.1
			TOTAL PAYMENTS/ADJUSTMENTS			0.0
			BALANCE DUE			1,005.1

UNLESS OTHER ARRANGEMENTS ARE MADE, ALL ACCOUNT BALANCES ARE PAYABLE UPON RECEIPT OF THIS STATEMENT.
WE RESERVE THE RIGHT TO REBILL FOR LATE CHARGES OR INSURANCE ADJUSTMENTS.

ERM3-018 8000

AUG 21 2003 11:31

PAGE 00

Aug 21 03 10:45a
08/20/2003 11:05 778931592

6782-0037486710
EMERGENCY BRMC LLC
P.O. BOX 48905
JACKSONVILLE, FL 32247-6308
Return Service Requested

QP001070800037486710



101010101010101010101010101010101010

001980

Patient Name [Redacted]
Account Number [Redacted]
Account Balance - 204.00

DRAY

PAGE 00 P. 0

Date: 08/20/2003

Amount Due: 204.00

204.00

Mail Payment to:

EMERGENCY BRMC LLC
PO BOX 118289
ATLANTA, GA 30389



Place of Service: SOUTHERN REG HEALTH SYSTEM

Dear [Redacted]

Your medical record indicates the treatment you received on 07/23/2003 at SOUTHERN REG HEALTH SYSTEM may have been a result of an automobile accident. We have no insurance information in your file. In order for us to appropriately bill and receive payment for these services, it is necessary that you provide us with the following information:

Social Security No. _____ Date of Birth _____

Claim No. _____ Date of Original Injury _____

Policy No. _____ Group No. _____

Insured's Name: _____

Auto Insurance Carrier _____

Insurance Address _____

City, State, Zip Code _____

Insurance Telephone No. _____

Please return to the address above or fax to (904)-805-1397.
If you have any questions, please call at (904)-877-7554.

EA63-618 000

AUG 21 2003 11:31

PAGE 00



EMS VENTURES, INC.
P O BOX 102767
ATLANTA GA 30388
007746

1004-0001

RETURN SERVICE REQUESTED
PATIENT: [REDACTED]

PAYING AMOUNT	INVOICE #	DATE
\$386.29	[REDACTED]	7/31/03

INSURANCE INFORMATION

IF YOU PROVIDE US WITH INSURANCE INFORMATION, WE MAY BE ABLE TO SUBMIT A CLAIM ON YOUR BEHALF. HOWEVER, PAYMENT IN FULL IS DUE UPON RECEIPT OF THIS BILL.

INSURANCE NAME: _____
 MEDICARE POLICY NO: _____
 GROUP NO: _____
 NAME OF INSURED: _____
 EMPLOYER/SCHOOL NAME: _____

ADDRESS:

[REDACTED ADDRESS]

EMERGENCY PERMIT TO: [REDACTED]
 EMS VENTURES, INC.
 P O BOX 102767
 ATLANTA, GA 30388-2767

Please check box if your address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

1004-0001-1000000000000000

PAGE NO. 1 OF 1

PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS REGARDING THIS BILL.

STATEMENT

SERVICE PROVIDED BY:
EMS VENTURES, INC.
Federal Employer ID: 68-1822284

CALL SOURCE: 911 EMERGENCY
 PRECIP: RETRIEVER RD @ OLD NATIONAL &
 DIRECTION: SOUTHWEST REGIONAL MEDICAL CTR

DATE OF SERVICE	PAYMENT/ADJUST DATE	DESCRIPTION OF SERVICE	QTY/CHGTS	CHARGE RATE	AMOUNT
07/23/03		ALS1 EMERGENCY	1	404.49	404.49
07/23/03		ALS MILLIGAN	8	7.38	59.04
07/23/03		FOLSE OXIMETER / 12/12V PUMP	1	35.00	35.00
07/23/03		SPIRAL TENSILEXISTION	1	43.00	43.00
07/23/03		ORCA BRANDY @ SUPPLIES	1	46.00	46.00

We sincerely had the opportunity to serve you by providing medical services under emergency conditions as requested by your medical profession.

At this time, the invoice for the above services is provided and payable. We request that you remit the amount in full within 30 days of the date you receive our office to maintain current arrangements.

If you provide us with insurance information, we may be able to submit a claim on your behalf. However, payment in full is due upon receipt of this bill.

Visa, Mastercard, Discover, or American Express is accepted by phone.

CUSTOMER	INVOICE #	SERVICE DATE	TYPE OF CALL	INCIDENT #	TOTAL PAID	TOTAL CHARGED
[REDACTED]	[REDACTED]	7/23/03	EMERGENCY	00774591	0.00	\$386.29

INQUIRIES CALL: 706/821-4700 OR: 1-800-943-4700

PLEASE PAY THIS AMOUNT \$386.29

THIS BILL IS YOUR RESPONSIBILITY

1004-0001-1000000000000000

1004-0001-1000000000000000

DISABILITY CERTIFICATE

JUL 31 2003

PERIOD OF DISABILITY

Name of patient: [REDACTED]

Dates of treatment:

7/24/03 through anticipated 10/3/03

Is patient still under treatment? Yes No

Date patient was released to return to work, (or, if currently disabled, date of anticipated return to work): 8/22/03

Dates of disability by history:

7/27/03 through anticipated 8/22/03

JOB LIMITATIONS ON RETURNING TO WORK

When patient returns to work, it should be under the following conditions:

Return to regular job duties, no limitations

Return to regular job duties with the following marked limitations:

Patient should not be doing any lifting, bending, or strenuous activity.

Patient should not be doing any lifting of objects over _____ pounds, and any bending, or strenuous activity.

Other _____

Date:

7/20/03

Signature:

[Handwritten Signature]

(Attending Doctor)

(address)

923 Hill Street SW

(city, state, zip)

Atlanta, GA 30310

Please return to:
Law Offices of Bussey & Gindoff, P.C.
1800 Century Boulevard, N.E., Suite 910
Atlanta, Georgia 30345
(404) 320-4000

Aug 21 03 10:45a

P. 12

Southern Regional Medical Center

PROMINA®

11 UPPER RIVERDALE RD. SW
RIVERDALE, GEORGIA 30274-8804
(770) 881-8130

AUG 06 2003

STATEMENT DATE 07/27/03

NOTE:
PLEASE KEEP THIS ITEMIZED BILL FOR YOUR
INCOME TAX AND OTHER RECORDS.

PATIENT NAME: [REDACTED]
PATIENT NUMBER: [REDACTED]

PAGE: 001 E/R 95 D1

GUARANTOR'S NAME:

[REDACTED]

07/28/03	07/28/03
ARRIVAL DATE	DISCHARGE DATE
WYOMING ROOM	WYOMING ROOM

YOUR PHYSICIAN, SURGEON, ASST. SURGEON,
ANESTHESIOLOGIST AND RADIOLOGIST BILL
SEPARATELY FOR THEIR SERVICES.

DATE	QTY	PRICE	DESCRIPTION	HOSPITAL CHARGE	TOTAL CHARGE
7/23	1	55	*** 250 PHARMACY VICODIN, 1 TABLET	4.29	4.2
7/23	1	55	VICODIN, 1 TABLET	4.29	4.2
			TOTAL PHARMACY		8.5
7/23	1	5050	*** 270 MED/SURG SUPPLIES ORTH IMMOBILIZER KNEE XL	55.39	55.3
7/23	1	5120	CRUTCHES MEDIUM ALUMINUM PR	38.29	38.2
			TOTAL MED/SURG SUPPLIES		93.6
7/23	1	6506	*** 320 RADIOLOGY DIAGNOSTIC XR ANKLE 3+ VIEWS	154.57	154.5
7/23	1	6517	XR ELBOW 3+ VIEWS	138.03	138.0
7/23	1	6522	XR FOOT 3+ VIEWS	138.03	138.0
7/23	1	6528	XR HIP ROUTINE 2+ VIEWS	74.32	74.3
7/23	1	6537	XR KNEE 3 VIEWS	154.57	154.5
7/23	1	6564	XR SHOULDER ROUTINE 2+ VIEWS	121.46	121.4
7/23	1	6600	XR WAIST 3+ VIEWS	154.57	154.5
			TOTAL RADIOLOGY DIAGNOSTIC		935.9
7/23	1	6510	*** 324 CHEST X-RAY XR CHEST ROUTINE 2 VIEWS	160.22	160.2
			TOTAL CHEST X-RAY		160.2
7/23	1	7055	*** 450 EMERGENCY ROOM ER LEVEL IV CHARGE	394.82	394.8
7/23	1	7056	ER LEVEL III CHARGE	235.22	235.2
7/23	-1	7056	ER LEVEL III CHARGE	235.22	235.2
			TOTAL EMERGENCY ROOM		394.8
			TOTAL CHARGES		1,592.6
7/28		222	R3060 HETRAHEALTH ADJUSTMENT	685	398.2
			TOTAL PAYMENTS/ADJUSTMENTS		398.2
					1,194.6

UNLESS OTHER ARRANGEMENTS ARE MADE, ALL ACCOUNT BALANCES ARE PAYABLE UPON RECEIPT OF THIS STATEMENT.
WE RESERVE THE RIGHT TO REBILL FOR LATE CHARGES OR INSURANCE ADJUSTMENTS.

ER03-018 0872

AUG 21 2003 11:33

PAGE 12

MISSOURI UNIFORM ACCIDENT REPORT



MISSOURI STATE HIGHWAY PATROL

LEFT THE SCENE CLEARED ACCIDENT CLASSIFICATION NUMBER INJURED NUMBER KILLED

2 02-16-2002 1845 1849 1958 02-16-2002

3. LOCATION CASS OIA NIA

MO 291 MO 58 (SJ)

5 55 SPEED LIMIT DEG. CODE NIA GPS LONGITUDE NIA

1. STATE 2. COUNTY 3. MUNICIPAL 4. PRIVATE PROPERTY 5. OTHER

GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE

MODOT STOP SIGN KURUGGA DOWN

4. DRIVER STATE MO TYPE OF LICENSE

1. OPERATOR CLASS F 2. COL. CLASS 3. PERMIT 4. UNLICENSED 5. MC ONLY MC ENDORSEMENT

YEAR MAKE MODEL COLOR 2001 FORD Taurus WHITE

MO 2003 1.F.A.H.A.S.G.S.G.1.A.2.7.8.1.8.1 TOTAL NO. OF OCCUPANTS 4

1. NONE 18 - Undercarriage 19 - Windshield 20 - Bumper 21 - Toward Unit 22 - Cargo

TOW CO. INFORMATION CLEGG'S TOW (PATROL REQUEST)

4. DRIVER STATE MO TYPE OF LICENSE

1. OPERATOR CLASS E 2. COL. CLASS 3. PERMIT 4. UNLICENSED 5. MC ONLY MC ENDORSEMENT

YEAR MAKE MODEL COLOR 1999 FORD F-150 WHITE

MO 2003 1.F.T.B.K.1.7.W.4.X.K.B.6.4.7.2.5 TOTAL NO. OF OCCUPANTS 1

VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER ADDRESS (STREET, CITY, STATE, ZIP) SAME AS DRIVER

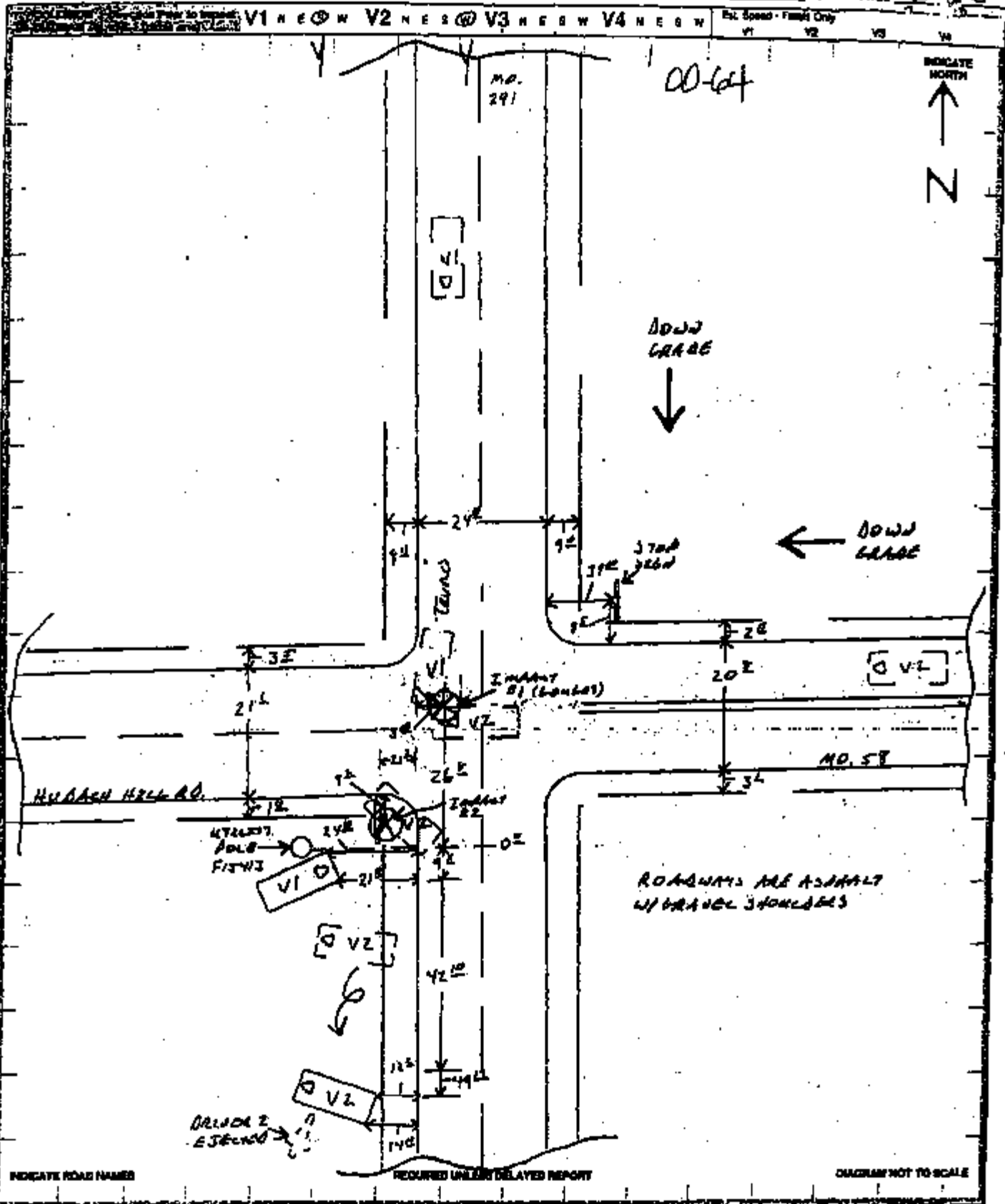
1. NONE 18 - Undercarriage 19 - Windshield 20 - Bumper 21 - Toward Unit 22 - Cargo

TOW CO. INFORMATION H&H TOW (PATROL REQUEST)

6 - WITNESSES NONE IDENTIFIED

NAME OF WITNESS ADDRESS (STREET, CITY, STATE, ZIP) TELEPHONE NO.

8
3
4
2
8
2



INDICATE ROAD NAMES

REQUIRED UNLESS DELAYED REPORT

DIAGRAM NOT TO SCALE

8. EVIDENTIARY PHOTOS TAKEN

YES NO BY WHOM AVAILABLE FROM

RECONSTRUCTION - Includes Narrative, Diagram, & Photo(s)

YES NO BY WHOM

9 - CODES

SEAT LOCATION	INJURY	TRANSPORTED (Medical Treatment)	SECTION	AIR BAG FRONT	AIR BAG SIDE	SAFETY DEVICES
1X - Not Known P - Pedestrian B - Bicycle M - Motorcycle OE - Occupant - Exposed Least Area OU - Occupant - Unexposed Least Area CP - Commercial Passenger OV - Other (Explain in Remarks)	1. FMI 2. Disability 3. Fatal - Min. Disabling 4. Probable - Not Apparent 5. None Apparent 6. Unknown	1. No 2. EMS 3. Other 4. Unknown	1. NA 2. No 3. Partially 4. Totally 5. Unknown	1. None / NA 2. Deployed 3. Not Deployed	1. None / NA 2. Deployed 3. Not Deployed	1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 6. Child Restrain 7. Helmet Used 8. Helmet Not Used 9. Life Unknow

10 - DRIVERS

NAME ADDRESS	DATE OF BIRTH MM-DD-YYYY	SEX	VEH. NO.	SEAT LOC.	BLA.	TRANSPORT	EJECTION	AIR BAG P	AIR BAG S	SAP BEY	TELEPHONE NO.
<input type="checkbox"/> NA DRIVER 1 - SAME ADDRESS AS ABOVE	10-02-1940	M	1	FL	2	2	2	3	2	5	
<input type="checkbox"/> NA DRIVER 2 - SAME ADDRESS AS ABOVE	11-25-1966	M	2	FL	2	2	4	2	1	2	

11 - OTHER OCCUPANTS & PASSENGERS (LEAD - SAME AS DRIVER)

NAME ADDRESS	DATE OF BIRTH MM-DD-YYYY	SEX	VEH. NO.	SEAT LOC.	BLA.	TRANSPORT	EJECTION	AIR BAG P	AIR BAG S	SAP BEY	TELEPHONE NO.
<input type="checkbox"/> [Redacted]	12-05-1947	M	1	FR	2	2	2	3	1	5	
<input type="checkbox"/> [Redacted]	04-26-1943	F	1	SL	2	2	2	1	1	5	
<input type="checkbox"/> [Redacted]	03-06-1941	F	1	SR	2	2	2	1	1	5	

14. HAZARDOUS MATERIALS

- 1. Passenger Car
- 2. Station Wagon
- 3. Sport Utility Vehicle
- 4. Limousine (8-15 for hire)
- 5. Van (8 or less with driver)
- 6. Small Bus (9-15 with driver)
- 7. Bus (16 or more with driver)
- 8. School Bus (less than 16 with driver)
- 9. School Bus (16 or more with driver)
- 10. Motorcycle
- 11. ATV
- 12. Motorized Bicycle
- 13. Pedalcycle
- 14. Motor Home / Camper
- 15. Farm Implement
- 16. Construction Equipment
- 17. Other Transport Device
- 18. Unknown
- 19. Single-unit Truck: 2 axles, 8 tires
- 20. Single-unit Truck: 3 or more axles
- 21. Vehicle Pulling Another Vehicle: 1-21 only

- 1. On Roadway
 - 2. Off Roadway
- COLLISION INVOLVING
- 1. Animal
 - 2. Pedalcycle
 - 3. Fixed Object
 - 4. Other Object
 - 5. Pedestrian
 - 6. Train
 - 7. MV in Transport
 - 8. MV on Other Roadway
 - 9. Parked MV
- NON-COLLISION
- 10. Overtaking
 - 11. Other Near-Collision

- 1. Going Straight
- 2. Overtaking
- 3. Making Right Turn
- 4. Right Turn on Red
- 5. Making Left Turn
- 6. Making U Turn
- 7. Changing / Sliding
- 8. Stopping / Stopping
- 9. Start in Traffic
- 10. Stop From Partial
- 11. Backing
- 12. Stopped in Traffic
- 13. Parked
- 14. Changing Lanes
- 15. Avoiding
- 16. Crossover Median
- 17. Crossover Centerline
- 18. Crossing Road
- 19. Alternate
- 20. Run Off Road - Right
- 21. Run Off Road - Left
- 22. Obstacle / Restraint
- 23. Fire / Explosion
- 24. Inattention
- 25. Intoxicated
- 26. Cargo Load / Shift
- 27. Equipment Failure
- 28. Separation of Units
- 29. Returned to Road
- 30. Collision Inv. Pedestrian
- 31. Collision Inv. Pedalcycle
- 32. Collision Inv. Train
- 33. Collision Inv. Animal (animal code - explain)
- 34. Collision Inv. MV in Transport
- 35. Collision Inv. Parked Motor Vehicle
- 36. Collision Inv. Fixed Object (animal code - explain)
- 37. Collision Inv. Other Object (explain)
- 38. Other - Non Collision

- 2 WH.
- 3 WH.
- 4 WH.
- 5 WH, or More
- Unknown

- 25. Truck Tractor With No Units
- 26. Truck Tractor With One Unit
- 27. Truck Tractor With Two Units
- 28. Truck Tractor With Three Units
- 29. Other Heavy Truck

- 30. Head On
- 31. Rear End
- 32. Side-swipe - Headed
- 33. Side-swipe - Passing
- 34. Angle
- 35. Backed into
- 36. Other

- 1. Police
- 2. Fire
- 3. Ambulance
- 4. Other (initial check "K")

- 1. Normal
- 2. Accident Ahead
- 3. Precedence Shown

- 1. None
- 2. Not Used
- 3. Shoulder Belt Only
- 4. Lap Belt Only
- 5. Shoulder and Lap Belt
- 6. Child Restrain
- 7. Helmet Used
- 8. Helmet Not Used
- 9. Life Unknow

- 1. None
- 2. Not Deployed
- 3. Deployed
- 4. Not Deployed

- 1. None
- 2. Not Used
- 3. Shoulder Belt Only
- 4. Lap Belt Only
- 5. Shoulder and Lap Belt
- 6. Child Restrain

- 1. None
- 2. Not Used
- 3. Shoulder Belt Only
- 4. Lap Belt Only
- 5. Shoulder and Lap Belt
- 6. Child Restrain

- 1. None
- 2. Not Used
- 3. Shoulder Belt Only
- 4. Lap Belt Only
- 5. Shoulder and Lap Belt
- 6. Child Restrain

- 1. None
- 2. Not Used
- 3. Shoulder Belt Only
- 4. Lap Belt Only
- 5. Shoulder and Lap Belt
- 6. Child Restrain

V1 Unknown
 1, 34, 7, 20, 36, 7

30. Animal Code _____
 36. Fixed Object Code 27, _____

V2 Unknown
 1, 18, 34, 7, 21, 22

33. Animal Code _____
 36. Fixed Object Code _____

Animal, Fixed Object, and Inattention Codes explained in narrative.

17. PEDESTRIAN INVOLVEMENT VI V2 <input type="checkbox"/> 1. At Intersection <input type="checkbox"/> 2. Not At Intersection MA		19. VEHICLE OBSCURED VI V2 <input type="checkbox"/> 1. Windshield <input type="checkbox"/> 2. Load on Vehicle <input type="checkbox"/> 3. Trees / Brush <input type="checkbox"/> 4. Building <input type="checkbox"/> 5. Embankment <input type="checkbox"/> 6. Signposts <input type="checkbox"/> 7. Hillcrest <input type="checkbox"/> 8. Parked Car <input type="checkbox"/> 9. Moving Car <input type="checkbox"/> 10. Glass <input type="checkbox"/> 11. Other (specify) <input type="checkbox"/> 12. Not Obscured		21. ROAD CHARACTER VI V2 <input type="checkbox"/> 1. Construction Zone <input type="checkbox"/> 2. Other Work Zone <input type="checkbox"/> 3. School Zone <input type="checkbox"/> 4. Stop Sign <input type="checkbox"/> 5. Electric Signal <input type="checkbox"/> 6. RR Signal / Gate <input type="checkbox"/> 7. Yield Sign <input type="checkbox"/> 8. Officer / Flagman <input type="checkbox"/> 9. No Parking Zone <input type="checkbox"/> 10. Turn Restricted <input type="checkbox"/> 11. Signal on School Bus <input type="checkbox"/> 12. None	
18. CROSSING ROAD VI V2 <input type="checkbox"/> 3. VMA Signal <input type="checkbox"/> 4. Against Signal <input type="checkbox"/> 5. No Signal <input type="checkbox"/> 6. Diagonally <input type="checkbox"/> 7. White Crosswalk <input type="checkbox"/> 8. Within Marked Crosswalk <input type="checkbox"/> 9. Behind / In Front of Parked Car <input type="checkbox"/> 10. With Traffic <input type="checkbox"/> 11. Against Traffic <input type="checkbox"/> 12. Crossing On / Off Vehicle <input type="checkbox"/> 13. Stopping / Lying / Sliding on Road <input type="checkbox"/> 14. Pushing / Working on Vehicle <input type="checkbox"/> 15. Other Working <input type="checkbox"/> 16. Plying on Road <input type="checkbox"/> 17. Off Roadway		20. ROAD SURFACE <input type="checkbox"/> 1. Concrete <input type="checkbox"/> 2. Asphalt <input type="checkbox"/> 3. SHM <input type="checkbox"/> 4. Gravel <input type="checkbox"/> 5. Dirt / Sand <input type="checkbox"/> 6. Mud-Curbside			
22. ROAD PROFILE VI V2 <input type="checkbox"/> 1. Level <input checked="" type="checkbox"/> 2. Grade <input type="checkbox"/> 3. Humped		24. WEATHER CONDITION VI V2 <input type="checkbox"/> 1. Clear <input type="checkbox"/> 2. Overly <input type="checkbox"/> 3. Rain <input type="checkbox"/> 4. Snow <input type="checkbox"/> 5. Sleet <input type="checkbox"/> 6. Freezing (temp.) <input type="checkbox"/> 7. Fog / Mist <input type="checkbox"/> 8. Indeterminate (specify)			

27 - COMMERCIAL MOTOR VEHICLE (Complete for each commercial vehicle involved.)

Assure the following to determine if this section should be completed. 1. Does the accident involve any of the following: a. a person fatally injured or b. a person transported for medical attention, or c. a vehicle towed from the scene of the accident <input type="checkbox"/> NO - DO NOT COMPLETE <input checked="" type="checkbox"/> YES - GO TO NUMBER 2		
2. Examine each vehicle to determine if it is a commercial vehicle based on the following: a. a truck with GVWR of more than 10,000 lbs. and engaged in commerce; or b. a bus or school bus (if or more including driver); or c. a vehicle with a hazardous material placard <input checked="" type="checkbox"/> NO - DO NOT COMPLETE <input type="checkbox"/> YES - COMPLETE SECTIONS B - E		
B. CARRIER ID NUMBER VI ICC NO. MC _____ USDOT NO. _____ V2 ICC NO. MC _____ USDOT NO. _____		E. CARGO BODY TYPE VI V2 <input type="checkbox"/> 1. Tanker <input type="checkbox"/> 2. Cargo Tank <input type="checkbox"/> 3. Flatbed <input type="checkbox"/> 4. Dump <input type="checkbox"/> 5. Concrete Mixer <input type="checkbox"/> 6. Auto Transporter <input type="checkbox"/> 7. Garbage / Refuse <input type="checkbox"/> 8. Grain, Chip, Gravel <input type="checkbox"/> 9. Pole Trailer <input type="checkbox"/> 10. Other
C. HAZARDOUS MATERIAL PLACARD NUMBER VI 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____ V2 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____		
D. TRAFFICWAY <input type="checkbox"/> 1. Two-Way; Not Divided <input type="checkbox"/> 2. Two-Way; Divided; Unprotected Median <input type="checkbox"/> 3. Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> 4. One-Way; Not Divided		

28 - NARRATIVE / STATEMENTS (If additional space is necessary, attach a separate sheet.)

VEHICLE 1 WAS SOUTHBOUND ON MO. 291, AND VEHICLE 2 WAS WESTBOUND ON MO. 57. DRIVER 2 FAILED TO STOP AT THE STOPPED STOP SIGN AT MO. 291 AND ENTERED THE INTERSECTION INTO THE PATH OF VEHICLE 1. THE FRONT OF VEHICLE 1 STRUCK THE RIGHT SIDE OF VEHICLE 2. BOTH VEHICLES LEFT THE ROADWAY AT THE SOUTHWEST CORNER OF THE INTERSECTION. VEHICLE 1 STRUCK THE STOP SIGN AT THE CORNER, THEN CAME TO REST UPRIGHT FACING EAST, NEAR OF MO. 291. VEHICLE 2 ROLLED AFTER LEAVING THE ROADWAY, EJECTING DRIVER 2. VEHICLE 2 CAME TO REST UPRIGHT, FACING WEST.

DRIVER 1 ADVISED HE WAS SOUTHBOUND ON MO. 291 AND VEHICLE 2 ENTERED THE INTERSECTION AHEAD OF VEHICLE 1.

DRIVER 2 COULD ONLY ADVISE HE WAS WESTBOUND ON MO. 57 AHEAD TO THE ACCIDENT.

DRIVER 1 AND MR. [REDACTED] WERE TRANSPORTED TO RESEARCH HOSPITAL, KANSAS CITY, MISSOURI; DRIVER 1 BY HARRISVILLE AMBULANCE, AND MR. CALLAWAY BY LIFE FLIGHT HELICOPTER.

OFFICER'S SIGNATURE CH. B. W. [REDACTED]	1192	11	A
REVIEWING OFFICER'S SIGNATURE 613			I.D.N. / GADGE NO.

NARRATIVE / STATEMENTS		<input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> SUPPLEMENT		AGENCY NAME AND CITY	
ORIGINAL REPORT / CASE / INCIDENT NUMBER 402140379		ADDITIONAL SUPPLEMENT NO. N/A		MISSOURI STATE HIGHWAY PATROL	
SUPPLEMENTAL REPORT DATE N/A		ACCIDENT DATE 02-16-2002		TRP / DIST / PCT A	COUNTY CASS
REPORTING OFFICER SIGNATURE CAL. G. W. [Signature]		DSN / BADGE NO. 1142	SUPPLEMENTAL REVIEWING OFFICER SIGNATURE N/A		DSN / BADGE NO. N/A
0	DRIVER 2, MRS. [REDACTED] AND MRS. [REDACTED] WERE TRANSPORTED TO ST. JOSEPH [REDACTED] CENTER, KANSAS CITY, MISSOURI. DRIVER 2 WAS TRANSPORTED BY LIFE FLIGHT HELICOPTER. MRS. [REDACTED] BY LIFE NET HELICOPTER AND MRS. [REDACTED] BY PLEASANT HILL AMBULANCE.				
3					
1					
8					
4					
1					
2					
8					
8					
2					

SP-220 01/02

NARRATIVE / STATEMENTS		<input checked="" type="checkbox"/> CONTINUATION <input checked="" type="checkbox"/> SUPPLEMENT		AGENCY NAME AND OFFICER	
ORIGINAL REPORT / CASE / INCIDENT NUMBER		ADDITIONAL SUPPLEMENT NO.		MISSOURI STATE HIGHWAY PATROL	
402140379		N/A			

SUPPLEMENTAL REPORT DATE	ACCIDENT DATE	TWP / DIST / PCT	COUNTY
02-21-2002	02-16-2002	A	CASS

REPORTING OFFICER SIGNATURE	DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER SIGNATURE	DSN / BADGE NO.
CPL. G.W. VANDERKAM	1192	[Signature]	613

B
3
/
8
4
/
2
8
8
2

ON 02-21-2002, I SPOKE BY PHONE WITH A REPRESENTATIVE OF CHICAGO TITLE INSURANCE COMPANY, TO WHOM VEHICLE 1 IS LEASED. THEY ADVISED VEHICLE 1 IS INSURED BY ST. PAUL INSURANCE, POLICY # [REDACTED]

**AUTOLIV ELECTRONICS AMERICA
RESTRAINTS CONTROL MODULE FIELD REPORT**

REPORT INFORMATION		ALLEGED EVENT DESCRIPTION
ID #	G8	Ford reported the vehicle was involved in an intersection accident.
REPORT DATE	8/5/2003	
VEHICLE INFORMATION		
MODEL YEAR	01	
NAME	TAURUS	
CODE	D186	
VIN	1FAHP56S61A278181	
MILEAGE	Data not supplied	
LOCATION OR ID	1FAHP56S61A278181FORD1_ABS	
RESTRAINT CONTROL MODULE		ALLEGED DAMAGE DESCRIPTION
TYPE	ARM183	Data not supplied.
PART#	Data not supplied	
SERIAL #	Data not supplied	
BUILD DATE	Data not supplied	
CUSTOMER CONTACT		INVESTIGATION RESULTS
NAME	[REDACTED]	<p>The analysis was performed on the "1FAHP56S61A278181FORD1_ABS" sent to Autoliv from Ford.</p> <ol style="list-style-type: none"> 1. The restraint control module issued a command to deploy the driver side pretensioner and both side airbags. The fire time for the driver pretensioner was 7 ms after algorithm wakeup. The fire time for both side airbags was 45 ms after the side safing criteria was met. The unbelted stage 1 deployment criteria was met. The passenger follows driver option was also enabled. 2. The seat track was rearward, the driver buckle status was buckled, and the passenger buckle status was unbuckled at the time of the event. 3. There were no faults present at the time of the event. 4. There were no internal faults recorded in the restraint control module. 5. The historical faults are listed on the next page.
COMPANY	Ford Design Analysis	
POSITION	Manager	
PHONE	(313) 322-7059	
EMAIL	muth@ford.com	
AEA CONTACT		
NAME	[REDACTED]	
POSITION	Field Investigations Engineer	
PHONE	[REDACTED]	
EMAIL	[REDACTED]	
ADDITIONAL INFORMATION		

**AUTOLIV ELECTRONICS AMERICA
RESTRAINTS CONTROL MODULE FIELD REPORT**

REPORT ID# G8

HISTORICAL FAULTS

Driver SCS Communication Fault

- 1 Key-ons with the fault
- 1 Key-ons fault has not been present

Passenger SCS Communication Fault

- 1 Key-ons with the fault
- 1 Key-ons fault has not been present

Passenger Side Airbag High Resistance or Open Circuit

- 1 Key-ons with the fault
- 1 Key-ons fault has not been present

ARM100 crash data memory full

- 2 Key-ons with the fault
- 0 Key-ons fault has not been present

Seat Track Position Switch fault

- 1 Key-ons with the fault
- 1 Key-ons fault has not been present

Driver Side Airbag High Resistance or Open Circuit

- 1 Key-ons with the fault
- 1 Key-ons fault has not been present

Driver Pretensioner High Resistance or Open Circuit

- 1 Key-ons with the fault
- 1 Key-ons fault has not been present

Front Crash Sensor Communication Fault

- 1 Key-ons with the fault
- 1 Key-ons fault has not been present

Driver airbag squib #2 (stage 2) resistance high or open circuit

- 1 Key-ons with the fault
- 1 Key-ons fault has not been present

Passenger airbag squib #2 (stage 2) resistance high or open circuit

- 1 Key-ons with the fault
- 1 Key-ons fault has not been present

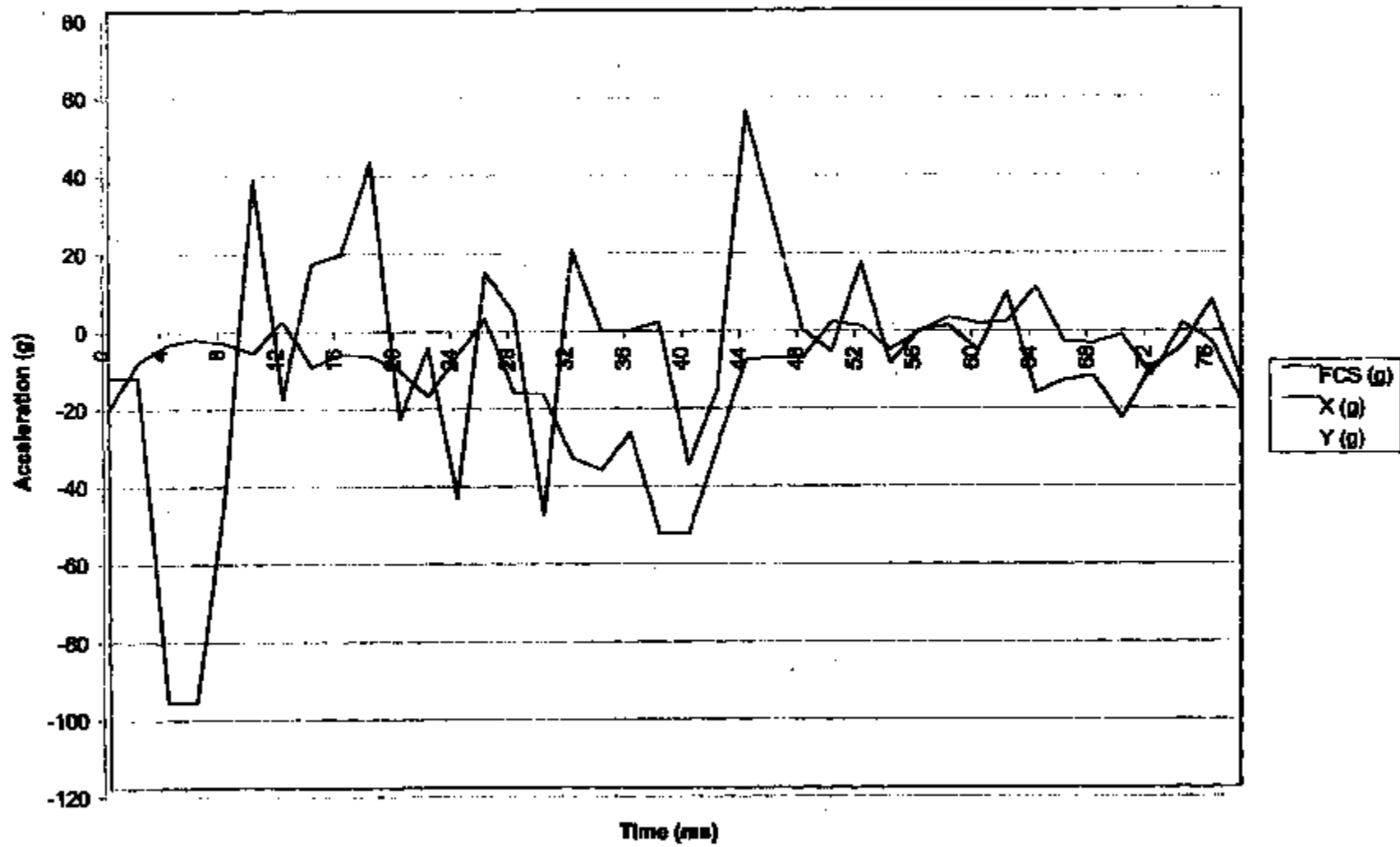
HISTORICAL FAULTS WITHOUT KEY-CYCLE DATA

Passenger Pretensioner High Resistance or Open Circuit

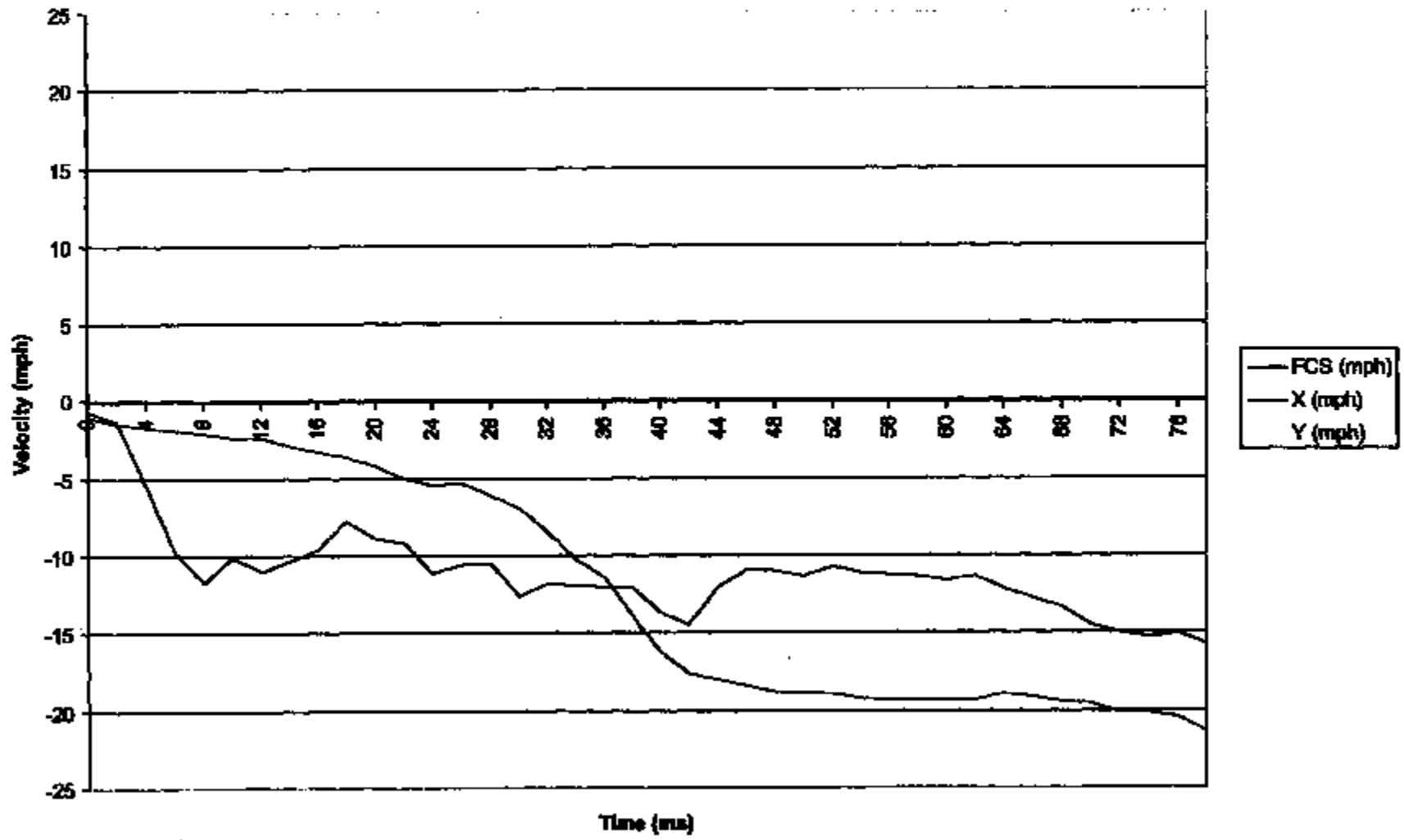
Driver Buckle Switch Fault

Passenger Buckle Switch Fault

Acceleration Plot



Velocity



Hexadecimal Data

This page displays all the data retrieved from the air bag module.
It contains data that is not converted by this program.

```

0800: 12 4A 40 76 14 FB FF FF FF FF 0B 24 0F 2D 3A 57
0810: C8 FF 5E FF 52 60 52 60 60 52 E3 20 3C 78 D6 A0
0820: 08 03 28 37 5F 0F 0F 0A F5 0A B7 84 A1 5E C9 95
0830: 03 0C 1B 1E 00 FF 3C 3C 80 06 28 64 64 00 0C 01
0840: 5A 96 50 FF FF FF BF DF DE B7 FF 72 4E 13 25 B1
0850: EC 14 09 0F 01 FF FF D3 FF FF CD 44 00 FF FF 0D
0860: 0C 22 05 37 36 49 D0 0C 12 05 37 34 16 B3 FF FF
0870: 05 3B 28 00 6A 00 BF FF 59 46 31 41 02 08 FF 09
0880: 21 FF 7F 22 FF 7F 29 FF 7F 02 FE 80 1C FF 7F FF
0890: 25 FF 7F 2B FF 7F 17 FF 7F 0F FF 7F 13 FF 7F FF
08A0: 04 80 88 10 26 2A 18 00 00 00 FF FF FF FF FF FF
08B0: 02 FF 81 38 00 8D 01 FF FF FF FF FF 31 02 FE E8
08C0: FF 13 01 FE EC 14 01 FE EC 08 30 99 97 41 FF FE
08D0: 01 0E 0C 80 02 58 16 87 1F BE 01 0A 00 8C 01 04
08E0: 00 F0 01 36 00 A0 01 54 00 3F 02 30 02 C7 02 8A
08F0: 05 14 07 08 01 2C 03 CA 04 CB 06 40 73 33 00 A0
0900: 3F FF 00 03 00 4B 01 CC 00 03 0F FF 00 14 00 78
0910: 00 A0 00 6E 0A 16 FF 01 00 00 00 7F 0F 0C 0F 02
0920: 03 5A 32 46 05 50 02 02 FA 1E 08 0C 0A 1C 02 23
0930: 09 06 28 32 16 20 16 1F 5F FF FF 02 FF FF FF 11
0940: FF FF FF FF FF FF FF FF FF FF FF FF FF FF FF
0950: 07 00 00 00 07 00 00 02 00 00 02 0A 07 05 20 21
0960: 04 06 07 10 07 10 04 00 00 00 07 14 18 1E 0D A7
0970: 00 00 DA 90 A3 80 AF A2 A2 55 55 86 D1 9D ED BF
0980: D5 98 A9 85 BB B1 B1 C0 AD AD AF 8D 9F E1 C7 AD
0990: A8 ED A5 AD AE AE B6 9F A1 A2 98 A4 A9 B4 A1 78
09A0: 8F 98 9E 99 94 A4 8D 93 92 BB 7E 92 A5 80 7F 5F
09B0: 59 6C 39 39 85 90 91 91 A3 A1 9E 9E A5 A2 A3 B4
09C0: 99 98 9C 88 A2 99 7B 6D 71 7B A4 87 8D 81 7D 84
09D0: 88 86 8E 95 8E 8F 8F 99 9C 94 C0 9A A1 9D A5 92
09E0: 8C 82 87 A6 B9 AB 8D 8C A0 A1 9D 97 9C 92 95 00
09F0: 00 00 00 00 00 00 00 2D 2D A0 00 FF FF FF FF 04

```

CDR File Information

Vehicle Identification Number	1FAHP56661A276181
Investigator	WR
Case Number	see read of calloway vehicle 01 Taurus
Investigation Date	23 Jul 03
Crash Date	
Filename	1FAHP56661A276181A6A1.CDR
Saved on	Wednesday, July 23 2003 at 01:36:43 PM
Data check information	87C87A04
Collected with CDR version	Crash Data Retrieval Tool 2.10
Collecting program verification number	88B4FDF8
Reported with CDR version	Crash Data Retrieval Tool 2.10
Reporting program verification number	88B4FDF8
Interface information	Block number: 00 Interface version: 35 Date: 01-02-03 Checksum: 8200
Event(s) recovered	Deployment

Module Information

The retrieval of this data has been authorized by the vehicle's owner, or other legal authority such as a subpoena or search warrant, as indicated by the CDR tool user on Wednesday, July 23 2003 at 01:39:43 PM.

Important Limitations on Vehtronix Crash Data Retrieval (CDR) Tool Capabilities.

Disclaimer: This Restraint Control Module (RCM) records deceleration data for the purpose of understanding the input data the Restraint Control Module used to determine whether or not to deploy restraint devices. This module does not record vehicle speed, throttle position, brake on-off, and other data, which may be recorded in some 1999 model year and later General Motors modules. The deceleration data recorded by Ford's module during a crash case subsequently be mathematically integrated into a Delta-V. Delta-V is the change in velocity during the recording time and is NOT the speed the vehicle was traveling before the accident, and is also not the Better Equivalent Velocity. The Vehtronix CDR Tool will read and interpret both acceleration in G's and Delta-V in mph. RCMs in Ford vehicles that can be read by the Vehtronix CDR tool are listed in the Vehtronix Help Files.

Important

If there is any question that the restraint system did not perform as it was designed to perform, please read the system only through the diagnostic link connector. The Vehtronix CDR kit provides an RCM interface cable to plug directly into the restraint control module. The Vehtronix CDR RCM Interface Cable connects only power, ground, and memory read pins to the relevant vehicle restraint control module. The other RCM pins normally connect to inputs, such as sensors, and outputs, such as airbags, are not connected when you use the RCM Interface Cable to plug directly into the module. Since the vehicle restraint control module is constantly monitoring airbag system readiness, it will detect that the sensors and airbags are not connected. The restraint control module may record a new diagnostic trouble code into memory for each device that is not connected. These new diagnostic trouble codes may record over previously written diagnostic trouble codes present prior to the accident and spoil evidence necessary to determine if the restraint system performed in the accident as it was designed to perform. Not only could this prevent Ford from being able to determine if the system performed as it was designed to perform, but, regardless of innocent inadvertence, you could raise issues of evidence spoliation in any litigation that may arise out of the accident. If you cannot read the module via the diagnostic link connector, and if you suspect improper system performance, contact Ford Motor Company and request their assistance to read the module with a proper vehicle simulator attached. If you choose to read via the module connector, Ford recommends that you do so in the vehicle and that you leave the second large connector plugged into the vehicle wiring harness to minimize the number of new diagnostic trouble codes created.

While data stored in RCMs is accurate, accident reconstructionists must be aware of the limitations of the data recorded in Ford's control modules and should compare the recorded data with the physical evidence at the accident scene using professional accident reconstruction techniques (i.e. vehicle crush characteristics, skid marks, etc) before making any assumptions about the import and validity of the data recorded in the module with respect to the crash event being analyzed. The following describes specific limitations that must be considered when analyzing recorded data. Investigators should obtain permission of the vehicle owner prior to reading any data.

1. There may be no deceleration data recorded in the module. Loss of power (cut wire, damaged battery, crushed fuse box) to the module during or immediately after the crash may prevent the crash data from being recorded. A backup power supply within the module has sufficient power to continue to analyze the

deceleration data and deploy restraint devices if needed, but there is no backup power for recording.

If the deceleration input does not create a Delta-V above 4 mph within 100 milliseconds, there may not be any data recorded.

2. In unusual circumstances, deceleration data stored in the module may be from a crash other than the one you are currently analyzing.

The module will record data from some non-deploy events. If, after the module has recorded data from a non-deploy event, and there is a subsequent event in which there is a loss of power and no new recording is made for that subsequent event, the deceleration data in the module's memory may be from the prior event. If the now, subsequent event is a deploy event and recording has occurred, the deployment times should be recorded. If there are no deployment times recorded, but airbags or other restraint devices are observed to have deployed, the recorded data that you read are most likely from a prior event.

Once an airbag or other restraint device has been commanded to deploy, the data recorded in connection with that deployment are "locked", and subsequent crashes cannot be recorded. If a vehicle is being repaired, the RCM should be replaced after any crash in which restraint devices deploy. Early printed shop manuals refer to re-using modules by clearing the "crash data memory full" code, but this is no longer true and the latest on-line electronic shop manual directs that modules be replaced.

Crashes that involve multiple impacts will record only one of the impacts. If there is a deployment, the deployment event will be recorded and locked. If no restraint device is commanded to deploy, the recorded data are not "locked", and subsequent impacts may record over any previously recorded data. Further analysis will be required to determine which of the events was actually recorded.

3. The computed longitudinal and lateral Delta-V's may understate the total Delta-V.

The memory in the 2000 Taurus module records 40 acceleration data points at 2 ms intervals, for a total recording length of 80 milliseconds. Many real-world crashes can last longer than the memory has the capacity to record. Therefore, the actual Delta-V of the event may be higher than the Delta-V calculated and displayed by the Vetronix CDR System output. Review the end of the longitudinal acceleration/deceleration pulse - if it has not settled to zero G's by the end of the recording, the Delta-V is most likely understated. If there is a clear decaying trend line you may choose, at your own risk, to estimate the total Delta-V by extrapolating the decay trend to zero and calculating the additional Delta-V not captured.

Under some circumstances where power is interrupted, during the recording of data, or the module re-sets during the recording of data, a partial recording may occur. This will be shown as "no data" in the data table and will not be plotted on the graph of acceleration.

4. This module records longitudinal acceleration/deceleration of the vehicle and separately records the lateral acceleration/deceleration. You must combine and integrate the longitudinal and lateral recordings to get a resultant total change in velocity (Delta-V).

5. Vertical acceleration/decelerations are not recorded. Vehicle spin about a point not centered on the Restraints Control Module sensor may add or subtract from bulk vehicle motion.

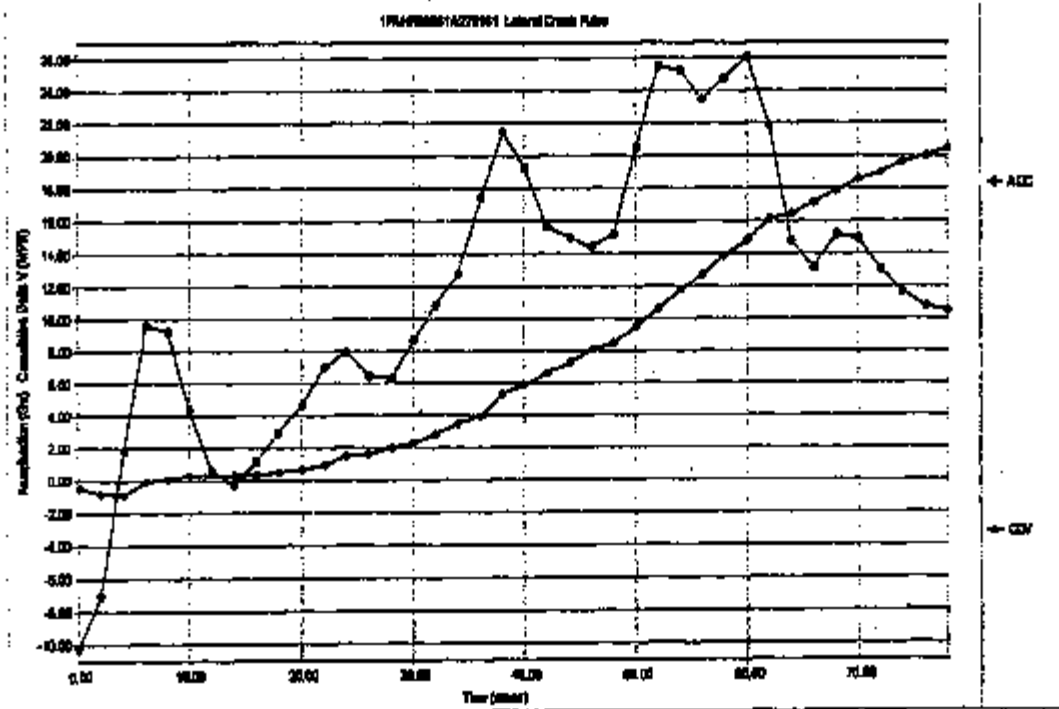
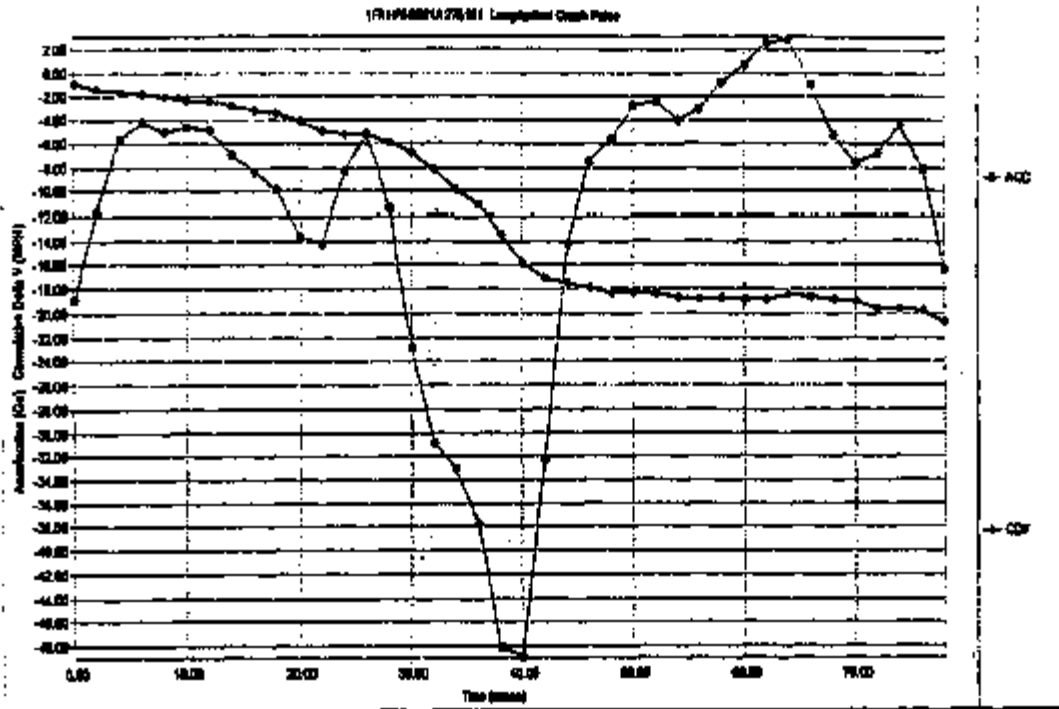
6. This module may not record any lateral or longitudinal acceleration/deceleration in a side-impact event. If the side impact generates a longitudinal deceleration component sufficient to wake up the frontal deployment algorithm, there may be a recording of both longitudinal and lateral deceleration.

Any Delta-V determined by using data read from the air bag module should be verified with physical evidence from the crash (such as vehicle crush, skid marks) and assumed accident sequence. Multiple impacts, angular collisions, side impacts, vehicle spin, etc should be considered in addition to the data read from the air bag module.

System Status At Deployment

Data Validity Check	Valid
EDR Model Version	141
Time From Side Belling Decision to Left (Driver) Side Bag Deployment (msec)	48
Time From Side Belling Decision to Right (Passenger) Side Bag Deployment (msec)	46
Diagnostic Codes Active When Event Occurred	0
Time From Algorithm Wakeup to Pretrigger (msec)	7
Time From Algorithm Wakeup to First Stage - Unbelted (msec)	7
Time From Algorithm Wakeup to First Stage - Belted (msec)	0
Time From Algorithm Wakeup to Second Stage (msec)	0
Driver Seat Belt Buckle	Engaged
Passenger Seat Belt Buckle	Not Engaged
Driver Seat Track In Forward Position	No
Runtime (msec)	218
Number of Invalid Times in recording	0

Parameter	Driver	Passenger
Time From Algorithm Wakeup to Pretrigger Deployment Attempt (msec)	7	Unbelted
Time From Algorithm Wakeup to First Stage Deployment Attempt (msec)	Not Deployed	Not Deployed
Time From Algorithm Wakeup to Second Stage Deployment Attempt (msec)	Not Deployed	Not Deployed



Crash Pulse Data

Milliseconds	Long. Acceleration (Gs)	Long. Cumulative Delta V (MPH)	Lat. Acceleration (Gs)	Lat. Cumulative Delta V (MPH)
0	-18.89	-0.84	-10.18	-0.42
2	-11.72	-1.38	-7.01	-0.75
4	-5.86	-1.82	1.89	-0.86
6	-4.23	-1.80	9.87	-0.07
8	-5.01	-2.02	9.33	0.09
10	-4.64	-2.38	4.40	0.37
12	-4.77	-2.33	0.62	0.40
14	-8.91	-2.81	-0.27	0.33
16	-8.40	-3.18	1.24	0.42
18	-8.87	-3.53	2.99	0.69
20	-13.58	-4.08	4.88	0.72
22	-14.20	-4.87	7.07	1.03
24	-8.38	-5.25	7.94	1.48
26	-6.08	-5.20	6.59	1.87
28	-11.42	-5.97	8.36	2.00
30	-22.80	-6.78	8.89	2.33
32	-30.87	-8.26	10.90	2.68
34	-33.11	-9.88	12.78	3.48
36	-37.73	-11.09	17.43	3.93
38	-48.10	-13.41	21.48	5.34
40	-48.89	-15.74	19.31	6.91
42	-32.28	-17.10	18.88	6.83
44	-14.20	-17.82	14.99	7.27
46	-7.41	-17.92	14.42	8.08
48	-5.60	-18.31	15.21	8.47
50	-2.78	-18.31	20.55	9.63
52	-2.38	-18.35	25.54	10.63
54	-3.97	-18.66	25.24	11.83
56	-3.09	-18.77	23.44	12.67
58	-0.87	-18.73	24.75	13.92
60	0.63	-18.75	26.11	14.55
62	2.64	-18.75	21.80	16.20
64	2.86	-18.38	14.79	16.47
66	-0.96	-18.60	13.13	17.17
68	-5.38	-18.84	15.23	17.89
70	-7.66	-18.99	14.96	18.53
72	-8.69	-19.58	13.08	19.03
74	-4.39	-19.81	11.58	19.85
76	-8.20	-19.83	10.76	20.04
78	-16.37	-20.70	10.48	20.51

Hexadecimal Data

This page displays all the data retrieved from the air bag module.
It contains data that is not converted by this program.

```

0800: 12 4A 40 76 14 FB FF FF FF FF 0E 24 0F 2D 3A 57
0810: CB FF 5E FF 52 60 52 60 60 52 E3 20 3C 78 D6 A0
0820: 08 03 28 37 5F 0F 0F 0A F5 0A 57 84 A1 5E C9 95
0830: 03 0C 1B 1E 00 FF 3C 3C A0 06 28 64 64 00 0C 01
0840: 5A 96 50 FF FF FF FF DF D5 E7 FF 72 4E 13 25 B1
0850: EC 14 09 0F 01 FF FF D3 FF FF CD 44 00 FF FF 0D
0860: 0C 22 05 37 36 49 00 0C 12 05 37 34 16 B3 FF FF
0870: 05 3B 28 00 6A 00 BF FF 59 46 31 41 02 08 FF 09
0880: 21 FF 7F 22 FF 7F 29 FF 7F 02 FE 8D 1C FF 7F FF
0890: 25 FF 7F 2B FF 7F 17 FF 7F 0F FF 7F 13 FF 7F FF
08A0: 04 80 89 10 26 2A 18 00 00 00 FF FF FF FF FF
08B0: 02 FF 81 38 00 8D 01 FF FF FF FF FF 31 02 FE E5
08C0: FF 13 01 FE EC 14 01 FE EC 08 30 99 97 41 FF FE
08D0: 01 0E 0C 80 02 58 16 87 1E BE 01 0A 00 8C 01 04
08E0: 08 F0 01 36 00 A0 01 54 00 3F 02 3D 02 C7 02 8A
08F0: 05 14 07 06 01 2C 03 CA 04 CE 06 40 73 33 00 A0
0900: 3F FF 0D 03 00 4B 01 CC 00 03 0F FF 00 14 00 78
0910: 00 A0 00 6E 0A 16 FF 01 00 00 00 7F 0F 0C 0F 02
0920: 03 5A 32 46 05 50 02 02 FA 1E 08 0C 0A 1C 02 23
0930: 09 06 2B 32 16 20 16 1F 5F FF FF 02 FF FF FF 11
0940: FF FF FF FF FF FF FF FF FF FF FF FF FF FF FF
0950: 07 00 00 00 07 00 00 02 00 00 02 0A 07 05 20 21
0960: 04 06 07 10 07 10 04 00 00 00 07 14 14 16 00 A7
0970: 00 00 DA 90 A3 80 AF A2 A2 55 55 86 D1 9D 8D BF
0980: D5 9B A9 85 BE B1 B1 C0 AD AD AF 8D 9F E1 C7 AD
0990: A8 BD A3 AD AE A8 B6 9E A1 A2 98 A4 A9 B4 A1 78
09A0: 8F 98 9E 99 94 A4 9D 93 92 8B 7E 92 A5 8C 7F 8F
09B0: 59 6C 39 39 65 90 91 91 A3 A1 95 9E A5 A2 A3 B4
09C0: 99 98 9C 88 A2 99 7B 6D 71 7B A4 B7 8C 81 7D 84
09D0: 88 86 8E 95 88 8F 8F 99 9C 94 C0 9A A1 9D A5 92
09E0: 8D 82 87 A6 B9 AB 8D 8C A0 A1 9D 97 9C 92 95 00
09F0: 00 00 00 00 00 00 00 2D 2D A0 00 FF FF FF FF 04
    
```

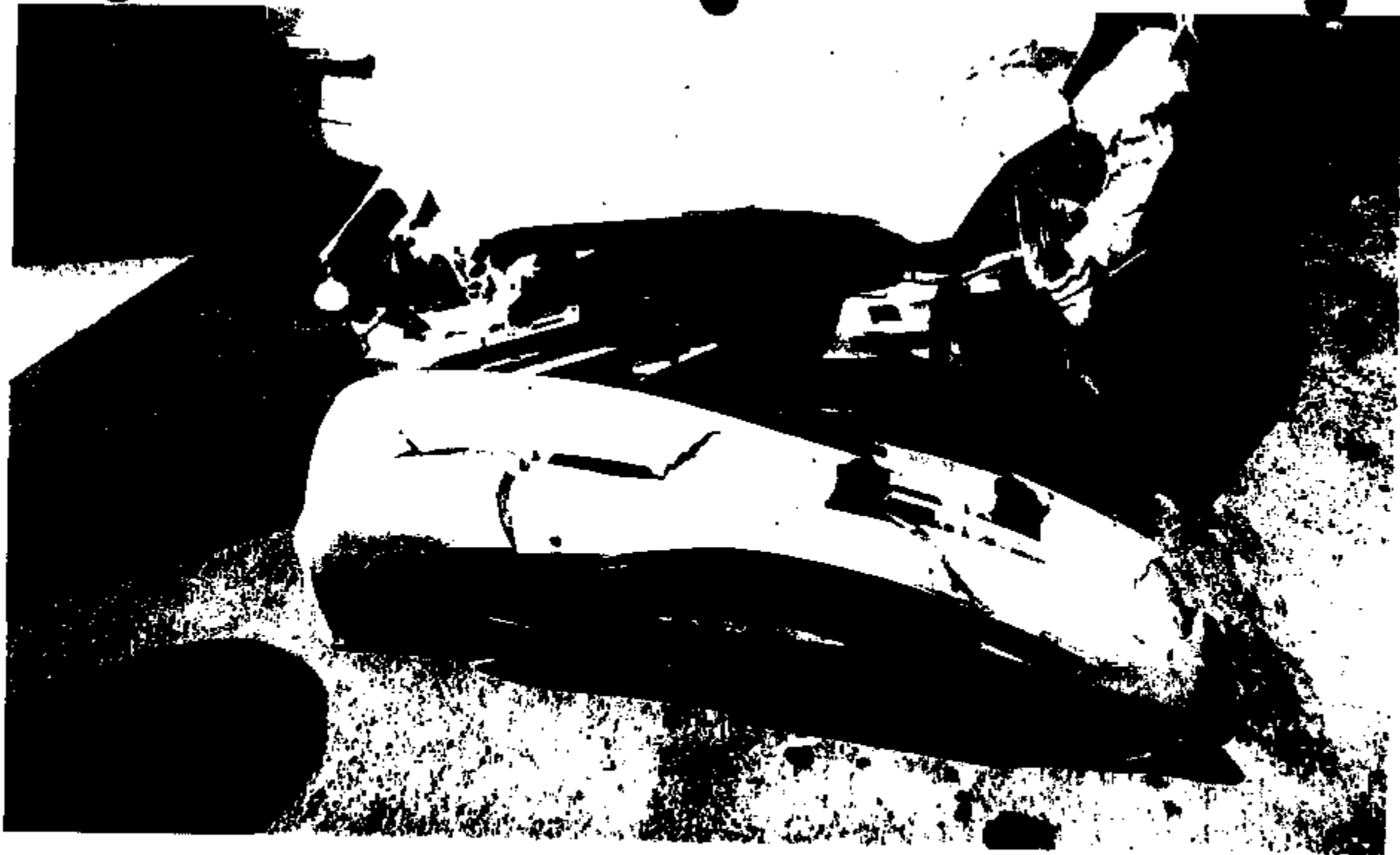
Comments

see read of callaway vehicle 01 Taurus


using ASA CDR V2.10 software and ASA J1962 Breakout box and Ford CDR and Ford Load Box via direct umbilical to 01 Taurus RCM in subj veh




EO 13526-2



EA03-818 1848



Additional Documents
Appendix D-3
Confidential



7/9/03

Wobbin, Fooker

cus by offering low interest
and great long-term financial
incentives." (F)

To: Mr. [redacted]
I wrote you on 7/3
It was my third request
to discuss directly with
Ford - No lawyers - No
Insurance people - Just
to Ford Motor Co. + Me

According to this money
paper there is a third
party that might be
interested!

This is my last communication
to Ford.

I'm reasonable, but
I'm wearing thin



P.S. If nobody does anything
I'll be looking forward to the
Annual Shareholders meeting next
Spring - with photos enlarged!

Ford air bags draw complaints

WASHINGTON — The federal government is investigating reports that air bags in Ford Taurus and Mercury Sable sedans failed to inflate during crashes, according to documents released Tuesday.

At the request of the National Highway Traffic Safety Administration, Ford Motor Co. reported 260 complaints of frontal air bags failing to deploy on 2000 and 2001 model year Taurus and Sable sedans.

Ford reported no injuries or deaths from those complaints. But NHTSA's database revealed one fatal crash in which frontal air bags failed to deploy after the driver of a Ford Taurus lost control and hit a concrete bridge rail. The driver died, and a passenger was injured.

Ford spokesman Glenn Ray said the company is cooperating with the investigation.

There are 895,936 2000-2001 Taurus and Sable sedans on the road, NHTSA said.

EMC to acquire Legato Systems

BOSTON — EMC Corp. said Tuesday it would acquire Legato Systems Inc. of Mountain View, Calif., in an all-stock deal valued at about \$1.2 billion. The deal

EMC-010 0073

Dobins, R

7-3-03

(F)

To: [REDACTED]
Claims Analyst
Ford Motor
Dearborn, Mich. 48126

RE: Lack of Deployment - Air Bags - 2001 Taurus

Dear [REDACTED]

I read your 5-21-03 "letter of denial of liability," and am amazed. "There was not enough frontal impact force to trigger air bag deployment." (Paragraph 1) You then state "the system determined that the crash severity was not sufficient to deploy the air bags" (Paragraph 2). You further state "the main objective of the air bag supplemental restraint system is to reduce fatalities, not prevent injuries" (also Para 2).

I contend that any crash impact that knocks out the driver for 5 hrs is a heavy impact

I contend that any crash impact that totals a 19 month old auto is a heavy impact.

I contend that any crash that creates in excess of \$20,000 of medical expenses is a heavy impact

I further contend that any crash that creates a 4 inch gash in my forehead requiring 47 stitches was a heavy impact

In reference to your 3 paragraph "subject vehicle and all component parts maintained and preserved for trial" Ford Motor leaving owned the auto - they released it in exchange for the insurance money. Note note in a 5/21/03 letter referring to a 2/10/03 wreck

I have spoken to the National Bureau (see attached sheet) and they have requested photos. The copies of these photos are included with this letter. These photos and the accompanying story of Ford's attitude and delays will be forwarded if I get no response to this letter.

BR83-616 6874

ENQUIRER

MANAGER, PRESIDENT & CHIEF EXECUTIVE OFFICER
David Fisher

EDITOR-IN-CHIEF David Ford
DEPUTY EDITOR Gloria Plummer
MANAGING EDITOR Bruce Ophim
ASSISTANT EXECUTIVE EDITOR
Dorothy Levine, Valerie Vigna
SENIOR EDITORS Julie Caslow, Roy Price (Photo),
Janet Meyers, Charles Montgomery, Edward Small,
Michael Volman

NEWS EDITOR Mary O'Leary
GENERAL EDITOR Mike Wallace, Chris Woodard
ARTICLES EDITOR John Boney
NARRATIVE EDITOR Susan K. Baker
ASSOCIATE EDITORS Susan Johnson, Elizabeth
Peters, Frank Murray, Martin Warwick
ASSISTANT DESIGN EDITOR Michele J. Rapier

DEPARTMENTAL EDITORS
COURT REPORTERS Michele Corneo, Rosalind
Pitt, J. Michael Quinn, Richard Gooding, Bill
Goodstein, James Nelson, Patricia Shipps, Alan
Wright, Cindy Robinson, Patricia Turley, David Wright
CORRECTORS Tina J. Harlow, Richard Esposito,
Don Gault, Mike Howard, Fred Love
PHOTOGRAPHY EDITOR James Conroy-Pan
SENIOR EDITORS, ASSOCIATES Ann Adams, Tracy
Boggs, Aisha Johnson, Stephanie Kogan,
Kathleen Martin, Antonio McFarlane, Edith
Reber, Alan Virech (L.A. Bureau), Christine
Visher, Dan Zwick

EDITORIAL ASSISTANTS Theresa Horak
CORRECTION PHOTO EDITORS Bill Gaudin
ART ILLUSTRATION Avery Orange (Chief)
ART LAB MANAGER Barbara Kova (Chief)
ART MANAGER Susan Love (Chief)
"THE MIRROR" EDITOR Jerry Azzolo
ART DIRECTOR Christine Mirra A. Troup (Director),
Barbara Korb (Caption), Mike Neave (Assistant
Design), Laurie Miller (Photo Research), Jane Hesse,
Larry Epstein, Arthur Pankov (Research Assistant)
ART SERVICE MANAGER Kathleen Cotter (Chief),
Katherine Hinesley (Caption Chief), Devin Daniels,
Michelle Cronchi, Suzanne Grayson, Kathleen
Hartman, Larille Turble
ART TEXT ASSISTANT Barbara Cotter (Chief), Candy
Casper (Caption), Phyllis Duhon, Patricia
Kerwin, Nicole Taylor
INTERNATIONAL EDITORS Ellen, Mike Howard
Executive Editor, Lisa Palmer Managing Editor,
Melinda Hayes

EXECUTIVE VICE PRESIDENT
DEBORAH BRONSTEIN Davis Cox
CORPORATE EXECUTIVE DIRECTOR Colin Jenkins
EXECUTIVE VICE PRESIDENT FRANKLIN John May
EXECUTIVE VICE PRESIDENT/GENERAL
MANAGER Kevin Hyatt
SENIOR VICE PRESIDENT/GENERAL MANAGER
AND ADMINISTRATIVE MANAGER L. A. Katsch
VICE PRESIDENT AND
MANAGER, BUSINESS DEVELOPMENT
FRANK VICE PRESIDENT/GENERAL MANAGER
Michael E. Katsch

PRESIDENT, SENIOR VICE PRESIDENT
AND MANAGERIAL SUPPORT, MANAGER
David Fishery
SENIOR VICE PRESIDENT/GENERAL
MANAGER David Eklund
ASSOCIATE PUBLISHER Marc Kitzels

VICE PRESIDENT INFORMATION TECHNOLOGY
AND OPERATIONS OFFICER David Thompson
SENIOR VICE PRESIDENT/GENERAL MANAGER
FOR MEDIA AND PUBLICATIONS/OPERATIONS OFFICER
FOR MEDIA AND PUBLICATIONS/OPERATIONS OFFICER
FOR MEDIA AND PUBLICATIONS/OPERATIONS OFFICER
FOR MEDIA AND PUBLICATIONS/OPERATIONS OFFICER

Copyright © 2006 by National Enquirer Inc.
All rights reserved. No part of this publication may be
reproduced, stored in a retrieval system, or transmitted, in
any form or by any means, electronic, mechanical, photocopying,
recording, or by any information storage and retrieval system,
without permission in writing from National Enquirer Inc.
1704 MAIN STREET, SUITE 877, NEW YORK, NY 10019
A year in Canada: \$10.99 (includes U.S. and Canada)
Outside the U.S. and Canada: \$15.99 (includes U.S. and Canada)
Printed in the U.S.A. by National Enquirer Inc.
Head Office: 1704 Main Street, New York, NY 10019
Responsible for returning unsolicited manuscripts,
photographs, artwork, letters or other material.

SUBSCRIBERS

For subscription queries, please e-mail us at
enquirer@nationalenquirer.com or call toll-free
1-877-8718-9966
Outside U.S. and Canada: 1-800-445-4922.
Subscription Services Call toll-free
1-800-848-8488 (1-800-834-7264) or
e-mail at customerservice@nationalenquirer.com

GOT A HOT STORY IDEA?

PHONE OUR NEWS OFFICES
New York: 212-512-7700 x 1224
Los Angeles: 310-310-6422
New York: 212-512-6674
Miami: 305-327-6222
Los Angeles: 310-310-6666
Miami: 305-377-6579 x 634
900 P-MALL 1000

THE NATIONAL ENQUIRER

Both parents kidney trans

WE F SAVE

LOVING parents
Simon and Helen
Gittings were
both perfect matches
to donate a lifesaving
kidney to their ailing
little boy Matthew —
so they flipped a coin
to decide who would
be the donor!

Simon won, and now 8
year-old Matthew is a
winner, too — with his
dad's kidney functioning
perfectly in his body and
a healthy, normal future
ahead of him.

"Helen and I both
wanted to donate very
badly — any parent
would want to do the
same for their kid," said
Simon, 38, in an
exclusive ENQUIRER
interview from his home
in Manchester, England.
"So to save argument we
flipped a coin and I won."

"But Matthew was the
real winner, because the
most important thing
was not whose kidney
helped him, but for him
to get better."

Little Matthew's illness
was blighted by kidney
disease from the day he
was born. By the time he
was a year old, he needed
daily dialysis at home
to keep him alive.

"He was slipping
away before our eyes,"
recalled Helen, 38. "We
nearly lost him a couple
of times to infection."
He didn't learn to speak
because he was fed by
tube, and he hardly
talked.

ENR3-016 0575

3-27-83

Kandice

Mr. Ford CEO
Ford Motors
16800 Executive Plaza Dr.
Dearborn, Mich. 48121

3 MAR 26 PM 27
SPECIAL DELIVERY
OWNER REGISTRARS

I'm somewhat recovered from the effects of my accident on Feb 16th

On March 12th they operated on my left eye and it appears to have been relatively successful.

As you will note from the pictures I've enclosed ^{they} indicate the Air Bags did not deploy.

The only action I've taken at this time is to purchase a 3M2 Mercury Sable.

I would like very much to hear from your company outlining your interest in discussing this situation.

Please reply by April 11th

Sincerely,



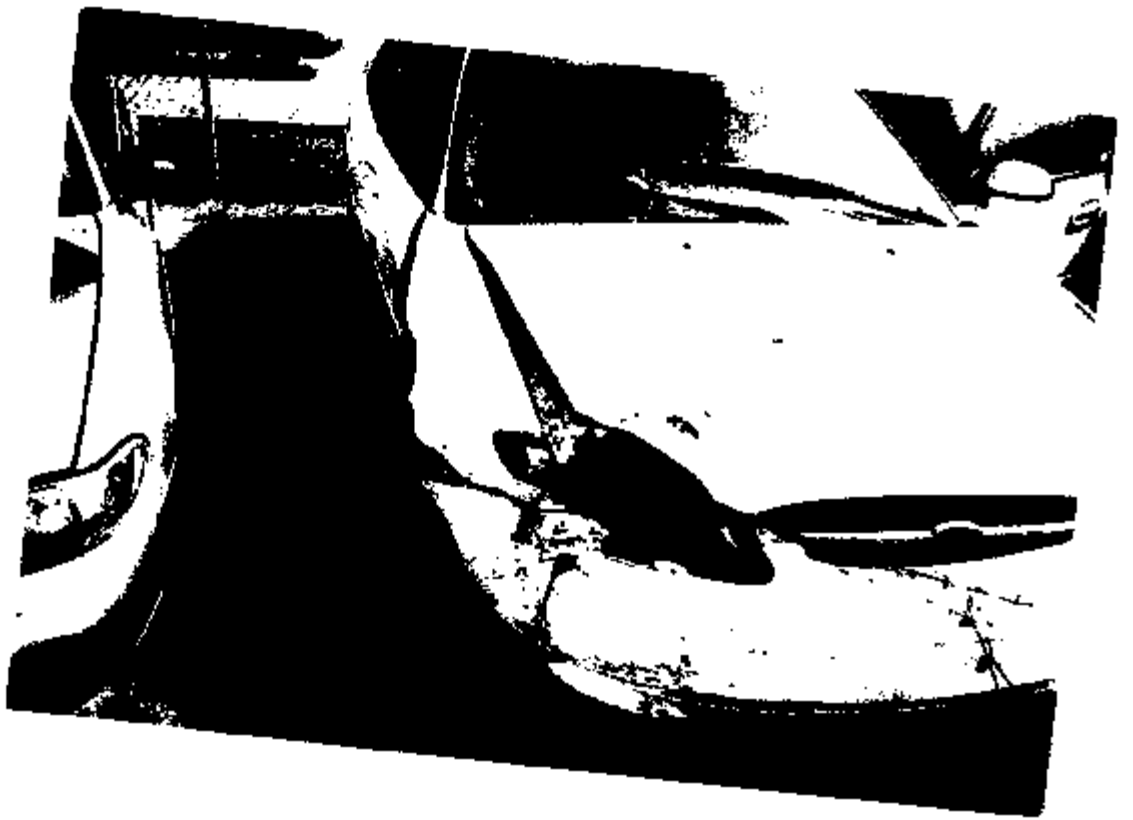
Action Detail

VIN: [REDACTED]	Year:	Model:	Case: 1581890873
Name: [REDACTED]	Owner Status:	WSD:	
Symptom Desc: RESTRAINTS AIR BAG SYSTEM NON-DEPLOYMENT		Primary Phone:	
Reason Desc: LEGAL - GENERAL/OTHER		Secondary Phone:	
Issue Type: 07 LEGAL	Issue Status: CLOSED	Dealer: RIZZO FORD INC	
Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION		P & A Code: 03802	
Action Desc: REDIRECT TO OGC - PERSONAL INJURY CLAIM			
Odometer: 1 MI	Comm Type: PHONE		
Action Date: 04/30/2003	Action Time: 13:49:52:887	Action Date: No	
Analyst Name: ERIKA SMITH	Analyst: ESMITH88		

COMMENTS: CUST CONTACTED LPA. CUST # 919-484-8029. CUST STATES THAT MED BILLS OVER \$10,000. CUST IS SEEKING PERSONAL INJURY CLAIM. CUST NO LONGER OWNS VEH-01 TAURUS (1FAPP56211A284973). CUST NOW OWNS 02 SABLE (1MEFM510032A839859). LPA INFORMED CUST THAT CASE WOULD BE FWD TO OGC.

ER63-010 0877

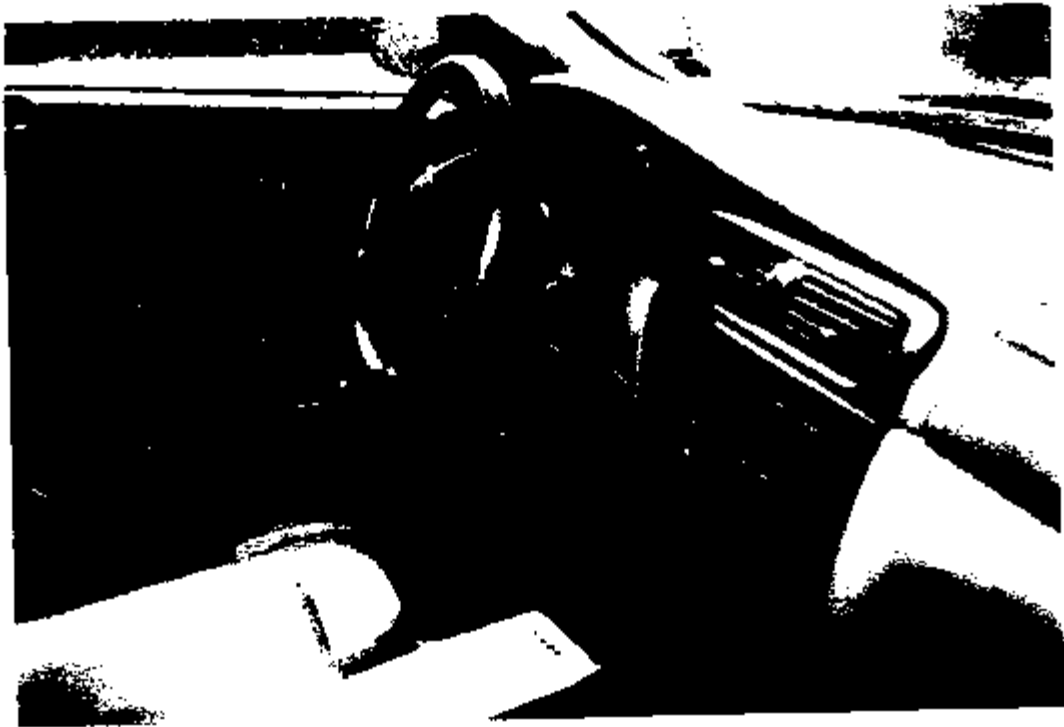
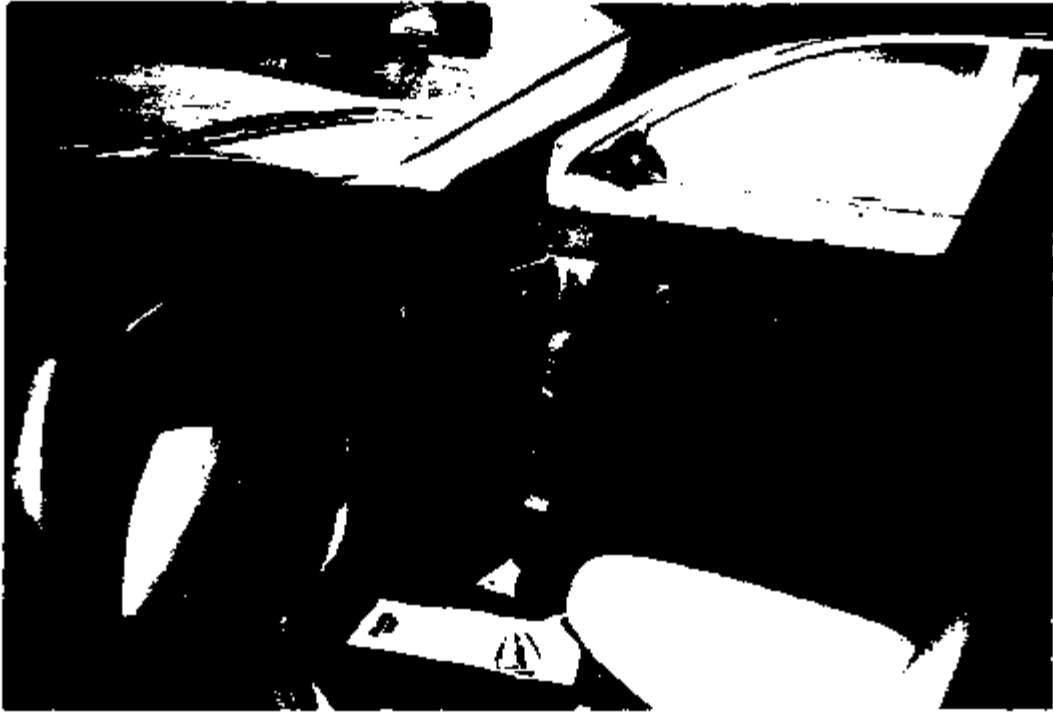
-52 RR7&SvmsC=10445R&rTshPars&Reason=0714&IssTyp=07&CustNm=4977840 4/30/03



8903-010 0001



SP63-016 0002



0003-010 0003



Personal Injury Photos
Appendix D-1
Confidential



Law Offices of
ROBERT A. LEVINE
324 East Wisconsin Avenue, Suite 700
Milwaukee, Wisconsin 53202

Robert A. Levine
Scott R. Winder
Nicholas E. Petty

Telephone (414) 271-9585
Facsimile (414) 271-8506

August 5, 2003

Mr. Marquis Morris
Ford Motor Company
P.O. Box 6248
MD 3NE-B
Dearborn, MI 48126

485214

Julie

Re: My Client: [REDACTED]
Date of Accident: 7/14/03

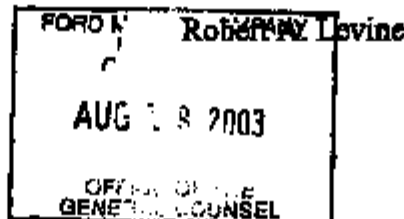
Dear Mr. Morris:

I represent [REDACTED] who sustained injuries and damages sustained on Hwy. I-94 westbound near New Buffalo, Michigan when she was cut off by a semi causing her car to crash the median and striking a vehicle head on and her air bags failing to deploy.

Kindly acknowledge this letter of retainer and in addition, please construe it as a formal notification of my attorney's lien rights under the Wisconsin Statutes.

Very truly yours,

Robert A. Levine



RAI/dmm

OVER
\$2500

Julie

3
AUG 11 12:00
CONSUMER AFFAIRS
DIVISION

Law Offices of
ROBERT A. LEVINE
324 East Wisconsin Avenue, Suite 700
Milwaukee, Wisconsin 53202

RECEIVED

SEP 15 2003

Robert A. Levine
Nicholas E. Petty

Telephone (414) 271-9585
Facsimile (414) 271-8506

September 9, 2003

Ms. Julie MacGillis
Ford Motor Company
Parklane Towers West, Suite 300
Three Parkland Blvd.
Dearborn, MI 48126-2568

Re: My Client: [REDACTED]
Date of Accident: 7/14/03

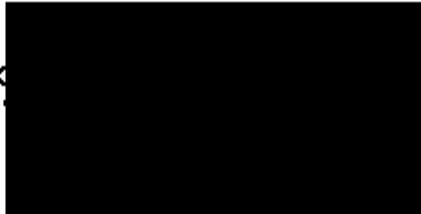
Dear Ms. MacGillis:

I am in receipt of your letter dated August 26, 2003, re the above. In accordance with your request, enclosed please find the following:

1. A copy of the motor vehicle accident report of 7/14/03;
2. Photographs of the Fowlkes' motor vehicle taken by the police officers at the scene of the incident and will provide photographs in the future depicting the failure of the air bags to deploy;
3. [REDACTED] was born on July 15, 1972 and currently resides at [REDACTED] and is a single individual with SSN [REDACTED] who sustained injuries and damages in this incident;
4. She was taken by ambulance to Lakewood Memorial Hospital in St. Joseph's Michigan, is employed at [REDACTED] Wisconsin [REDACTED] as an LPN and also works a second job at Trinity Health Care in Milwaukee.
5. As a result of this incident she struck her forehead in the middle and on the right side, broke her eyeglasses, sustained pain to the right side of her neck, right shoulder, and right elbow pain resulting in her having to wear a sling and a possible rotator cuff tear in her right shoulder.
6. The alleged defect is the failure of the air bags to deploy resulting in the injuries and damages sustained by [REDACTED]
7. The vehicle is presently located at the home of [REDACTED] as set forth above.
8. I do not believe the alleged defective part has been repaired or replaced nor has my client received a repair estimate or repair order.
9. I do not have a complete history for the subject vehicle, including any tune ups or oil change and, to the best of my knowledge, no insurance company has been advised of this incident other than possibly, [REDACTED] health care provider, which is United Healthcare.

Ms. Julie MacGillis
September 9, 2003
Page 2

I trust you now have adequate information and I assume if you wish to inspect the motor vehicle you will make the necessary arrangements through my office.



RAL/dmm
Enclosures

Authority: 1949 PA 601, Sec. 207.002.
Penalty: \$100 and/or 60 days

Do Not Use

Page 1 of 1 LD-40 (Rev. 10-6-68)

CR# MI-1187100

STATE OF MICHIGAN
Traffic Crash Report

Report # 03-1342
File # 9300-1
Vehicle Disposition: Open Closed
Reference

Crash Date		Crash Time	
Month	Day	Hour	Minute
07	1	20	30

Department Name: **CHIKAMING TWP**

No. of Lanes	Crash Type	Special Circumstances	Weather (Mark Only One)
1	<input type="radio"/> Single Motor Vehicle	<input checked="" type="radio"/> None	<input checked="" type="radio"/> Clear
2	<input type="radio"/> Head On	<input type="radio"/> Deer	<input type="radio"/> Cloudy
3	<input type="radio"/> Head On-Left Turn	<input type="radio"/> School Bus	<input type="radio"/> Fog/Banole
4	<input type="radio"/> Angle	<input type="radio"/> Hit and Run	<input type="radio"/> Rain
5	<input type="radio"/> Rear End	<input type="radio"/> Fleeing Police	<input type="radio"/> Snow/Blowing Snow
6	<input type="radio"/> Rear End-Left Turn	<input type="radio"/> Special Study	<input type="radio"/> Severe Wind
7	<input type="radio"/> Rear End-Right Turn	<input checked="" type="radio"/> Local	<input type="radio"/> Sleet/Hail
8	<input type="radio"/> Sideways-Same	<input type="radio"/> State	<input type="radio"/> Other/Unknown
9	<input type="radio"/> Sideways-Opposite		
10	<input type="radio"/> Other/Unknown		

Light (Mark Only One)	Special Conditions
<input checked="" type="radio"/> Daylight	<input type="radio"/> Road
<input type="radio"/> Dawn	<input type="radio"/> Paved/All
<input type="radio"/> Dusk	<input type="radio"/> Gravel/Grp
<input type="radio"/> Dark	<input type="radio"/> Pothole
<input type="radio"/> Dual-Lighted	<input type="radio"/> Loose Material
<input type="radio"/> Dual-Unlighted	<input type="radio"/> Other/Unknown
<input type="radio"/> Other/Unknown	<input type="radio"/> Non-Paved Area
	<input type="radio"/> Other/Unknown

Crash	Day	Time	Location
11	07		

Construction Zone (if applicable): Mark Out From Both Sides

Activity: On Road Off Road None

Location in Roadway: On Road Median Shoulder Outside of Shoulder/Carb Curb Other/Unknown

Function of First Impact: On Road Median Shoulder Outside of Shoulder/Carb Curb Other/Unknown

Surface: Dry Wet Icy Snowy Muddy Slushy Debris Other/Unknown

Weather: Dry Wet Icy Snowy Muddy Slushy Debris Other/Unknown

Temperature: 0 1 2 3 4 5 6 7 8 9

Relative Humidity: 0 1 2 3 4 5 6 7 8 9

Wind Speed: 0 1 2 3 4 5 6 7 8 9

Wind Direction: 0 1 2 3 4 5 6 7 8 9

Road Name: **I-96**

Distance: **100** FT MI

Intersecting Road: **Browntown**

Use Number
0000
0001
0002
0003
0004

Date of Birth: **01/31/1966**

License Type: D CF O F M R

Address: **0104 Medical/Lakeview**

Injury: K A C D

Spinal: Yes No

Trapped: Yes No

Child in Vehicle: Yes No

Hazardous: Yes No

Other: Yes No

City: **Deerfield** State: **IL** Zip: **60015**

Driver Condition: Not Offered Not Offered Not Offered

Alcohol: Yes No

Drugs: Yes No

Vehicle Registration: **2049 A** State: **IL** VIN: **31831A45K9MT6D12014**

Vehicle Description (see make/model): **91 Dodge Rd**

Insurance: **Farmers** Insured Party: **ROBERT MAN**

Vehicle Direction: North East South West

Location of Damaged Damage: Front Rear Side

Vehicle Use: Passenger Truck Bus Other

First Impact: Front Rear Side

Vehicle Defect: Yes No

Month: **02** Day: **16** Year: **1970**

Date of Birth: **02/16/1970**

City: **W** State: **IL** Zip: **60015**

Address: **W** State: **IL** Zip: **60015**

Month: **02** Day: **16** Year: **1970**

Date of Birth: **02/16/1970**

City: **W** State: **IL** Zip: **60015**

Address: **W** State: **IL** Zip: **60015**

Witnesses: None One Two Three Four Five Six Seven Eight Nine Ten

Witness Name: **ROBERT MAN** Address: **W** State: **IL** Zip: **60015**

Witness Name: **ROBERT MAN** Address: **W** State: **IL** Zip: **60015**

Witness Name: **ROBERT MAN** Address: **W** State: **IL** Zip: **60015**

Witness Name: **ROBERT MAN** Address: **W** State: **IL** Zip: **60015**

Witness Name: **ROBERT MAN** Address: **W** State: **IL** Zip: **60015**

Unit Number: **W11 F 422 6727 2766 08**

Month: **07** Day: **16** Year: **19**

License Type: **D** Sex: **M**

Officer: **01 04 Chik Amb/Wickland**

Unit Type: **NY**

Vehicle Description (make, model, color): **W11 FAF P55 WJ 4G2K46R6 00 Ford b1K**

Insurance: **Founders** Agent: **Rogers**

Location of Ground Damage: **1**

Vehicle Use: **1**

Vehicle Orientation: **North**

Special Vehicle: **1**

Vehicle License: **1**

Vehicle Insured: **1**

Private Trailer Type: **1**

First Name: **John** Middle: **W** Last: **Johnson**

Street Address: **1000** Phone Number: **1000**

City: **1000** State: **1000** Zip: **1000**

Date of Birth: **1000** Sex: **M** Married: **1**

Injury: **1**

Month: **10** Day: **10** Year: **1000**

Street Address: **1000** Phone Number: **1000**

City: **1000** State: **1000** Zip: **1000**

Date of Birth: **1000** Sex: **M** Married: **1**

Injury: **1**

Month: **10** Day: **10** Year: **1000**

Unit Reported on Front

Action	First	Second	Third	Fourth
1	1	1	1	1
2	1	1	1	1
3	1	1	1	1
4	1	1	1	1
5	1	1	1	1
6	1	1	1	1
7	1	1	1	1
8	1	1	1	1
9	1	1	1	1
0	1	1	1	1

Unit Reported Above

Action	First	Second	Third	Fourth
1	1	1	1	1
2	1	1	1	1
3	1	1	1	1
4	1	1	1	1
5	1	1	1	1
6	1	1	1	1
7	1	1	1	1
8	1	1	1	1
9	1	1	1	1
0	1	1	1	1

Carrier No. **1000000000**

Carrier Name: **1000**

Address: **1000**

City: **1000** State: **1000** Zip: **1000**

Carrier Status: **1**

Driver's License Type: **1**

CDL Restrictions: **1**

CDL Expiry: **1**

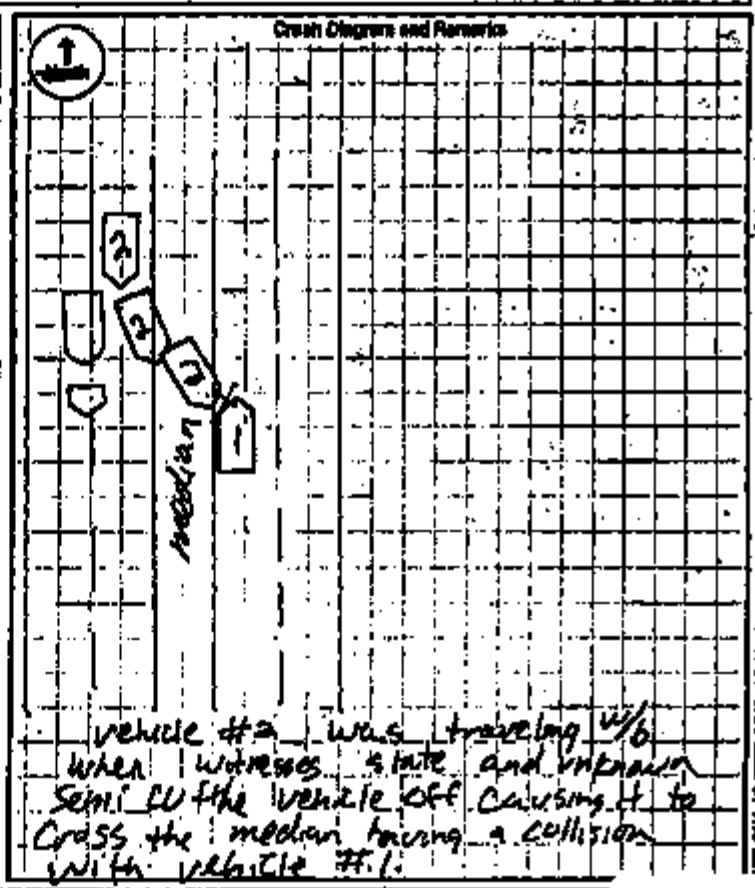
Medical Cert: **1**

Form: **1**

Other: **1**

Vehicle Type: **1**

AA AB AC AD AE AF AG AH AI AJ AK AL AM AN AO AP AQ AR AS AT AU AV AW AX AY AZ BA BB BC BD BE BF BG BH BI BJ BK BL BM BN BO BP BQ BR BS BT BU BV BW BX BY BZ CA CB CC CD CE CF CG CH CI CJ CK CL CM CN CO CP CQ CR CS CT CU CV CW CX CY CZ DA DB DC DD DE DF DG DH DI DJ DK DL DM DN DO DP DQ DR DS DT DU DV DW DX DY DZ EA EB EC ED EE EF EG EH EI EJ EK EL EM EN EO EP EQ ER ES ET EU EV EW EX EY EZ FA FB FC FD FE FF FG FH FI FJ FK FL FM FN FO FP FQ FR FS FT FU FV FW FX FY FZ GA GB GC GD GE GF GH GI GJ GK GL GM GN GO GP GQ GR GS GT GU GV GW GX GY GZ HA HB HC HD HE HF HG HH HI HJ HK HL HM HN HO HP HQ HR HS HT HU HV HW HX HY HZ IA IB IC ID IE IF IG IH II IJ IK IL IM IN IO IP IQ IR IS IT IU IV IW IX IY IZ JA JB JC JD JE JF JG JH JI JJ JK JL JM JN JO JP JQ JR JS JT JU JV JW JX JY JZ KA KB KC KD KE KF KG KH KI KJ KK KL KM KN KO KP KQ KR KS KT KU KV KW KX KY KZ LA LB LC LD LE LF LG LH LI LJ LK LL LM LN LO LP LQ LR LS LT LU LV LW LX LY LZ MA MB MC MD ME MF MG MH MI MJ MK ML MM MN MO MP MQ MR MS MT MU MV MW MX MY MZ NA NB NC ND NE NF NG NH NI NJ NK NL NM NN NO NP NQ NR NS NT NU NV NW NX NY NZ OA OB OC OD OE OF OG OH OI OJ OK OL OM ON OO OP OQ OR OS OT OU OV OW OX OY OZ PA PB PC PD PE PF PG PH PI PJ PK PL PM PN PO PP PQ PR PS PT PU PV PW PX PY PZ QA QB QC QD QE QF QG QH QI QJ QK QL QM QN QO QP QQ QR QS QT QU QV QW QX QY QZ RA RB RC RD RE RF RG RH RI RJ RK RL RM RN RO RP RQ RR RS RT RU RV RW RX RY RZ SA SB SC SD SE SF SG SH SI SJ SK SL SM SN SO SP SQ SR SS ST SU SV SW SX SY SZ TA TB TC TD TE TF TG TH TI TJ TK TL TM TN TO TP TQ TR TS TU TV TW TX TY TZ UA UB UC UD UE UF UG UH UI UJ UK UL UM UN UO UP UQ UR US UT UY UZ VA VB VC VD VE VF VG VH VI VJ VK VL VM VN VO VP VQ VR VS VT VU VV VW VX VY VZ WA WB WC WD WE WF WG WH WI WJ WK WL WM WN WO WP WQ WR WS WT WY WZ XA XB XC XD XE XF XG XH XI XJ XK XL XM XN XO XP XQ XR XS XT XU XV XW XX XY XZ YA YB YC YD YE YF YG YH YI YJ YK YL YM YN YO YP YQ YR YS YT YU YV YW YX YZ ZA ZB ZC ZD ZE ZF ZG ZH ZI ZJ ZK ZL ZM ZN ZO ZP ZQ ZR ZS ZT ZU ZV ZW ZX ZY ZZ



Unit No. **4306477**

Investigated at Scene: **7-14-03/0830**

Reported Date/Time: **7-14-03/0830**

Photos By: **Johnson #3**

Investigator Name(s) & Badge # (Print Only): **Johnson #3**



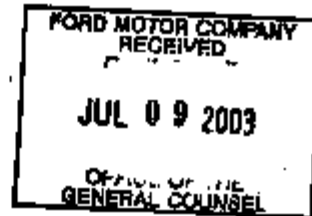
Service of Process Transmittal Form
Knoxville, Tennessee

07/08/2003

Via Federal Express (2nd Day)

TO: Chris Dzbanski
Ford Motor Company
Three Parklane Blvd., Ste. 1400 West
Dearborn, MI 48126

Phone: (313) 248-6884 ex:



1483383
TNSS

RE: PROCESS SERVED IN TENNESSEE

FOR Ford Motor Company Domestic State: De

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

- 1. TITLE OF ACTION: [REDACTED], Plaintiff vs FORD MOTOR COMPANY, et al., Defendants
- 2. DOCUMENT(S) SERVED: Summons, Complaint w/ Appendix A and attached medical bills
- 3. COURT: Circuit Court for Roane County, TN
Case Number 12889
- 4. NATURE OF ACTION: Property Damages, Personal Injuries, Breach of Warranties
- 5. ON WHOM PROCESS WAS SERVED: CT Corporation System, Knoxville, Tennessee
- 6. DATE AND HOUR OF SERVICE: By Certified mail on 07/08/2003 with Postmarked Date 07/07/2003
- 7. APPEARANCE OR ANSWER DUE: 30 days
- 8. ATTORNEY(S): James S. Smith, Jr.
(865) 354-3535
305 W. Rookwood Street
Rockwood, TN 37854
- 9. REMARKS: I-Note sent 07/08/2003 to CDZBANSK@FORD.COM

SIGNED CT Corporation System
PER Supervisor of Process
ADDRESS 530 Gay Street
Knoxville, TN 37902
SOP WS 0005515913

Information contained on this transmittal form is recorded for CT Corporation System's record keeping purposes only and to permit quick reference for the recipient. This information does not constitute a legal opinion as to the nature of action, the amount of damages, the answer date, or any information that can be obtained from the documents themselves. The recipient is responsible for interpreting the documents and for taking the appropriate action.

STATE OF TENNESSEE
CIRCUIT COURT OF ROANE COUNTY, TENNESSEE

SUMMONS

I, Angela Randolph, do certify that this is a true and perfect copy as the same appears of record in my office.

This 3rd day of July 2003

NO. 12889

VS.

FORD MOTOR COMPANY
c/o C. T. Corporation System
530 Gay Street
Knoxville, TN 37902

ANGELA RANDOLPH
ROANE COUNTY CIRCUIT COURT CLERK

by [Signature] D.C.

TO THE ABOVE NAMED DEFENDANT(S):

You are hereby summoned and required to serve upon [Redacted] plaintiff's attorney, whose address is [Redacted] an answer to the complaint which is herewith served upon you within thirty (30) days after service of this summons and complaint upon you, exclusive of the day of service, and file a copy of the answer with this Court within five (5) days after answer is made. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint.

Witness [Redacted], Clerk of said Court, at office this _____ day of _____ AD. 2003

issued and tested this the 3rd day of July 2003

ANGELA RANDOLPH
CIRCUIT COURT CLERK
BY: [Signature]
DEPUTY CLERK

NOTICE

To the defendant(s):

Tennessee Law provides a four thousand dollar (\$4,000.00) personal property exemption from execution or seizure to satisfy a judgement. If a judgement should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the clerk of the court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgement becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel, family portraits, the family Bible, and school books. Should any of these items be seized, you would have the right to recover them. If you do not understand your exemption right or how to exercise it, you may wish to seek the counsel of a lawyer.

SERVICE INFORMATION

To the process server:

Defendant's name, address, and phone number _____

RETURN

ER83-618 6879

I received this summons on the _____ day of _____

IN THE CIRCUIT COURT FOR ROANE COUNTY, TENNESSEE

PLAINTIFF

VERSUS

FORD MOTOR COMPANY and VICTORY FORD
& MERCURY a/k/a CAPPO MANAGEMENT IV,
INC,

DEFENDANTS

FILE NO.

12889

COMPLAINT

Comes your Plaintiff and sues the Defendants for property damage, personal injury and appurtenant damages and would show to the Court:

1. On or about July 5, 2002, Plaintiff was driving a 2001 Ford Taurus along Holber Road in Roane County, Tennessee; when Plaintiff began to brake for a stop sign the vehicle suddenly accelerated and, despite Plaintiff's best attempts to stop or slow the vehicle by braking, the vehicle accelerated through the stop sign and collided with an embankment on the far side of the T-intersection she had been approaching. The vehicle which Plaintiff was driving was purchased new from Defendant Victory Ford and was manufactured by Defendant Ford Motor Company.

2. The vehicle's sudden acceleration was due to the negligence of one or both of the Defendants in manufacturing and/or dealer preparation of the vehicle and the accident which resulted from the sudden acceleration of the vehicle was the result of the negligence of

- page one of three -

EMS-018 0000

Filed

ANGELA RANDOLPH

By

7-3 03
[Signature] J.C.

the Defendants and was in no way caused by any action of the Plaintiff. In addition to the sudden and uncontrollable acceleration of the vehicle, the airbags and seatbelt failed upon impact.

3. As a result of the accident, attributable to the negligence of the Defendants, Plaintiff suffered serious permanent injuries including a fractured back, broken left forefinger, bruised lungs and heart, has incurred and will continue to incur significant medical bills (a partial compilation which is attached hereto as collective Appendix A), has experienced and will continue to experience significant pain and discomfort and limitation in her day to day activities, has lost wages, and has incurred property damage.

4. Plaintiff avers that the vehicle was sold to her in an unreasonably dangerous condition, same being the result of the negligence of one or both of the Defendants, that the specific warranty of the manufacturer was breached, that the implied warranty of fitness for a particular purpose, attributable to both Defendants, was breached, and that the Defendants are therefore liable for Plaintiff's damages under the Law of Tort and Products Liability.

WHEREFORE, PREMISES CONSIDERED, PLAINTIFF PRAYS:

- A. That proper process issue to be served on the Defendants requiring them to appear and answer hereto;
- B. That a Jury be convened to hear this cause;
- C. That at the trial of this cause Plaintiff be awarded damages against the Defendants and each of them in an amount not to exceed One. Five Million Dollars (\$1,500,000.00); and

APPENDIX A

MEDICAL EXPENSES FOR
[REDACTED]

U.T. Memorial Hospital	\$ 28,054.88
Roane County Emergency Medical Service	616.25
Knoxville Inpatient Physicians (Stephen Gantts, MD)	200.00
University Neurosurgery, P.C. (James A. Killeffer, MD)	2755.00
University Radiologist/University Breast Ctr.	131.87
East Tennessee Heart Consultants PC (Gregory V. Brewer, MD)	3137.20
Kmart Pharmacy #4898	135.97
Contract Health Service, Inc.	455.00
Orthopedic Associates of Knoxville (Michael J. McCollum, MD)	490.00
Athens Medical Group (Wallace F. Burroughs, II, MD)	424.00
Athens Surgery Clinic & Vascular Dynamics Lab (H. Joseph Holliday, MD)	425.00
TOTAL	\$ 36,825.17

File 7-3 03
ANGELA PANKY
By [Signature]

ERC3-818 0063

ACCOUNT DETAIL INQUIRY

UNIVERSITY OF TENNESSEE

MEMORIAL HOSPITAL

1024 ALCOA HIGHWAY

KNOXVILLE TN 37920

TAX ID NO. 57-1626178

I/P 01 7

11:33 AM

11:33 AM

ACTY AREA: BEGIN:

***** GUARANTOR *****

J

ADM 07/05/02
DIS 07/09/02
BIRTH 12/06/1942

CARR NO	PO/DI	MAX DLQ	DTE BILL/DEN	AMT BILLED	STATUS
1. 064	0	045	07/17/02	.00	PAID
2. 003	1	001	08/07/02	.00	BILLED
3. 096	0	001		.00	UNBILLED

***** STATEMENT INFORMATION *****

LAST DUE DT: DLQ DT: LAST TYPE: LAST AMT: .00
 NEXT DT: DUNN CYCLE: 23688 UNANSWERED: 0 SENT: 000
 FREQ: X START DT: AGREEMENT AMT: .00

***** LAST PAYMENT ***** PAYMENTS ** AGREEMENTS **
 DATE: 08/12/02 AMT: 1,799.14 SRC: 9064 RCVD: 000 MET: 000 000

DATE	BCH	QTY	AMOUNT	CODE	DESCRIPTION	
07 09 02			28,054.88		BALANCE AT DISCHARGE	
		2	900.00	01	DAILY SERVICES	
		2	900.00	E529	PRIVATE	R
		4	1,800.00	*****	AREA 01 TOTAL	
				02	OPERATING ROOM	
07 08 02	136	1	4,505.00	00022	TLBO BACK BRACE L0430	R
07 08 02	136	1	866.00	00022	L1260	R
			5,371.00	*****	AREA 02 TOTAL	
				07	PHARMACY	
07 05 02	101	1	22.77	05970	MORPHINE 2 MG/ML INJ CARPUJECT	R
07 05 02	101	1	22.77	05970	MORPHINE 2 MG/ML INJ CARPUJECT	R
07 05 02	101	1	22.77	05970	MORPHINE 2 MG/ML INJ CARPUJECT	R
07 05 02	101	1	22.77	05970	MORPHINE 2 MG/ML INJ CARPUJECT	R
07 05 02	101	1	22.79	05988	MORPHINE 4 MG/ ML CARPUJECT INJ	R
07 05 02	101	1	22.79	05988	MORPHINE 4 MG/ ML CARPUJECT INJ	R
07 05 02	101	1	22.66	06002	MORPHINE 10 MG/ ML CARPUJECT	R
07 05 02	101	1	17.18	16589	PROMETHAZINE 25 MG/ML INJ	R
07 05 02	101	1	19.72	56452	TETANUS/DIPHTHERIA TOX ADULT SYR	R
07 06 02	101	1	22.77	05970	MORPHINE 2 MG/ML INJ CARPUJECT	K
07 06 02	101	1	22.77	05970	MORPHINE 2 MG/ML INJ CARPUJECT	R
07 06 02	101	1	22.79	05988	MORPHINE 4 MG/ ML CARPUJECT INJ	R
07 06 02	101	1	22.79	05988	MORPHINE 4 MG/ ML CARPUJECT INJ	R
07 06 02	102	1	22.79	05988	MORPHINE 4 MG/ ML CARPUJECT INJ	R
07 06 02	101	1	3.82	13024	DOCUSATE SODIUM 100 MG CAP	K
07 06 02	101	1	17.18	16589	PROMETHAZINE 25 MG/ML INJ	R
07 06 02	101	1	17.18	16589	PROMETHAZINE 25 MG/ML INJ	K
07 07 02	101	25	18.65	04478	NITROGLYCERIN 0.4 MG TAB	R
07 07 02	101	1	22.79	05988	MORPHINE 4 MG/ ML CARPUJECT INJ	R

ACCOUNT DETAIL INQUIRY

08:33 AM

11:33 AM

ADM NO: 4-15989-3 ACTY AREA: BEGIN:

DATE	BCH	QTY	AMOUNT	CODE	DESCRIPTION	
07 07 02	101	1	22.79	05988	MORPHINE 4 MG/ ML CARPUJECT INJ	R
07 07 02	101	1	22.79	05988	MORPHINE 4 MG/ ML CARPUJECT INJ	R
07 07 02	101	1	22.79	05988	MORPHINE 4 MG/ ML CARPUJECT INJ	R
07 07 02	101	1	22.79	05988	MORPHINE 4 MG/ ML CARPUJECT INJ	R
07 07 02	101	1	22.79	05988	MORPHINE 4 MG/ ML CARPUJECT INJ	R
07 07 02	101	1	22.79	05988	MORPHINE 4 MG/ ML CARPUJECT INJ	R
07 07 02	101	1	3.99	12901	BISACODYL 10 MG SUPP	R
07 07 02	101	1	3.82	13024	DOCUSATE SODIUM 100 MG CAP	R
07 07 02	101	1	3.82	13024	DOCUSATE SODIUM 100 MG CAP	R
07 07 02	101	1	17.18	16589	PROMETHAZINE 25 MG/ML INJ	K
07 07 02	101	1	17.18	16589	PROMETHAZINE 25 MG/ML INJ	R
07 07 02	101	1	4.08	21811	ALBUTEROL 0.083% 3 ML-FOR RT	R
07 07 02	101	1	4.08	21811	ALBUTEROL 0.083% 3 ML-FOR RT	R
07 07 02	101	1	23.09	52667	ALBUTEROL 0.5% SOLN 20 ML	R
07 08 02	101	1	22.77	05970	MORPHINE 2 MG/ML INJ CARPUJECT	R
07 08 02	101	1	22.77	05970	MORPHINE 2 MG/ML INJ CARPUJECT	R
07 08 02	101	1	22.79	05988	MORPHINE 4 MG/ ML CARPUJECT INJ	R
07 08 02	101	1	22.79	05988	MORPHINE 4 MG/ ML CARPUJECT INJ	R
07 08 02	101	1	22.79	05988	MORPHINE 4 MG/ ML CARPUJECT INJ	R
07 08 02	101	1	22.79	05988	MORPHINE 4 MG/ ML CARPUJECT INJ	R
07 08 02	101	1	3.99	12901	BISACODYL 10 MG SUPP	R
07 08 02	101	1	3.82	13024	DOCUSATE SODIUM 100 MG CAP	K
07 08 02	101	1	3.82	13024	DOCUSATE SODIUM 100 MG CAP	R
07 08 02	101	1	16.49	20201	HEPARIN SOD 5000 U/ML 1 ML PORCINE	K
07 08 02	101	1	16.49	20201	HEPARIN SOD 5000 U/ML 1 ML PORCINE	P
07 08 02	101	1	5.98	62609	NICOTINE 21 MG PATCH-SCHNIN GENERIC	R
07 09 02	101	2	45.58	05988	MORPHINE 4 MG/ ML CARPUJECT INJ	R
07 09 02	101	1	22.79	05988	MORPHINE 4 MG/ ML CARPUJECT INJ	R
07 09 02	101	1	3.82	13024	DOCUSATE SODIUM 100 MG CAP	R
07 09 02	101	1	3.82	13024	DOCUSATE SODIUM 100 MG CAP	R
07 09 02	101	1	16.49	20201	HEPARIN SOD 5000 U/ML 1 ML PORCINE	R
07 09 02	101	1	16.49	20201	HEPARIN SOD 5000 U/ML 1 ML PORCINE	K
07 09 02	101	2	19.64	34566	VICODIN 5/500 MG TAB	R
07 09 02	101	2	19.64	34566	VICODIN 5/500 MG TAB	R
07 09 02	101	1	5.98	62609	NICOTINE 21 MG PATCH-SCHNIN GENERIC	R
07 10 02	101	3-	11.46-	13024	DOCUSATE SODIUM 100 MG CAP	R
07 10 02	101	1	3.82	13024	DOCUSATE SODIUM 100 MG CAP	R
07 10 02	101	2-	32.98-	20201	HEPARIN SOD 5000 U/ML 1 ML PORCINE	R
07 10 02	101	1	16.49	20201	HEPARIN SOD 5000 U/ML 1 ML PORCINE	R
07 10 02	101	2-	11.96-	62609	NICOTINE 21 MG PATCH-SCHNIN GENERIC	R
07 10 02	101	1	5.98	62609	NICOTINE 21 MG PATCH-SCHNIN GENERIC	R
			915.16	*****	AREA 07 TOTAL	
				08	IV THERAPY	
07 05 02	101	1	28.50	03148	SODIUM CHLORIDE 0.9% 50 ML	R
07 05 02	101	2-	57.00-	03148	SODIUM CHLORIDE 0.9% 50 ML	R
07 05 02	101	1	18.26	04591	FAMOTIDINE 20 MG/2 ML INJ	R
07 05 02	101	1	31.33	10572	FAMOTIDINE 20 MG IVPB	R
07 05 02	101	2-	62.66-	10572	FAMOTIDINE 20 MG IVPB	R
07 06 02	101	1	28.50	03148	SODIUM CHLORIDE 0.9% 50 ML	R
07 06 02	101	1	18.26	04591	FAMOTIDINE 20 MG/2 ML INJ	R

07 06 02 101 1

18.26 04591 FAMOTIDINE 20 MG/2 ML INJ

F

ENC-010 0000

U.T. MEMORIAL HOSPITAL

ACCOUNTS RECEIVABLE

PAGE 3

ACCOUNT DETAIL INQUIRY

09/07/02

11:33 AM

11:33 AM

Q*****Q

ADM NO: 4-15989-3 ACTY AREA: BEGIN:

DATE	BCH	QTY	AMOUNT	CODE	DESCRIPTION	
07 06 02	101	1	31.33	10572	FAMOTIDINE 20 MG IVPB	R
07 07 02	101	1	18.26	04591	FAMOTIDINE 20 MG/2 ML INJ	R
07 07 02	101	1	18.26	04591	FAMOTIDINE 20 MG/2 ML INJ	P
07 08 02	101	1	18.26	04591	FAMOTIDINE 20 MG/2 ML INJ	R
07 08 02	101	1	18.26	04591	FAMOTIDINE 20 MG/2 ML INJ	R
07 09 02	101	1-	18.26-	04591	FAMOTIDINE 20 MG/2 ML INJ	R
07 09 02	101	1	18.26	04591	FAMOTIDINE 20 MG/2 ML INJ	R
			127.82	*****	AREA 08 TOTAL	
				15	HEMATOLOGY	
07 07 02	102	1	27.50	00271	PARTIAL THROMBOPLASTIN TIME	R
07 07 02	102	1	29.50	00404	PROTHROMBIN TIME	R
07 07 02	102	1	27.50	00412	CBC	R
07 08 02	102	1	29.50	10064	URINALYSIS, COMPLETE	R
			114.00	*****	AREA 15 TOTAL	
				17	SPECIAL CHEMISTRY	
07 07 02	102	1	36.00	01671	TROPONIN STAT (AXSYM)	R
07 07 02	102	1	54.00	07306	CPK MB ISOENZYME	P
07 08 02	102	1	36.00	01671	TROPONIN STAT (AXSYM)	I
07 08 02	102	1	36.00	01671	TROPONIN STAT (AXSYM)	H
07 08 02	102	1	54.00	07306	CPK MB ISOENZYME	R
07 08 02	102	1	54.00	07306	CPK MB ISOENZYME	K
			270.00	*****	AREA 17 TOTAL	
				21	MICROBIOLOGY	
07 08 02	102	1	95.50	00014	CULTURE, BLOOD	R
07 08 02	102	1	95.50	00014	CULTURE, BLOOD	R
07 08 02	102	1	75.50	00360	CULTURE, URINE	R
			266.50	*****	AREA 21 TOTAL	
				27	OUTPATIENT LAB	
07 05 02	102	1	17.00	05010	URINALYSIS, COMPLETE	R
07 05 02	102	1	27.50	10028	CBC	R
07 06 02	102	1	29.00	00102	COMPREHENSIVE METABOLIC PANEL	R
07 06 02	102	1	27.50	10028	CBC	R
07 06 02	102	1	27.50	20050	AMYLASE	R
07 06 02	102	1	45.00	20324	LIPASE	K
			173.50	*****	AREA 27 TOTAL	
				30	EKG	
07 07 02	392	1	112.50	00023	EKG:Electrocardiogram	P
07 08 02	394	1	112.50	00023	EKG:Electrocardiogram	R
			225.00	*****	AREA 30 TOTAL	
				31	EKG PRO FEB	
07 08 02	394	1	16.00	00146	Routine EKG - Read by James Yates	R
07 09 02	395	1	16.00	00146	Routine EKG - Read by James Yates	R
			32.00	*****	AREA 31 TOTAL	
				38	AMB SERVICES	
07 05 02	1	15-	315.00-	70771	OBSERVATION CARE-5E	99218
07 05 02	390	15	315.00	70771	Observation Charge - 5East	P
07 06 02	1	24-	450.00-	70771	OBSERVATION CARE-5E	99218
07 06 02	391	24	450.00	70771	Observation Charge - 5East	R
07 08 02	394	1	67.50	40147	Cardiac Telemetry/Day-5E	R
07 09 02	395	1	67.50	40147	Cardiac Telemetry/Day-5E	R

135.00 ***** AREA 38 TOTAL

ER03-010 0000

U.T. MEMORIAL HOSPITAL

ACCOUNTS RECEIVABLE

PAGE 4
09/07/02

ACCOUNT DETAIL INQUIRY

11:33 AM

11:33 AM

QG*****QG

ADM NO: 4-15989-3 ACTY AREA: BEGIN:

DATE	BCH	QTY	AMOUNT	CODE	DESCRIPTION	
				41	X-RAY	
07 05 02	390	1	100.00	06019	DX Chest, 1 View	R
07 05 02	390	1	123.00	06571	DX Cervical Spine, Ap & Lat	R
07 05 02	390	1	155.00	06613	DX Thoracic Spine, Ap & Lat	R
07 05 02	390	1	171.00	06670	DX Lumbar SPine, Ap & Lateral	R
07 05 02	390	1	94.00	06712	Dx Pelvis	R
07 05 02	390	1	96.00	07744	Dx Forearm, Left, Ap & Lateral	R
07 05 02	390	1	118.50	07900	DX Hand, Left, 3 Or > Views	R
07 07 02	396	1	100.00	06019	DX Chest, 1 View	R
07 07 02	392	1	171.00	06670	DX Lumbar SPine, Ap & Lateral	R
			1,128.50	*****	AREA 41 TOTAL	
				45	CT SCAN	
07 05 02	390	1	629.00	02019	CT Head Without IV Contrast	R
07 05 02	390	1	581.00	02258	CT L-Spine, Limited	R
07 05 02	390	1	716.00	02282	CT Pelvis, With Contrast	R
07 05 02	390	1	716.00	02373	CT Abdomen, With IV Contrast	R
07 05 02	390	1	280.00	02449	CT Computer Reconstruction	R
07 05 02	390	150	375.00	08719	OMNIPAQUE-300 PER CC	R
07 06 02	391	1	716.00	02282	CT Pelvis, With Contrast	R
07 06 02	391	1	716.00	02373	CT Abdomen, With IV Contrast	R
07 06 02	391	150	375.00	08719	OMNIPAQUE-300 PER CC	R
07 08 02	394	1	860.50	02191	CT Thorax, W & W/o IV Contrast	R
07 08 02	394	150	375.00	08719	OMNIPAQUE-300 PER CC	R
			6,339.50	*****	AREA 45 TOTAL	
				55	RESP THER	
07 07 02	392	1	76.00	00020	Oxygen Therapy	R
07 07 02	392	1	26.50	00038	SVN, Small Volume Nebulizer INITIAL	R
07 07 02	392	1	56.50	00046	Incentive Spirometry - INITIAL	R
07 07 02	392	1	15.00	00137	SVN, Small Volume Nebulizer SUBSEQU	R
07 07 02	392	1	75.50	00228	Pulse Oximetry Recovery Room or ER	P
07 08 02	1	1	76.00	00020	OXYGEN THERAPY	
07 08 02	394	1	76.00	00020	Oxygen Therapy	R
07 08 02	394	1	15.00	00137	SVN, Small Volume Nebulizer SUBSEQU	R
07 09 02	395	1	76.00	00020	Oxygen Therapy	R
07 09 02	395	1	15.00	00137	SVN, Small Volume Nebulizer SUBSEQU	R
			507.50	*****	AREA 55 TOTAL	
				56	REHABILITATION SERVICES	
07 07 02	392	1	.00	00531	PT No Charge-IP/OP	R
07 07 02	392	1	54.50	05043	PT Initial Visit-IP/OP	R
07 07 02	392	1	49.50	05084	PT Ther Ex-IP/OP	R
07 07 02	392	1	48.00	05225	PT Gait Training-IP/OP	R
07 08 02	394	2	96.00	05225	PT Gait Training-IP/OP	R
			248.00	*****	AREA 56 TOTAL	
				59	ER ROOM	
07 05 02	9	1	.00	00717	TRAUMA ALERT MO	R
07 05 02	9	1	1,847.50	00725	TRAUMA ROOM	R
07 05 02	9	1	1,231.00	00741	TRAUMA ALERT MODIFIED RESPONSE	R
			3,078.50	*****	AREA 59 TOTAL	
				67	MATERIALS-SUPPLY DISTRIBUTION	
07 05 02	92	1	34.50	01841	SOLUTION N/SALINE IRR 250ML	R

07 05 02 92 1

34.50 01841 SOLUTION N/SALINE IRR 250ML

R

ACCOUNT DETAIL INQUIRY

033 AM

11:33 AM

Q*****Q

ADM NO: 4-15989-3 ACTY AREA: BEGIN:

DATE	BCH	QTY	AMOUNT	CODE	DESCRIPTION	
07 05 02	92	1	5.00	02070	GAUZE "CONFORM" 2"	R
07 05 02	92	1	6.00	02898	SPONGE GAUZE STERILE 4 X 4"	R
07 05 02	240	1	16.00	09851	CLEANSER PERINEAL 8 OZ	R
07 05 02	92	1	6.50	11576	ELECTRODES ADULT	R
07 05 02	92	1	66.00	13416	TRAY FOLEY W/URINE METER 16 FR	R
07 05 02	92	1	5.00	14299	DRESSING TEGADERM 5 X 7 STERILE	R
07 05 02	284	1	5.00	14299	DRESSING TEGADERM 5 X 7 STERILE	R
07 05 02	239	1	34.50	30113	IV D 5% 45% NS 1000ML	R
07 05 02	92	1	53.00	32531	TRAY LACERATION	R
07 05 02	700	1	134.00	36854	SLEEVES KNEE LENGTH PAIR	R
07 05 02	284	1	12.00	46689	CATH IV PROTECTIVE 20 GA X 1 1/4"	R
07 05 02	240	1	25.50	48719	SET IV IVAC PUMP UNIVERSAL	R
07 05 02	284	1	15.00	50947	NEEDLELESS SM BORE EXT W/VALVE	R
07 05 02	284	1	8.50	55292	SWAB CHLORAPREP	R
07 06 02	241	1	34.50	30113	IV D 5% 45% NS 1000ML	R
07 06 02	240	1	34.50	30113	IV D 5% 45% NS 1000ML	R
07 07 02	242	1	34.50	01866	SOLUTION N/SALINE IRR 500ML	R
07 07 02	242	1	6.00	02096	GAUZE "CONFORM" 4"	R
07 07 02	242	1-	6.00	02096	GAUZE "CONFORM" 4"	R
07 07 02	242	1	1.00	02112	TISSUE FACIAL	R
07 07 02	242	1	6.00	02898	SPONGE GAUZE STERILE 4 X 4"	R
07 07 02	242	1	7.00	08945	SLIPPERS MEDIUM	R
07 07 02	242	1	2.00	09448	POWDER JOHNSONS BABY 4 OZ.	R
07 07 02	242	1	7.50	10305	BEDPAN FRACTURE IVORY	R
07 07 02	242	2	13.00	11576	ELECTRODES ADULT	R
07 07 02	124	1	5.00	14299	DRESSING TEGADERM 5 X 7 STERILE	R
07 07 02	242	1	34.50	30113	IV D 5% 45% NS 1000ML	R
07 07 02	242	1	11.00	25799	MASK MULTI VENT ADULT	R
07 07 02	242	1	50.50	42183	TRANSDUCER O2 OXISENSOR ADULT D-25	R
07 07 02	124	1	12.00	46689	CATH IV PROTECTIVE 20 GA X 1 1/4"	R
07 07 02	124	1	15.00	50947	NEEDLELESS SM BORE EXT W/VALVE	R
07 07 02	124	1	8.50	55292	SWAB CHLORAPREP	R
07 08 02	242	1	4.50	09059	CONTAINER SPECIMAN STERILE	R
07 08 02	142	1	5.00	14299	DRESSING TEGADERM 5 X 7 STERILE	R
07 08 02	142	1	12.00	46689	CATH IV PROTECTIVE 20 GA X 1 1/4"	R
07 08 02	142	1	12.00	46689	CATH IV PROTECTIVE 20 GA X 1 1/4"	R
07 08 02	242	1	9.50	48149	KIT URINE COLLECTION/CULTURE	R
07 08 02	142	1	15.00	50947	NEEDLELESS SM BORE EXT W/VALVE	R
07 08 02	142	1	8.50	55292	SWAB CHLORAPREP	R
			804.00	*****	AREA 67 TOTAL	
				68	MATERIALS-PROCESSING/SUPPORT	
07 06 02	391	1	42.00	02086	Pump, IV	R
07 06 02	391	1	42.00	02086	Pump, IV	R
07 06 02	391	1	38.00	02664	Alternating Compression Device, Leg	R
07 07 02	392	1	38.00	02664	Alternating Compression Device, Leg	R
07 08 02	394	1	17.50	01963	Bedside, Commode	R
07 08 02	394	1	42.00	02086	Pump, IV	R
07 08 02	394	1	42.00	02086	Pump, IV	R
07 08 02	394	1	38.00	02664	Alternating Compression Device, Leg	R
07 09 02	395	1	17.50	01963	Bedside, Commode	R

07 09 02 395 1

38.00 02664 Alternating Compression Device, Leg R

E663-815 8482

ACCOUNT DETAIL INQUIRY

33 AM

11:33 AM

QG*****

ADM NO: 4-15989-3 ACTY AREA: BEGIN:

DATE	BCH	QTY	AMOUNT	CODE	DESCRIPTION	
			355.00	*****	AREA 68 TOTAL	
				70	ER AIR MED SERV	
07 06 02	391	1	4,478.50	06000	Base Rate-SH	R
07 06 02	391	32	1,840.00	06026	Loaded Statute Miles-SH	R
			6,318.50	*****	AREA 70 TOTAL	
				88	NOTES	
07 15 02	1	1	.00	01664	ACCT AUTO ADDED TO ACCT MANAGEMENT	
07 15 02	1	1	.00	01664	PLACED IN ACCOUNT GROUP	
07 15 02	1	1	.00	90360	MCS AUDIT COMPLETE SH	
07 18 02	1	1	.00	01664	0580218916231 CERT RECEIVE	
07 19 02	1	1	.00	01664	ACCT GROUP CHANGED FROM IP UNB CBC	
07 19 02	1	1	.00	01664	TO CM 2000BLD	
07 19 02	1	1	.00	01664	ACCT REP CHANGED FROM NB03 TO BSIM	
07 19 02	1	1	.00	01664	PLACED IN ACCOUNT GROUP	
08 02 02	1	1	.00	01664	LIAB COMPLETE SENT TO MARCIA HARDIN	
08 02 02	1	1	.00	01664	G	
08 07 02	1	1	.00	01664	MVA 1 VEH	
08 07 02	1	1	.00	01664	STATE FARM INS CO PO BOX 20707	
08 07 02	1	1	.00	01664	MURFREESBORO TN 37129-0088 ADJ:	
08 07 02	1	1	.00	01664	PAULA WILSON CLAIM# 42-1504559	
08 07 02	1	1	.00	01664	1-877-236-5890 X 356	
08 13 02	1	1	.00	01664	ACCT GROUP CHANGED FROM CM 2000BLD	
08 13 02	1	1	.00	01664	TO IP-OP 03	
08 13 02	1	1	.00	01664	ACCT REP CHANGED FROM BSIM TO MHAR	
08 13 02	1	1	.00	01664	NO LETTER MAILED	
08 13 02	1	1	.00	01664	081202 LOCK BOX REJ	
08 14 02	1	1	.00	01664	MANDATORY S/P REVIEW	
08 15 02	1	1	.00	01664	NEXT STEP NO CHANGED TO 06	
08 15 02	1	1	.00	01664	NEXT STEP DATE CHANGED FROM	
08 15 02	1	1	.00	01664	09/29/02 TO 10/29/02	
			.00	*****	AREA 88 TOTAL	
				97	BENEFITS	
08 12 02	1	1	26,022.48-	064	PROVIDENT-A	
			26,022.48-	*****	AREA 97 TOTAL	
				99	BENEFITS	
08 12 02	1	1	1,799.14-	064	CIGNA PPO BENEFIT	
			1,799.14-	*****	AREA 99 TOTAL	
			387.86	*****	CURRENT BALANCE	

ROANE COUNTY EMERGENCY MEDICAL SERVICE
3878 ROANE STATE HWY
HARRIMAN, TN 37748
(865) 882-6039
Federal Tax ID: 62-6000806



Patient Code:

Please return top portion with payment.

Date: 08/07/2002 BALANCE DUE STATEMENT Page 1
Patient:
Code:

Date	Invoice	Description	Charges	Payments	Balance
07/05/2002	501-M002575	CHARGES	616.25		616.25
07/12/2002	501-M002575	PRI INS FILED			616.25
08/07/2002	501-M002575	5-PRI INS	CIGNA	308.13	308.12

AS SHOWN ABOVE, YOUR INSURANCE OR MEDICARE HAS PAID OR REJECTED.
THE BALANCE OF THIS BILL IS YOUR RESPONSIBILITY, PLEASE PAY TODAY.

\$ 308.12 Currently Due

308.12 Total Balance Due
0.00 Less amount awaiting payment from Medicare or Insurance

\$ 308.12 Total Balance Due From You

LOCATION CODE

DOCTOR CODE

NASHVILLE (PATIENT PHYSICIANS & UT HOSPITAL-IP)
 P.O. BOX 430-41
 NASHVILLE, TN 37244-0441

D STEPHEN WHITE MD

PHONE: [REDACTED]
 TAX ID: [REDACTED]

ITEMIZED STATEMENT FOR ACCT # 7482

PAGE: 1



DATE	BN	PATIENT	LOC	CPT-4 CODE AND DESCRIPTION	INTERESTS	AMOUNT
07/07/02	0	[REDACTED]	2	99254 HGP CARE, CONSULT LEVEL 4	786.50 799.0 486	200.00
09/07/02	0	[REDACTED]	2	APPLIED TO DEBIT CARL	786.50 799.0 486	0.00
09/07/02	0	[REDACTED]	2	PT BALANCE AFTER DRG	786.50 799.0 486	(200.00)
09/07/02	0	[REDACTED]	2	PT BALANCE AFTER DRG		200.00

TOTAL CHARGES----- 200.00
 TOTAL ADJUSTMENTS----- 0.00
 TOTAL PAYMENTS----- 0.00
 CURRENTLY DUE----- 200.00

PATIENT FINANCIAL HISTORY BY PT SERVICE
 UNIVERSITY HOSPITALS, P.C.
 Accounts 2352 - 2352 All Dates

Date	Dep #	Name	Dr#	Procedure	Ref Dt	Diag	Units	Amount
2352				Previous Balance :				0.00
01/29/03	0		2	99344				255.00
02/06/03	0		2	23839				2500.00
02/17/03	0		2	99024				0.00
03/19/03		Check Payment	46016714	Ins #640	03/19/03			-2000.00
03/19/03		Check Payment	46042914	Ins #640	03/19/03			-166.22
03/19/03		Adjustment (S)		COMMERCIAL INS ADJ	03/19/03			-78.78
04/14/03	D		2	99024				0.00
04/15/03		Check Payment	1480	Patient	04/15/03			-30.00
TOTALS FOR ACCOUNT 2352			PAYMENTS :	2176.22	Adjustm :	78.78	CHARGES :	2755.00
			AMOUNT:	0.00				4.00
				2176.22		78.78		2755.00
								380.00

DATE		AMOUNT PAID		BALANCE	
ACCOUNT NUMBER		AMOUNT PAID		BALANCE	
		131.87	.00	131.87	

PLEASE MAKE CHECK PAYABLE TO:
 UNIV OPTICOLORISTS/UNIV BREAST
 CENTER TROKING 2-1283441
 5801 KINGSTON PINE/ BTE 548
 KNOXVILLE, TN 37919
 (663)-584-7376

DATE PAID	DATE RECEIVED

PLEASE CHARGE TO:

VISA MASTER CHARGE

CARD NO.

CARD EXPIRATION DATE AMOUNT TO BE PAID

SIGNATURE

PAYEE	STATE

AMOUNT PAID	PAYMENT AMOUNT
	131.87

NOTED: CARD NOT ACCEPTED

The enclosed bill represents the charge for the services rendered by the doctor to whom your professional liability insurance charge includes the medical professional supervision of the examinations and the written, oral and consultation reports.



← DETACH HERE AND RETURN WITH PAYMENT

MEDICAL EXPENSE

Patient: [REDACTED]
 ResPty: [REDACTED]
 Birth: SWEETWATER TN 37874
 12/06/1942

Pharmacy: KWART PHARMACY #4898
 902 SOUTH MAIN STREET
 SWEETWATER TN 37874
 RPh:
 NCPDPS: 4427527

Prescriptions:

Dates: 07/05/2002 to 02/20/2003

Last Fill Written	Rx # Tx #	Drug Name Drug NDC	DAN RPh Refcat/Sec/#	Qty Days Physician	Price
07/13/2002	4464189	PROPO-N/APAP100-650 TAB	0	25 8	7.00
07/13/2002	1782516	00378-8155-05 MW	0 / 0 / 0	Dr. SANDERS, STEVEN A.	
07/24/2002	6921287	ULTRACET TAB	0	60 7	45.00
07/24/2002	1786037	00045-0650-60 MAM	1 / 1 / 0	Dr. BURROUGHS, WALLACE F.	
08/03/2002	6922521	CHEFADROKIL MD 500MG CAP	0	14 7	7.00
08/03/2002	1789610	59772-7271-03 BFW	/ 0 / 0	Dr. BURROUGHS, WALLACE F.	
08/03/2002	4464687	PROPO-N/APAP100-650 TAB	0	90 30	7.00
08/03/2002	1789611	00378-8155-05 BFW	1 / 0 / 0	Dr. BURROUGHS, WALLACE F.	
10/24/2002	4466835	CDP/AMITRIE 5-12.5MGTAB	0	90 30	7.00
10/24/2002	1818549	00378-0211-01 MW	1 / 0 / 0	Dr. BURROUGHS, WALLACE F.	
11/06/2002	4464687	PROPO-N/APAP100-650 TAB	0	90 30	7.00
08/03/2002	1823408	00378-8155-05 SC	1 / 0 / 1	Dr. BURROUGHS, WALLACE F.	
11/21/2002	6947835	FLOXETINE 20MG CAP	0	30 30	7.00
11/21/2002	1823870	49884-0733-01 MAM	1 / 0 / 0	Dr. BURROUGHS, WALLACE F.	
12/02/2002	6949275	ATEMOLOL 25MG TAB	0	30 30	6.99
12/02/2002	1822987	00781-1078-10 MW	6 / 4 / 0	Dr. KINFER, STEVE K.	
12/24/2002	4466835	CDP/AMITRIE 5-12.5MGTAB	0	90 30	7.00
12/24/2002	1841609	00378-0211-01 MW	1 / 0 / 1	Dr. BURROUGHS, WALLACE F.	
12/24/2002	6947835	FLOXETINE 20MG CAP	0	30 30	7.00
11/21/2002	1841610	49884-0733-01 MW	1 / 0 / 1	Dr. BURROUGHS, WALLACE F.	
01/04/2003	6949275	ATEMOLOL 25MG TAB	0	30 30	6.99
12/02/2002	1845240	00781-1078-10 SC	6 / 4 / 1	Dr. KINFER, STEVE K.	
01/26/2003	6953090	FLOXETINE 20MG CAP	0	30 30	7.00
12/28/2002	1853043	49884-0733-01 MW	3 / 3 / 0	Dr. BURROUGHS, WALLACE F.	
02/07/2003	6959228	TRAMADOL HCL 50MG TAB	0	40 8	7.00
02/07/2003	1858102	00378-4151-01 BFW	/ 0 / 0	Dr. KILLEFFER, JAMES A.	
02/15/2003	6949275	ATEMOLOL 25MG TAB	0	30 30	6.99
12/02/2002	1861118	00781-1078-10 BFW	6 / 4 / 2	Dr. KINFER, STEVE K.	

PHARMACY EXPENSE

Patient
RespPty



Pharmacy: K MART PHARMACY #4090
902 SOUTH MAIN STREET
SWEETWATER TN 37874
RPh:
NCVDP#: 4427527

Birth: SWEETWATER TN 37874
12/06/1942

Prescriptions:

Dates: 07/05/2002 to 02/20/2003

Last Fill Written	Rx # Tx #	Drug Name Drug NDC	DAN RPh RefAut/Res/S	Qty Physician	Days	Price
----------------------	--------------	-----------------------	-------------------------	------------------	------	-------

Report Date: 02/20/2003

\$135.97

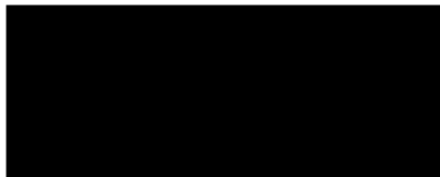
Attested To By: *mya bell*
Registered Pharmacist

03/05/03

PATIENT STATEMENT OF ACCOUNT

PAGE: 1

Contract Health Serv., Inc
 P. O. Box 50293
 Knoxville, TN 37950-0293
 (615) 588-1941



23772

DATE	VISIT #	PATIENT	CHARGES	PAYMENTS	BALANCE
Referred by Brewer M.D., Gregory					
09/16/02	44711	McDaniel, Betty			
09/13/02		Echo 2D M Mode	200.00		
09/13/02		Doppler Echocardiography	125.00		
09/13/02		Doppler Color Flow	130.00		
10/30/02		Cigna Healthcare Insurance Filed			
11/18/02		Ins. Payment Cigna		420.29	
11/18/02		PPD Write Off		-14.71	
11/18/02		Applied To Your Deduct/Copay			
11/18/02		This Is Now Your Responsibility To Pay			
11/18/02		Please Send Amount Due By Return Mail			
1/07/03		Your Account Is Past Due.			
BALANCE ON VISIT -----)					20.00
Total for locations: Contract Health Serv., Inc					
CURRENT	31 - 60	51 - 90	OVER 90	BALANCE	
0.00	0.00	0.00	20.00	20.00	

Health Serv., Inc
 50293
 TN 37950-0293

MASTER CARD# _____ VIBACTJ
 CARD# _____ AMOUNT: _____
 SIGN: _____ EXP DATE: _____

455.00	10/16/02
SHOW AMOUNT PAID HERE \$	

ADDRESS SERVICE REQUESTED

DETACH AND RETURN THIS PORTION WITH PAYMENT

Health Serv., Inc
 50293
 TN 37950-0293

PATIENT
 Daniel, Betty

DATE	CODE	DESCRIPTION	AMOUNT
5/13/02	8007TC	Diagnosis H	200.00
7/13/02	8320TC	Diagnosis H	125.00
7/13/02	8325TC	Diagnosis H	130.00
		TEST ORDERED BY: [illegible] Brewer M. D.	

CURRENT	30-60	60-90	90-120	OVER 120	LAST PAYMENT
455.00	0.00	0.00	0.00	0.00	

this statement for tax purposes.
 Billing information call: (865) 588-1741
 (800) 678-3548

STATEMENT DATE: 10/16/02

TOTAL 455.00

DUE DATE: 10/31/02

STATEMENT

ER83-818 0081

4/29/03 14:36

SOUTHERN ORTHOPEDICS AND
 PO BOX 24305
 KNOXVILLE, TN 37933-2305

Date	Description	ICD-9	ICM Code	Charge	Pat/Adj	Adj. Bal.	Enc. #
	SUMMARY FOR BETTY WITH DR MCCOLLUM			490.00	490.00-		17193922
7/05/02	HOSPITAL ADMIT	21					
7/05/02	FRACTURE TREATMENT	21 22210	8054	490.00			
7/09/02	HOSPITAL DISCHARGE	21					
7/12/02	CIGNA HEALTHCARE	21	*CLAIM FILED*	490.00			
9/09/02	CIGNA PAYMENT	21			274.30-		
9/09/02	CIGNA ADJ	21			215.50-		
	SUMMARY FOR BETTY WITH DR MCCOLLUM			116.00	116.00-		17350002
8/13/02	POST OP EVAL HEBT	11 99024					
8/13/02	X-RAYS LUMBOSACRAL	11 72100	8054	116.00			
8/14/02	CASH PAYMENT	11			20.00-		
8/15/02	CIGNA HEALTHCARE	11	*CLAIM FILED*	116.00			
9/04/02	CIGNA PAYMENT	11			43.33-		
9/04/02	CIGNA ADJ	11			70.67-		
2/14/03	PAYMENT TRANSFERRED	11			20.00		
	SUMMARY FOR BETTY WITH DR MCCOLLUM			116.00	116.00-		17348002
8/13/02	POST OP EVAL HEBT	11 99024					
9/10/02	X-RAYS LUMBOSACRAL	11 72100	8054	116.00			
9/12/02	CIGNA HEALTHCARE	11	*CLAIM FILED*	116.00			
9/19/02	CIGNA PAYMENT	11			69.00-		
11/20/02	PERSONAL CHECK PAYMENT	11			40.00-		
2/14/03	CREDIT, PAYMENT RECEIVED	11 12			6.40-		
	SUMMARY FOR BETTY WITH DR MCCOLLUM			246.00	166.20-	79.80	17787925
10/08/02	E/M EXPANDED ESTABLISHED	11 99213	8054	65.00			
10/08/02	X-RAYS LUMBOSACRAL	11 72100	8054	116.00			
10/08/02	X-RAY FINGER(S)	11 79140	8054	65.00			
10/10/02	CIGNA HEALTHCARE	11	*CLAIM FILED*	246.00			
11/08/02	CIGNA PAYMENT	11			147.60-		
2/14/03	CREDIT, PAYMENT RECEIVED	11 12			13.40-		
3/10/03	CASH PAYMENT	11			5.00-		
	SUMMARY FOR BETTY WITH DR MCCOLLUM			165.00	165.00-		18050455
11/24/02	E/M EXPANDED ESTABLISHED	11 99213	8054	65.00			
11/24/02	X-RAYS THORACOLUMBAR	11 72000	8054	100.00			
11/24/02	PERSONAL CHECK PAYMENT	11			20.00-		

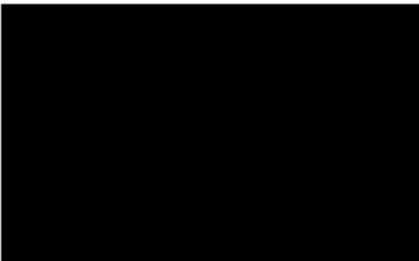
(Continued on Next Page)

Current	30-Days	60-Days	90-Days	120-Days	Total Due
20.00	.00	.00	.00	79.80	99.80

EO3-010 0002

4/29/03 14:36

SOUTHEASTERN ORTHOPAEDICS/HDS
 PO BOX 24245
 KNOXVILLE, TN 37923-2305



Date	Description	LC	CP34	ICDA Code	Charge	Pat/Adj	Adj Due	Enc #
11/26/02	CIGNA HEALTHCARE	11		*CLAIM FILED*	165.00			
12/16/02	CIGNA PAYMENT	11				65.00-		
12/16/02	CIGNA ADJ	11				79.20-		
	SUMMARY FOR BETTY WITH DR		MCCOLLUM		314.00	314.00-		18479234
1/20/03	E/M DETAILED ESTABLISHED	11	99214	8054	99.00			
1/20/03	X-RAYS LUMBO/SACRAL	11	72100	8054	126.00			
1/20/03	X-RAY WIPS	11	73520	8054	110.00			
1/20/03	PERSONAL CHECK PAYMENT	11				20.00-		
1/22/03	CIGNA HEALTHCARE	11		*CLAIM FILED*	314.00			
2/10/03	CIGNA PAYMENT	11				129.76-		
2/10/03	CIGNA ADJ	11				157.24-		
2/24/03	PERSONAL CHECK PAYMENT	11				10.00-		
	SUMMARY FOR BETTY WITH DR		MCCOLLUM		175.00	145.00-	10.00	18479342
2/24/03	E/M EXPANDED ESTABLISHED	11	99213	8054 71945	65.00			
2/24/03	X-RAY WIPS	11	73520	71945	110.00			
2/24/03	PERSONAL CHECK PAYMENT	11				20.00-		
2/28/03	CIGNA HEALTHCARE	11		*CLAIM FILED*	175.00			
3/17/03	CIGNA PAYMENT	11				57.67-		
3/17/03	CIGNA ADJ	11				87.33-		
3/17/03	DEDUCTIBLE	11			30.00			
	SUMMARY FOR BETTY WITH DR		MCCOLLUM		68.00	58.00-	10.00	18709360
3/10/03	E/M EXPANDED ESTABLISHED	11	99213	8054 71945	68.00			
3/10/03	CASH PAYMENT	11				20.00-		
3/13/03	CIGNA HEALTHCARE	11		*CLAIM FILED*	68.00			
4/01/03	CIGNA PAYMENT	11				23.56-		
4/01/03	CIGNA ADJ	11				16.44-		
4/01/03	DEDUCTIBLE	11			30.00			

Current	30-Days	60-Days	90-Days	120-Days	Total Due
29.00	.00	.00	.00	79.00	99.00

EA83-019 0003

Ticket# 324501 U 01 35 Total: 65.00
 07/11/02 20-BURROUGHS II BURROUGHS AMG ATHENS MEDI

-LINE DETAIL-

071002-071002 99213	-	-OFFICE/OUTPA 850.9	-CONCUSSION N YYY	1	65.00
071002-071002 AD	-	-ADDITIONAL D 005.0	-FX CLOSED UE NNW	1	0.00
071002-071002 AD	-	-ADDITIONAL D 719.45	-PAIN IN JOIN NNW	1	0.00

-RECEIPTS-

Date	Type				Amount	Applied
07/22/02	2999-PAYMENT	CIGNA HEALC# 3245011r#	250091U	48 44	32.23-	32.23-
07/22/02	9101-Co-ins	20.00ca 3245011r#	250092U	48 44		
07/22/02	4999-WRITE-OFF	CIGNA HEALC# 3245011r#	250093U	48 44	12.77-	12.77-
07/29/02	1002-1527	PERSONAL CHECK .. THAN#	251800U	01 35	35.00-	15.00-
08/13/02	3023-MOVE CREDIT FROM	070302 r#	257363U	60 60	5.00-	5.00-

-CLAIM INFO-

071202- -CIGNA HEALTH CARE -03245011-Y-N-P cleared
 Claim #

-SUMMARY-

CIGNA HEAL	Status	FILED	Balance
Paid 32.23 .00 .00	Expected	45.00	Ins .00
M/O 12.77 .00 .00	Personal	15.00	Pat .00
Pat paid to print on form .00	Other pd	5.00	

*** End of Detail ***

Up-Up Down-Down F1-Fwd F2-Back F3-Print F4-Beginning F5-End F7-Quit TAB-Hor

Tick# 324899 U 01 35 Total: 124.00
 07/29/02 20-BURROUGHS II BURROUGHS ANG ATHENS MEDI
 -LINE DETAIL-
 072402-072402 89213 - -OFFICE/OUTPA 895.4 -FX CLOSED LU YVY 1 65.00
 072402-072402 73140 - -X-RAY EXAM, 729.5 -PAIN IN LIMB YVY 1 59.00
 -RECEIPTS-

Date	Type		Amount	Applied
07/29/02	1002-1527	PERSONAL CHECK .. THANr# 251880U	01 35	35.00- 20.00-
08/12/02	2999-PAYMENT	CIGNA HEALc# 3248991r# 257162U	35 20	52.78- 52.78-
08/12/02	9101-Co-ins	20.00c# 3248991r# 257163U	35 20	
08/12/02	4999-WRITE-OFF	CIGNA HEALc# 3248991r# 257164U	35 20	51.22- 51.22-

 -CLAIM INFO- Claim #
 073002- -CIGNA HEALTH CARE -03248991-Y-N-P cleared
 -SUMMARY-

CIGNA HEAL	Status	FILED	Balance
Paid 52.78 .00 .00	#Expected	104.00	Ins .00
M/O 51.22 .00 .00	Personal	20.00	Pat .00
Pat paid to print on form .00	Other pd	.00	

End of Detail

Up-Up Down-Down F1-Fwd F2-Back F3-Print F4-Beginning F5-End F7-Quit TAB-Mor

Ticks 326380 U 01 35
 08/02/02 20-BURROUGHS II BURROUGHS

Total: 128.00
 AMG ATHENS MEDI

-LINE DETAIL-

080102-080102 10120 - -INCISION/REN 729.6 -FOREIGN BODY VVV 1 128.00

-RECEIPTS-

Date	Type				Amount	Applied
08/02/02	1002-1532	PERSONAL CHECK .. THAM#	254333U	01 35	20.00-	20.00-
08/20/02	2999-PAYMENT	CIGNA HEALC#	3263801r#	260248U	35 7	118.40- 118.40-
08/20/02	4999-WRITE-OFF	CIGNA HEALC#	3263801r#	260249U	35 7	9.60- 9.60-
12/09/02	3023-MOVED TO DOS			297914U	38 7	15.00 15.00
01/14/03	3023-moved to dos			310591U	37 7	5.00 5.00

-CLAIM INFO-

080602- -CIGNA HEALTH CARE -83263801-Y-N-P cleared
 Claim #

-SUMMARY-

CIGNA HEAL	Status	FILED	*Balance*
Paid 118.40 .00 .00	#Expected	100.00	Ins .00
M/O 9.60 .00 .00	Personal	20.00	Pat .00
Pat paid to print on form	Other pd	20.00-	

*** End of Detail ***

Up-Up Down-Down F1-Fwd F2-Back F3-Print F4-Beginning F5-End F7-Quit TAB-Hor

Ticks 326379 U 01 35 Total: 46.00
 08/15/02 20-BURROUGHS II BURROUGHS ANG ATHENS MEDI

-LINE DETAIL-
 081402-081402 99212 - -OFFICE/OUTPA 729.6 -FOREIGN BODY YVY 1 46.00

-RECEIPTS-

Date	Type			Amount	Applied
08/15/02	1001-CASH	THANK YOU!	r# 258016U 81 35	20.00- 20.00-
08/31/02	2999-PAYMENT		CIGNA HEALc# 3263791r# 264157U	35 7	17.85- 17.85-
08/31/02	8101-Co-ins		20.00c# 3263791r# 264158U	35 7	
08/31/02	4999-WRITE-OFF		CIGNA HEALc# 3263791r# 264159U	35 7	8.15- 8.15-

-CLAIM INFO-
 081602- -CIGNA HEALTH CARE -03263791-Y-N-P cleared

-SUMMARY-

CIGNA HEAL	Status	FILED	Balance
Paid 17.85 .00 .00	Expected	20.00	Ine .00
W/O 8.15 .00 .00	Personal	20.00	Pat .00
Pat paid to print on form	Other pd	.00	

*** End of Detail ***

Up-Up Down-Down F1-Fwd F2-Back F3-Print F4-Beginning F5-End F7-Quit TAB-Nor

Tick# 338865 U 01 35 Total: 61.00

10/24/02 20-BURROUGHS II BURROUGHS AMG ATHENS MEDI

-LINE DETAIL-
 102402-102402 99212 - -OFFICE/OUTPA 300.4 -DEPRESSION, YYY 1 46.00
 102402-102402 98471 - -IMMUNIZATION 004.8 -UACCINE AGAI YYY 1 4.00
 102402-102402 98658 - -FLU VACCINE, 004.8 -UACCINE AGAI YYY 1 11.00

-RECEIPTS-
 Date Type Amount Applied
 10/24/02 1002-1550 PERSONAL CHECK .. THAN# 281411U 01 35 20.00- 20.00-
 11/18/02 2989-PAYMENT CIGNA HEAL# 3388651# 290120U 35 7 17.85- 17.85-
 11/18/02 9101-Co-ins 20.00# 3388651# 290127U 35 7
 11/18/02 4999-WRITE-OFF CIGNA HEAL# 3388651# 290128U 35 7 8.15- 8.15-
 12/09/02 3023-MOVED FROM DOS 8-1-02 # 297916U 36 7 15.00- 15.00-

-CLAIM INFO-
 102502- -CIGNA HEALTH CARE -03388651-Y-N-P cleared

-SUMMARY-
 CIGNA HEAL Status FILED *Balance* .00
 Paid 17.85 .00 .00 #Expected 41.00 Ins .00
 W/O 8.15 .00 .00 Personal 20.00 Pat .00
 Pat paid to print on form .00 Other pd 15.00

*** End of Detail ***
 Up-Up Down-Down F1-Fwd F2-Back F3-Print F4-Beginning F5-End F7-Quit TAB-Hor

Tick# 341671 U 56 84 Total: 275.00
 11/13/02 20-BURROUGHS II BREWER RD ARMC SLEEP STUD
 -LINE DETAIL-
 102402-102402 95810 -26-ROUTINE SLEE 780.59 -HYPERSONNIA YYY 1 275.00
 -RECEIPTS-
 Date Type Amount Applied
 01/20/03 2999-PAYMENT CIGNA HEALen 3416711r# 312409U 35 Y 275.00- 275.00-
 -CLAIM INFO- Claim #
 111402-121902-CIGNA HEALTH CARE -03416711-Y-N-P cleared
 -SUMMARY-

CIGNA HEAL		Status	FILED	Balance
Paid	275.00	Expected	275.00	Ine
M/O	.00	Personal	.00	Pat
Pat paid to print on form	.00	Other pd	.00	

End of Detail

Up-Up Down-Down F1-Fwd F2-Back F3-Print F4-Beginning F5-End F7-Quit TAB-Hor

Tick# 340187 U 01 35 Total: 46.00
 11/22/02 20-BURROUGHS II BURROUGHS ANG ATHENS MEDI

-LINE DETAIL-

112102-112102 99212 - -OFFICE/OUTPA 300.4 -DEPRESSION, YYY 1 46.00

-RECEIPTS-

Date	Type				Amount	Applied
11/22/02	1002-1558	PERSONAL CHECK .. THANr#	201995U	01 35	15.00-	15.00-
12/16/02	2999-PAYMENT	CIGNA HEALc#	3401871r#	301404U	35 7	17.85- 17.85-
12/16/02	9101-Co-ins	20.00c#	3401871r#	301405U	35 7	
12/16/02	4999-WRITE-OFF	CIGNA HEALc#	3401871r#	301408U	35 7	8.15- 8.15-
01/14/03	3023-moved from doc	0-1-02	r#	310592U	37 7	5.00- 5.00-

-CLAIM INFO-

112502- -CIGNA HEALTH CARE -03401071-V-N-P cleared

-SUMMARY-

CIGNA HEAL	Status	FILED	Balance
Paid 17.85 .00 .00	Expected	20.00	Ine .00
M/O 8.15 .00 .00	Personal	15.00	Pat .00
Pat paid to print on form 15.00	Other pd	5.00	

*** End of Detail ***

Up-Up Down-Down F1-Fwd F2-Back F3-Print F4-Beginning F5-End F7-Quit TAB-Hor

Tick# 342968 U 01 35 Total: 46.00
 12/26/02 20-BURROUGHS II BURROUGHS ANG ATHENS MEDI
 -LINE DETAIL-
 122302-122302 98212 - -OFFICE/OUTPA 300.4 -DEPRESSION, YVY 1 46.00
 -RECEIPTS-

Date	Type	Amount	Applied
12/26/02	1002-1567 PERSONAL CHECK .. THAM# 303009U	01 35	20.00- 20.00-
01/20/03	2009-PAYMENT CIGNA HEALC# 3429681r# 312406U	35 7	17.64- 17.64-
01/20/03	0101-Co-ins 17.64C# 3429681r# 312407U	35 7	
01/20/03	4889-WRITE-OFF CIGNA HEALC# 3429681r# 312408U	35 7	10.72- 10.72-

 -CLAIM INFO- Claim #
 122702- -CIGNA HEALTH CARE -03429681-Y-M-P cleared
 -SUMMARY-

CIGNA HEAL	Status	FILED	Balance
Paid 17.64 .00 .00	Expected	26.00	Ine .00
W/O 10.72 .00 .00	Personal	20.00	Pat 2.38-
Pat paid to print on form 20.00	Other pd	.00	

End of Detail

Up-Up Down-Down F1-Fwd F2-Back F3-Print F4-Beginning F5-End F7-Quit TAB-Hor

Tick# 355468 U 01 35 Total: 46.00
 03/04/03 20-BURROUGHS II BURROUGHS AMG ATHENS MEDI

-LINE DETAIL-
 030303-030303 98212 - -OFFICE/OUTPA 724.5 -BACKACHE YYY 1 46.00
 030303-030303 AD - -ADDITIONAL D 300.4 -DEPRESSION, NNN 1 0.00

-RECEIPTS-
 Date Type Amount Applied
 03/04/03 1002-1586 PERSONAL CHECK .. THANr# 328959U 01 35 20.00- 20.00-
 03/18/03 2999-PAYMENT CIGNA HEALe# 3554561r# 334528U 35 7 17.85- 17.85-
 03/18/03 9101-Co-ins 20.00ch 3554561r# 334529U 35 7
 03/18/03 4999-WRITE-OFF CIGNA HEALe# 3554561r# 334530U 35 7 8.15- 8.15-

-CLAIM INFO- Claim #
 030503- -CIGNA HEALTH CARE -03554561-Y-N-P cleared

-SUMMARY-
 CIGNA HEAL Status FILED mBalance#
 Paid 17.85 .00 .00 WExpected 20.00 Ins .00
 W/O 8.15 .00 .00 Personal 20.00 Pat .00
 Pat paid to print on form 20.00 Other pd .00

*** End of Detail ***

Up-Up Down-Down F1-Fnd F2-Back F3-Print F4-Beginning F5-End F7-Quit TAB-Hor

Julie

**LAW OFFICES
DION, ROSENAU, SMITH, MENSZAK & AARON**

SUITE 800
3 PENN CENTER
1828 JFK BOULEVARD
PHILADELPHIA, PENNSYLVANIA 19103

(215) 561-7000
FAX: (215) 565-8648
Email: hrsmith@dionrosenau.com

ALLEGANY OFFICE
3 PENN COURT
328 MARKET STREET
NORTHTON PA 15404

BY: JTC/MS
PLEASE REPLY TO PHILADELPHIA.
PLEASE REFER TO FILE NO

24712

July 17, 2003

Ford Motor Company
Office of General Council
Parklane Boulevard, Suite 400
Dearbourn, MI 48126

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
JUL 24 2003
OFFICE OF THE
GENERAL COUNSEL

Attention: Shawn Norton

Re: [REDACTED]
Date of Loss: February 3, 2003

Dear Sir or Madam:

This office represents [REDACTED] as a result of the February 3, 2003 automobile accident. Mr. [REDACTED] was driving a 2000 Ford Taurus in a severe head-on collision. He was airlifted away from the scene with severe injuries. The airbag did not open. This contributed to his severe injuries. Please let me know if you have already undertaken an investigation of this matter. We look forward to your early reply.

[REDACTED]

LHR:jms-g

LAW OFFICES
DION, ROSENAU, SMITH, MENSZAK & AARON

SUITE 900
8 PENN CENTER
1925 JFK BOULEVARD
PHILADELPHIA, PENNSYLVANIA 19102

(215) 581-7000
FAX: (215) 608-8845
Email: lm@dmrsmaj.com

CONSUMER AFFAIRS
DIVISION

3 JUL 28 2003
RECEIVED
300 MARKET STREET
HARRISBURG, PA 17101

PLEASE REPLY TO PHILADELPHIA
PLEASE NEVER TO FILE NO

July 23, 2003

24712

Ford Motor Company
Post Office Box 6248
MD 3NE-B
Dearborn, Michigan 48126

Attention: Gennifer Pace, Consumer Affairs

Re: [REDACTED]
VIN #1FAFP58U2YG107148
Date of Loss: February 3, 2003

Dear Ms. Pace:

Thank you for your letter of July 15, 2003. At this point we are representing the [REDACTED]. The vehicle was taken by State Farm Insurance Company and handled by them. We would suggest that you contact them to inspect the vehicle. We enclose a copy of the police report for your review. Our client, [REDACTED] was air lifted from the accident scene to the hospital. His injuries would not have occurred were it not for the fact that the airbag did not deploy. We understand that there is a problem with vehicles such as this and would ask that you look into the issues and get back to us with your position.

Very truly yours,



Lee H. Rosenau

LHR:jms-g

Enclosure

**COMMONWEALTH OF PENNSYLVANIA
POLICE ACCIDENT REPORT**

REFER TO OVERLAY SHEETS

REPORTABLE

NON-REPORTABLE

PERIODIC USE ONLY

POLICE INFORMATION				ACCIDENT LOCATION			
1. INCIDENT 03-0808		20. COUNTY Montgomery		22. COUNTY CODE E 48			
2. AGENCY NAME Lansdale Police Department		21. MUNICIPALITY Lansdale Borough		22. COUNTY CODE E 411			
3. STATION 35 VINE STREET		4. PATROL 3-3		PRINCIPAL ROADWAY INFORMATION			
6. INVESTIGATOR		5. DRIVER NUMBER 28		22. ROUTE NO. OR STREET SECOND ST			
6. APPROVED BY		5. BADGE NUMBER 12		23. TYPE 0		24. ACCESS 1	
7. INVESTIGATION DATE 02/03/2003		8. APPROVAL 8918		INTERSECTING ROAD:			
ACCIDENT INFORMATION				26. ROUTE NO. OR STREET MITCHELL AVE			
9. ACCIDENT DATE 02/03/2003		10. DAY OF WEEK Monday		25. TYPE 0		24. ACCESS 1	
11. TIME OF DAY 0918		12. NUMBER OF 2		IF NOT AT INTERSECTION:			
13. KILLED 0		14. INJURED 1		23. CROSS STREET OR SEGMENT			
16. DID VEHICLE HAVE TO BE REMOVED FROM THE SCENE?		17. VEHICLE DAMAGE		23. DISTANCE FROM SITE		23. DISTANCE FROM SITE	
UNIT 1: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		1. NONE UNIT 1: 5		23. DISTANCE WAS MEASURED <input type="checkbox"/> ESTIMATED <input type="checkbox"/>			
UNIT 2: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		2. LIGHT UNIT 2: 3		24. TRAFFIC CONTROL DEVICE		25. PRINCIPAL INTERSECTING CONTROL 3	
18. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		19. PERIODIC PROPERTY Y <input type="checkbox"/> N <input checked="" type="checkbox"/>					
UNIT # 1				UNIT # 2			
26. LEGALLY Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PARKED? <input checked="" type="checkbox"/>		27. REG. PLAT		26. LEGALLY Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PARKED? <input checked="" type="checkbox"/>		27. REG. PLAT	
28. PA TITLE OR OUT-OF-STATE VM		29. STATE PA		28. PA TITLE OR OUT-OF-STATE VM		29. STATE PA	
30. OWNER				30. OWNER			
31. OWNER				31. OWNER			
32. YEAR 2000		33. MAKE FORD		32. YEAR 1996		33. MAKE FORD	
34. MODEL - (NOT BODY TYPE) TAU		35. VEH Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		34. MODEL - (NOT BODY TYPE) WNW		35. VEH Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>	
36. BODY TYPE 08		37. SPECIAL 0		36. BODY TYPE 40		37. SPECIAL 0	
38. INITIAL IMPACT 12		39. STATUS 0		38. INITIAL IMPACT 15		39. STATUS 0	
40. GRADIENT 2		41. DRIVER 1		40. GRADIENT 1		41. DRIVER 1	
42. DRIVER NUMBER		43. STATE PA		42. DRIVER NUMBER		43. STATE PA	
44. DRIVER NAME				44. DRIVER NAME			
45. DRIVER ADDRESS				45. DRIVER ADDRESS			
46. CITY, STATE &				46. CITY, STATE & ORLAND, PA 19078			
47. SEX M		48. DATE OF BIRTH 07/24/1931		47. SEX M		48. DATE OF BIRTH 11/01/1955	
49. COMM VEH <input checked="" type="checkbox"/> N <input type="checkbox"/>		50. DRIVER CLASS C		49. COMM VEH <input checked="" type="checkbox"/> N <input type="checkbox"/>		50. DRIVER CLASS C	
51. CARRIER				51. CARRIER			
52. CARRIER ADDRESS				52. CARRIER ADDRESS			
53. CITY, STATE &				53. CITY, STATE &			
54. CODE USDOT		55. CODE		54. CODE USDOT		55. CODE	
56. VEH		57. CARGO BODY		56. VEH		57. CARGO BODY	
58. RELEASE OF AXLES		59. HAZARDOUS MATERIALS		58. RELEASE OF AXLES		59. HAZARDOUS MATERIALS	
60. RELEASE OF HAZARDOUS MATERIALS		61. HAZARDOUS MATERIALS		60. RELEASE OF HAZARDOUS MATERIALS		61. HAZARDOUS MATERIALS	

COPY

77. PEOPLE INFORMATION

A	B	C	D	E	F	G	NAME	ADDRESS	H	I	J	K	L	M
1	1	M	71	1	2	2	[REDACTED]	[REDACTED]	1	2	2	A	0	2
2	1	M	47	1	1	2	[REDACTED]	[REDACTED]	0	0	0	N	0	0

81. ILLUMINATION 2 WEATHER 0
 82. ROAD SURFACE 1

84. PENNSYLVANIA SCHOOL DISTRICT (IF APPLICABLE)

85. DESCRIPTION OF DAMAGED PROPERTY

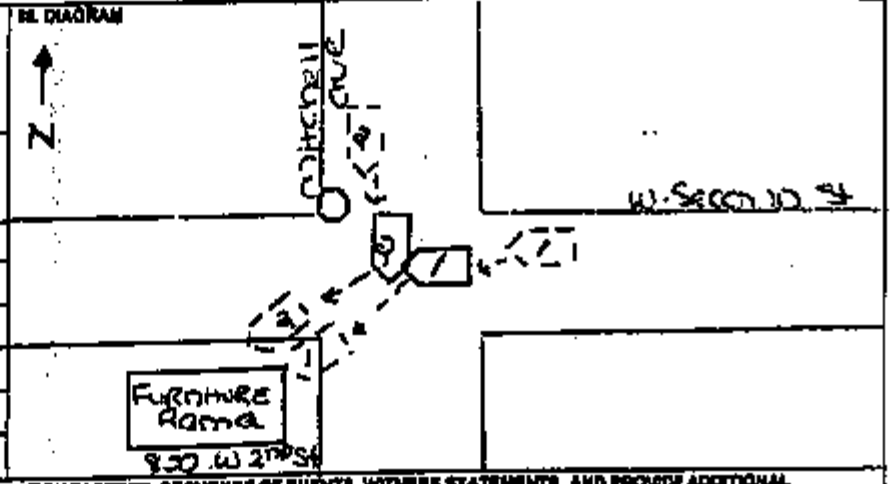
CORNER WALL AND GUTTER

OWNER **FURNITURE RAMA**

ADDRESS **800 W SECOND ST**

LANSDALE PA 19448

PHONE **(215) 382-8283**



87. NARRATIVE - IDENTIFY PRECIPITATING EVENTS, CAUSATION FACTORS, SEQUENCE OF EVENTS, WITNESS STATEMENTS, AND PROVIDE ADDITIONAL DETAILS, LIKE INSURANCE INFORMATION AND LOCATION OF TOWED VEHICLES, IF KNOWN.

Operator of Unit #1 was traveling westbound on W. Second St. As he approached Mitchell Avenue, Unit #2 proceeded southbound on Mitchell Avenue into his path, causing a collision. Operator of Unit #2 had been traveling southbound on Mitchell Avenue when he stopped for a clearly posted stop sign at W. Second St. Unit #2 proceeded into the intersection before it was clear causing Unit #1, which had the right of way, to strike him in the front driver's side quarter panel with the front of his vehicle. The impact pushed both vehicles onto the southwest corner of the intersection and into the wall of Furniture Rama, 800 W. Second Street. There was minimal damage to the wall and the attached gutter.

Both vehicles sustained severe damage and were towed from the scene by to Hauck's Garage. Operator of Unit #1 sustained head injuries, including two bleeding wounds and altered mental status. VMSC responded and after assessing the patient, decided to fly him via PennStar to the Hospital of the University of Pennsylvania.

There were no other reported injuries or independent witnesses to this accident.

INSURANCE INFORMATION	COMPANY STATE FARM	INSURANCE INFORMATION	COMPANY ERIE INSURANCE EXCHANGE
N UNIT 7	POLICY NO 334 8271 C20 1BL	N UNIT 7	POLICY NO 0040140057A
DL WITNESSES	NAME N/A	ADDRESS	PHONE
8	NAME N/A	ADDRESS	PHONE
88. VIOLATIONS INDICATED	89. SECTION NUMBERS (ONLY IF CHARGED)		YC NTC
UNIT 1	None		<input type="checkbox"/> <input type="checkbox"/>
UNIT 2	Stop Signs and Yield Signs		PMVC 3323 (b) <input checked="" type="checkbox"/> <input type="checkbox"/>
90. PROBABLE USE	91. TYPE TEST	92. RESULTS	93. NO TEST REFUSE LINK
UNIT 1 0	0	0. %	<input checked="" type="checkbox"/>
UNIT 2			
94. INVESTIGATION COMPLETE?	95. PROBABLE USE		96. TYPE TEST
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	UNIT 1 0	0	0. %
			<input checked="" type="checkbox"/> NO TEST REFUSE LINK

Lansdale Police Department

03-00808

12/03/2003

OFFICER: ACB

ADRIENNE CROMB

Investigation Accident Arrests Made Suspects

Incident Report Form

1. Log Number 03-00808	1a. Incident Number	1b. File Number	1c. Case Number	2. UCR					
3. Incident Type 3113 MV Acc Injury Other Vehicle	4. Dispatcher EW348	5. Source TEL	6. District 33	7. Status CLOSED					
8. Date Received 02/03/2003	8a. Recv 0916	8b. Disp 0917	8c. Arry 0918	8d. Cnt 1018					
8. Description CLERK Except Cleared Adult									
INCIDENT OCCURRED AT OR BETWEEN									
10. Location W SECOND ST LANSDALE PA 19446			10a. Cross Street MITCHELL AVE	10b. Intersection <input checked="" type="checkbox"/>					
11. Premise Code STRT Public Street		12. Business Name							
13. Mode Operand Coding									
ENTRY:	VICTM:								
EXIT:	PROPERTY:								
METHOD:	AREA:								
TIME OF DAY:									
14. Caller / Complainant Type Not Available									
15. Involved Persons									
Ar DATE	ARREST#	PRCHG	DESCRIPTION	INVOL	DOB	BSN	R	S	PHONE
				Cnt	AddrCHG	DESCRIPTION	Cnt	PL	Vt
				U1QVD	07/24/1931		W	M	
				U2OWN					
				U2DRV	11/01/1966		W	M	
16. Involved Vehicles									
STATE	PType	INVOL	YEAR	MAKE	MODEL	COLOR	VIN		
PA	SW	UNIT2	1998	FORD	WIN	TAN	2FMDA81U3TBCE6834		
PA	SW	UNIT1	2000	FORD	TAU	GLD	1FAPP68U2YG107148		
17. Name / Vehicle Involvement									
NAME	INVOL	PLATE	ST	YEAR	MAKE	MODEL	COLOR		
	QVD	DRD2298	PA	2000	FORD	TAU	GLD		
	U1QVD	DRD2298	PA	2000	FORD	TAU	GLD		
	OWNER	DCW8043	PA	1998	FORD	WIN	TAN		
	DRVR	DCW8043	PA	1998	FORD	WIN	TAN		
	U2DRV	DCW8043	PA	1998	FORD	WIN	TAN		
22. Comments / Narratives									
CREATED BY / ON	UPDATED BY / ON	LOCK							
screenin 02/03/2003	screenin 02/03/2003	N							

ACromb#29

*Request photos
OK m adull*

**LAW OFFICES
DION, ROSENAU, SMITH, MENSZAK & AARON**

**SUITE 900
8 PENN CENTER
1628 JFK BOULEVARD
PHILADELPHIA, PENNSYLVANIA 19103**

**(215) 581-7000
FAX: (215) 685-8848
Email: arthur@rosenau.com**

**ALBANY OFFICE
5 PENN COURT
328 BARRIS STREET
HARRISBURG, PA 17101**

**810 274-2800
PLEASE REPLY TO PHILADELPHIA
PLEASE REFER TO FILE NO**

24712

August 8, 2003

Ford Motor Company
Parklane Towers West
Suite 300 Three Parklane Boulevard
Dearborn, Michigan 48126-2568

Attention: Julie MacGillis, Claims Analyst

Re: [REDACTED]
Date of Loss: February 3, 2003

Dear Ms. MacGillis:

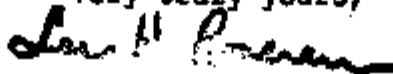
Enclosed find a copy of the police report. Stanley [REDACTED] was severely injured as a result of an accident. The airbag did not deploy even though this was a severe, front end accident. Mr. [REDACTED] had to be air lifted to The University of Pennsylvania from Lansdale, Montgomery County which is quite a trip. I believe that the airplane bill alone was over \$6,000.00. His bills total more than \$40,000.00 and we do not have most of them.

Mr. [REDACTED] address is [REDACTED]. He is married to Sarah a/k/a Sally [REDACTED]. His social security number is [REDACTED]. He is now retired. We are attempting to obtain all of the medical records and will send them to you when we have them. We enclose the police report and other material you

Page Two
File No: 24712
Ford Motor Company
Julie MacGillis, Claims Analyst
August 8, 2003

have requested. We would suggest that you do a full investigation as soon as possible. The vehicle was taken by State Farm Mutual Automobile Insurance Company which can give you any details regarding that issue.

Very truly yours,



Lee H. Rosenau

LHR:jms-g

Enclosure

Ford Motor Company

Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 300
Three Parklane Boulevard
Dearborn, Michigan 48124-2668

September 8, 2003

[REDACTED]

Re: 2001 Taurus

Dear Mr. [REDACTED]

Please be advised that we were able to download the restraint control module with respect to the above vehicle. Please be advised that based upon the downloaded information and our review of the information you provided indicates that the air bag system functioned as designed. Therefore, we must deny liability for this claim.

The 2001 Taurus has a personal safety system with two-stage airbags and seatbelt use sensors. To increase the overall performance of the airbag system, the threshold for deployment of the airbags is deliberately higher for a belted occupant than for an unbelted occupant. The restraint control module indicated that the driver was not belted at the time of the accident and that the passenger was belted. The restraint control module also indicated that impact sustained by the vehicle met only the non-belted threshold for deployment. Thus the driver's side air bag deployed and the passenger air bag did not deploy.

I have enclosed a portion of the 2001 Taurus Owner's Guide to help you better understand how your Personal Safety System functions. Please keep in mind that main objective of the air bag supplemental restraint system is to reduce fatalities; not prevent injuries.

If you are considering pursuing litigation from this informal claim, please take all steps necessary to ensure that the subject vehicle and all of its components are maintained and preserved in the exact condition they were in immediately after the incident in question, as required by law. Ford Motor Company has the right to inspect the vehicle and conduct nondestructive testing of any component that your client may claim to be defective, and to be presented with the vehicle and the subject components at the time of trial.

ERG3-618 0020

If you propose to repair the vehicle for continued usage, please do not permit any such repair to be performed until after Ford Motor Company either (a) has inspected the vehicle and tested any component part you claim to be defective or (b) has notified you in writing that it does not intend to perform such inspection and/or testing at this time. Also, if one of those events should occur, and if repairs then are made, please ensure that all components claimed to be defective are maintained and preserved for trial, as required by law.

Sincerely,

JM 1/8/63

Julie MacGillie
Claims Analyst

CDR File Information

Vehicle Identification Number	1FAHP86U31A148668
Investigator	Mark Finneas
Case Number	486266 MWR
Investigation Date	9.2.2003
Crash Date	7.12.2003
Filename	1FAHP86U31A148668.V FOR6D.CDR
Saved on	Tuesday, September 2 2003 at 01:37:06 PM
Data check information	D4101A7C
Collected with CDR version	Crash Data Retrieval Tool 2.10
Collecting program verification number	B6B4DF8
Reported with CDR version	Crash Data Retrieval Tool 2.10
Reporting program verification number	B6B4DF8
Interface information	Block number: 00 Interface version: 35 Date: 01-02-03 Checksum: 6200
Event(s) recovered	Deployment

Module Information

The retrieval of this data has been authorized by the vehicle's owner, or other legal authority such as a subpoena or search warrant, as indicated by the CDR tool user on Tuesday, September 2 2003 at 01:37:06 PM.

Important Limitations on Vetronix Crash Data Retrieval (CDR) Tool Capabilities.

Disclaimer: This Restraint Control Module (RCM) records deceleration data for the purpose of understanding the input data the Restraint Control Module used to determine whether or not to deploy restraint devices. This module does not record vehicle speed, throttle position, brake on-off, and other data, which may be recorded in some 1999 model year and later General Motors modules. The deceleration data recorded by Ford's module during a crash can subsequently be mathematically integrated into a Delta-V. Delta-V is the change in velocity during the recording time and is NOT the speed the vehicle was traveling before the accident, and is also not the Barrier Equivalent Velocity. The Vetronix CDR Tool will read and interpret both acceleration in G's and Delta-V in mph. RCMs in Ford vehicles that can be read by the Vetronix CDR tool are listed in the Vetronix Help Files.

Important

If there is any question that the restraint system did not perform as it was designed to perform, please read the system only through the diagnostic link connector. The Vetronix CDR kit provides an RCM interface cable to plug directly into the restraint control module. The Vetronix CDR RCM Interface Cable connects only power, ground, and memory read pins to the relevant vehicle restraint control module. The other RCM pins normally connect to inputs, such as sensors, and outputs, such as airbags, are not connected when you use the RCM Interface Cable to plug directly into the module. Since the vehicle restraint control module is constantly monitoring airbag system readiness, it will detect that the sensors and airbags are not connected. The restraint control module may record a new diagnostic trouble code into memory for each device that is not connected. These new diagnostic trouble codes may record over previously written diagnostic trouble codes present prior to the accident and spoil evidence necessary to determine if the restraint system performed in the accident as it was designed to perform. Not only could this prevent Ford from being able to determine if the system performed as it was designed to perform, but, regardless of innocent inadvertence, you could raise issues of evidence spoliation in any litigation that may arise out of the accident. If you cannot read the module via the diagnostic link connector, and if you suspect improper system performance, contact Ford Motor Company and request their assistance to read the module with a proper vehicle simulator attached. If you choose to read via the module connector, Ford recommends that you do so in the vehicle and that you leave the second large connector plugged into the vehicle wiring harness to minimize the number of new diagnostic trouble codes created.

While data stored in RCMs is accurate, accident reconstructionists must be aware of the limitations of the data recorded in Ford's control modules and should compare the recorded data with the physical evidence at the accident scene using professional accident reconstruction techniques (i.e. vehicle crush characteristics, skid marks, etc) before making any assumptions about the impact and validity of the data recorded in the module with respect to the crash event being analyzed. The following describes specific limitations that must be considered when analyzing recorded data. Investigators should obtain permission of the vehicle owner prior to reading any data.

1. There may be no deceleration data recorded in the module.

Loss of power (cut wires, damaged battery, crushed fuse box) to the module during or immediately after the crash may prevent the crash data from being recorded. A backup power supply within the module has sufficient power to continue to analyze the

deceleration data and deploy restraint devices if needed, but there is no backup power for recording.

If the deceleration input does not create a Delta-V above 4 mph within 100 milliseconds, there may not be any data recorded.

2. In unusual circumstances, deceleration data stored in the module may be from a crash other than the one you are currently analyzing.

The module will record data from some non-deploy events. If, after the module has recorded data from a non-deploy event, and there is a subsequent event in which there is a loss of power and no new recording is made for that subsequent event, the deceleration data in the module's memory may be from the prior event. If the now, subsequent event is a deploy event and recording has occurred, the deployment times should be recorded. If there are no deployment times recorded, but airbags or other restraint devices are observed to have deployed, the recorded data that you read are most likely from a prior event.

Once an airbag or other restraint device has been commanded to deploy, the data recorded in connection with that deployment are "locked", and subsequent crashes cannot be recorded. If a vehicle is being repaired, the RCM should be replaced after any crash in which restraint devices deploy. Early printed shop manuals refer to re-using modules by clearing the "crash data memory full" code, but this is no longer true and the latest on-line electronic shop manual directs that modules be replaced.

Crashes that involve multiple impacts will record only one of the impacts. If there is a deployment, the deployment event will be recorded and locked. If no restraint device is commanded to deploy, the recorded data are not "locked", and subsequent impacts may record over any previously recorded data. Further analysis will be required to determine which of the events was actually recorded.

3. The computed longitudinal and lateral Delta-V's may underestimate the total Delta-V.

The memory in the 2000 Taurus module records 40 acceleration data points at 2 ms intervals, for a total recording length of 80 milliseconds. Many real-world crashes can last longer than the memory has the capacity to record. Therefore, the actual Delta-V of the event may be higher than the Delta-V calculated and displayed by the Vertronx CR System output. Review the end of the longitudinal acceleration/deceleration pulse - if it has not settled to zero G's by the end of the recording, the Delta-V is most likely underestimated. If there is a clear decaying trend that you may choose, at your own risk, to estimate the total Delta-V by extrapolating the decay trend to zero and calculating the additional Delta-V not captured.

Under some circumstances where power is interrupted, during the recording of data, or the module re-sets during the recording of data, a partial recording may occur. This will be shown as "no data" in the data table and will not be plotted on the graph of acceleration.

4. This module records longitudinal acceleration/deceleration of the vehicle and separately records the lateral acceleration/deceleration. You must combine and integrate the longitudinal and lateral recordings to get a resultant total change in velocity (Delta-V).

5. Vertical acceleration/decelerations are not recorded. Vehicle spin about a point not centered on the Restraints Control Module sensor may add or subtract from bulk vehicle motion.

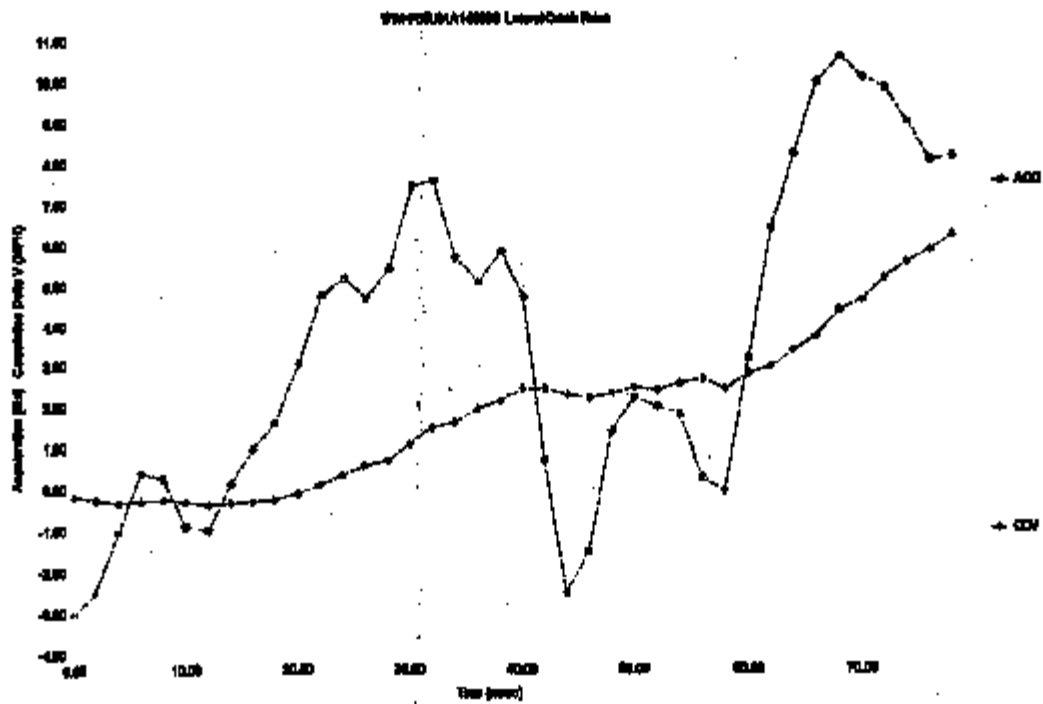
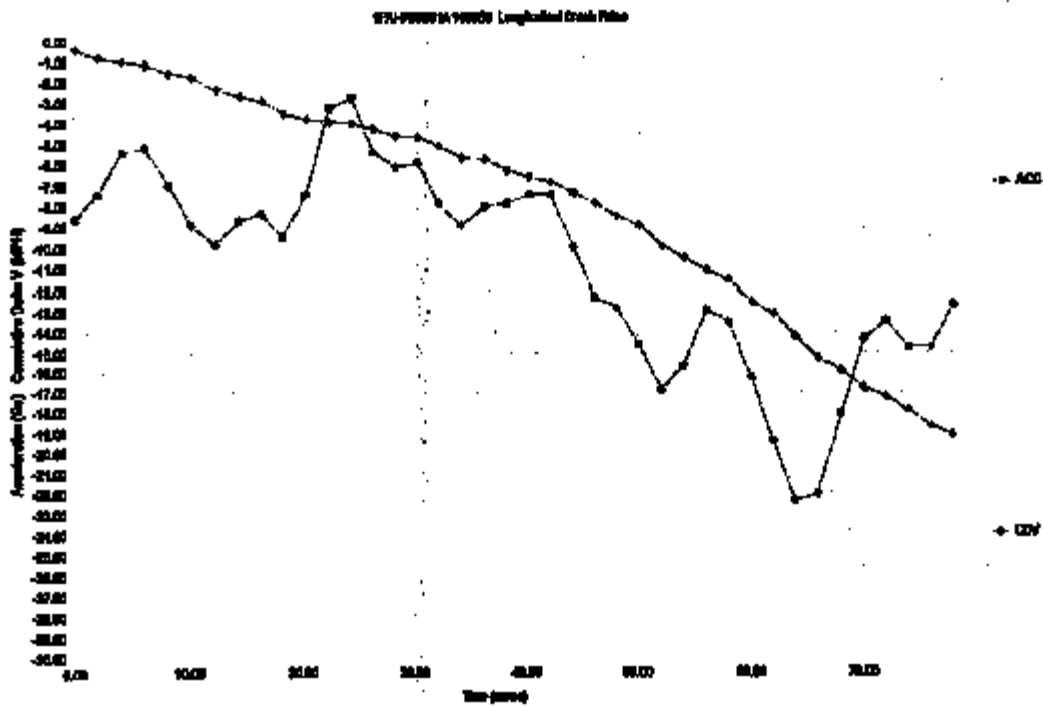
6. This module may not record any lateral or longitudinal acceleration/deceleration in a side-impact event. If the side impact generates a longitudinal deceleration component sufficient to wake up the frontal deployment algorithm, there may be a recording of both longitudinal and lateral deceleration.

Any Delta-V determined by using data read from the air bag module should be verified with physical evidence from the crash (such as vehicle crush, skid marks) and assumed accident sequence. Multiple impacts, angular collisions, side impacts, vehicle spin, etc should be considered in addition to the data read from the air bag module.

System Status At Deployment

Data Validity Check	Valid
EDR Model Version	141
Time From Side Sairing Decision to Left (Driver) Side Bag Deployment (msec)	34
Time From Side Sairing Decision to Right (Passenger) Side Bag Deployment (msec)	Not Deployed
Diagnostic Codes Active When Event Occurred	0
Time From Algorithm Wakeup to Pre-tensioner (msec)	64
Time From Algorithm Wakeup to First Stage - Unbelted (msec)	64
Time From Algorithm Wakeup to First Stage - Belted (msec)	0
Time From Algorithm Wakeup to Second Stage (msec)	0
Driver Seat Belt Buckle	Not Engaged
Passenger Seat Belt Buckle	Engaged
Driver Seat Track In Forward Position	No
Runtime (msec)	137
Number of Invalid Frames in recording	0

Parameter	Driver	Passenger
Time From Algorithm Wakeup to Pre-tensioner Deployment Attempt (msec)	Unbelted	64
Time From Algorithm Wakeup to First Stage Deployment Attempt (msec)	64	Not Deployed
Time From Algorithm Wakeup to Second Stage Deployment Attempt (msec)	Deployed	Not Deployed



Crash Pulse Data

Milliseconds	Long. Acceleration (Gs)	Long. Cumulative Delta V (MPH)	Lat. Acceleration (Gs)	Lat. Cumulative Delta V (MPH)
0	-8.58	-0.35	-3.04	-0.13
2	-7.38	-0.77	-2.48	-0.24
4	-5.34	-0.82	-1.00	-0.31
6	-5.19	-1.12	0.43	-0.28
8	-6.83	-1.58	0.28	-0.24
10	-8.87	-1.78	-0.89	-0.29
12	-8.85	-2.37	-0.98	-0.37
14	-8.72	-2.72	0.18	-0.31
16	-8.41	-2.94	0.98	-0.28
18	-8.49	-3.51	1.84	-0.22
20	-7.48	-3.54	3.10	-0.09
22	-3.28	-3.53	4.74	0.13
24	-2.78	-4.02	5.20	0.38
26	-5.41	-4.28	4.88	0.81
28	-6.14	-4.88	5.42	0.72
30	-6.95	-4.74	7.47	1.14
32	-7.88	-5.14	7.57	1.51
34	-8.94	-5.71	6.70	1.67
36	-8.07	-5.80	5.12	1.85
38	-7.88	-6.30	5.84	2.15
40	-7.48	-6.87	4.73	2.44
42	-7.47	-6.83	0.73	2.48
44	-10.02	-7.40	-2.51	2.31
46	-12.38	-7.90	-1.48	2.22
48	-12.88	-8.54	1.41	2.33
50	-14.58	-8.98	2.23	2.48
52	-18.85	-8.95	2.02	2.42
54	-18.85	-10.54	1.84	2.51
56	-12.88	-11.13	0.28	2.70
58	-13.48	-11.81	-0.03	2.44
60	-16.28	-12.54	3.21	2.63
62	-18.42	-13.17	6.42	2.99
64	-22.51	-14.25	8.24	3.40
66	-22.03	-15.30	9.89	3.75
68	-18.08	-15.84	10.81	4.39
70	-14.38	-16.71	10.12	4.83
72	-13.50	-17.18	8.84	5.20
74	-14.74	-17.85	9.03	5.58
76	-14.72	-18.60	8.07	5.88
78	-12.88	-19.16	6.18	6.28

Hexadecimal Data

This page displays all the data retrieved from the air bag module.
It contains data that is not converted by this program.

```

0800: 11 4A 4D 76 14 FB FF FF FF FF 0E 24 0F 2D 3A 57
0810: C8 FF 00 FF 52 60 52 60 60 52 E3 20 3C 78 D6 A0
0820: 08 03 28 37 5F 0F 0F 0A F5 0A B7 84 A1 5E C9 95
0830: 03 0C 1B 1E 00 FF 3C 3C 80 06 28 64 64 00 0C 01
0840: 5A 96 50 FF FF FF FF DF D5 E7 FF 72 4E 13 25 B1
0850: EC 14 09 0F 01 FF FF 74 FF FF CD 44 00 FF FF 0D
0860: 0C 22 05 37 8B 4C 53 0C 22 05 37 8B 4C 54 FF FF
0870: 05 3D 67 ED EC 00 87 FF 59 46 31 41 02 06 FF 1C
0880: 02 FB 80 01 FF 79 21 FF 79 22 FF 79 0B EA 7E FF
0890: 0F F8 80 32 F8 80 35 FE 80 38 FF 7F FF FF 0C FF
08A0: 06 88 00 00 06 00 24 01 01 12 1F FF FF FF FF FF
08B0: 02 FF 81 38 00 8D 01 FF FF FF FF FF 12 01 E8 02
08C0: FF 14 01 88 03 53 01 88 03 08 30 49 61 22 FF FE
08D0: 01 0E 0C 80 02 58 16 87 1F BE 01 0A 00 8C 01 04
08E0: 00 F0 01 36 00 A0 01 54 00 3F 02 30 02 C7 02 8A
08F0: 05 14 07 08 01 2C 03 CA 04 CE 06 40 73 33 00 A0
0900: 3F FF 00 03 00 4B 01 CC 00 03 0F FF 00 14 00 78
0910: 00 AD 00 68 0A 16 FF 01 00 00 00 7F 0F 0C 0F 02
0920: 03 5A 32 46 05 50 02 02 FA 1E 08 0C 0A 1C 02 23
0930: 09 06 28 32 16 20 16 1F 5F FF FF 02 FF FF FF 11
0940: FF FF FF FF FF FF FF FF FF FF FF FF FF FF FF
0950: 40 00 00 00 40 00 00 06 00 00 06 17 0F 35 31 36
0960: 07 0A 0E 11 40 13 08 16 00 00 00 16 1A 1C 11 00
0970: 00 00 89 50 A3 80 B3 B0 B7 A8 A1 A2 9F 97 AB 87
0980: AD E2 93 82 C3 CB 95 C9 BC 9F 82 9B A7 7C B5 AA
0990: B3 DB C4 AA 8D 71 9A BC CC B4 AB AB B8 BD A4 93
09A0: 90 9C 9A 8F 9A 87 93 99 89 94 9F 9F 97 91 A0 91
09B0: 89 9F BC 92 9C 89 8C 86 8F 77 88 88 8D 79 86 72
09C0: 73 86 80 8D 85 81 8C 7A 7B 7D 82 81 7E 7C 83 81
09D0: 83 86 8A 8A 8C 85 93 91 87 8D 89 8D 81 79 7C 85
09E0: 87 7D 89 84 74 92 87 93 90 9D 8B 9A 91 8E 91 00
09F0: 00 00 00 00 00 00 00 22 FF 4A 00 FF FF FF FF 03
    
```


July 28, 2003

Amy Droegge
Ford Motor Company
Dearborn, Michigan

Dear Ms Droegge,

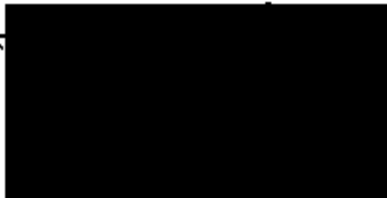
In response to your letter of July 17, 2003 I have enclosed a copy of the photographs of my 2001 Ford Taurus that was involved in the accident that occurred on July 12, 2003 at 95th and Lowell. also enclosed is a copy of the four page police report. The vehicle is presently located at Insurance Auto Auction at 990 S 68th St, Kansas City, Ka. Their telephone number is [REDACTED]. The lot number is 178529.

My insurance company is AAA. The agent handling the accident is Chris Foltz. The claim number is [REDACTED]. The telephone number is [REDACTED]. Their address is [REDACTED].

The incident occurred on July 12, 2003 at 9:45 p.m. at the intersection of 95th and Lowell. I was traveling westbound approaching Lowell which is controlled by a traffic signal. As I entered the intersection a car traveling east made a left turn in front of me and we collided nearly head on. I had a green light to continue west through the intersection.

All of the airbags in the car with exception of the front passenger seat where my wife was seated deployed. I received a two inch laceration to my forehead above my left eye, resulting in a wound that exposed my bone and left a permanent scar on my face. I also received cuts and bruises to my left arm. My wife, [REDACTED] who was seated in the front passenger seat suffered major bruises to her chest, side and abdomen and legs. She also has ligament damage to her left rib area. All three people in my vehicle were properly restrained by seat belts or in a child restraint seat. My two (2) year old granddaughter, [REDACTED], was in the rear passenger seat. The blood in the rear passenger seat is mine and occurred as I was removing [REDACTED] from the car. [REDACTED] suffered an abrasion on the back of her head and major fright. My wife and I were taken to Overland Park Regional Med Center and [REDACTED] was taken to Childrens Mercy Hospital in Kansas City, MO. I was treated and released and my wife was hospitalized overnight. My wife then sought treatment from her physician Dr. Andrea Murray, 2200 W. 106, Ste. 2200 W. 106, Ste. 220, 913-894-8880.

My concern is the failure of the passenger side airbag to deploy increased the severity of my wife's injuries. My second concern is when my airbag did deploy, it forced my glasses into my forehead leaving permanent scarring and damage.



3 JUL 30 12:09
CONSUMER AFFAIRS

STATE OF KANSAS
 MOTOR VEHICLE ACCIDENT REPORT
 DOT FORM NO. 880-0
 Rev. 1-8-88

- FATAL
- INJURY
- PDS over \$500
- PDS under \$500
- PRIVATE PROPERTY

- Archived Report
- Hit & Run Accident
- KDOT Property Damage
- KDOT Construction Zone

City	County	On Road	Speed Limit	City	Phone No.	Local Case Number	Page of
Overland Park	10	W. 95 ST	35	Overland Park	796	031314	1/2
Distance	From	On	At Road	Investigating Dept.	Investigating Officer	Assign Number	Reporting By
		LOWELL		Overland Park P.D.	J. HANSON	796	JH

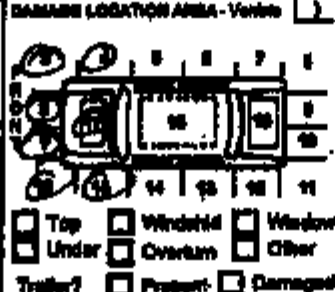
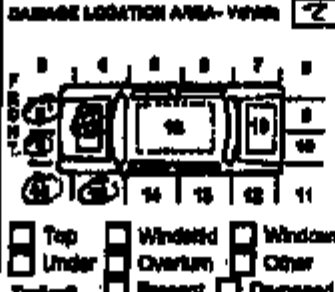


Describe pre-accident movement or action and direction of vehicles and pedestrians by traffic unit number	Date of Accident
V1 TURNED LEFT FROM W. 95 ST AND STRUCK V2 IN THE REAR SECTION.	03/13/03
Time of Day	Day
2:45	SA
Time of Day	Day
2:48	SA
Time of Day	Day
2:50	SA

Object Damaged and nature of damage (Show location in diagram)	Name and Address of report owner				
Color	YEAR	MAKE	MODEL	BODY STYLE	MC CD#
Grey	93	TOYOTA	SPORT	4D	
Registered OWNER FULL NAME (Same as Driver)	State	License Plate #	Exp Yr	Issued By	
NAME	KS		03	KENNETH TOW	
Registered OWNER FULL NAME (Same as Driver)	DOB	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Operator
NAME	N	09241	F	3B3K44K4P7593100	194561
OWNER Address (Same as Driver)	Phone	Work	Home	TOTAL occupants in this vehicle	First Name
NAME				2	ALAN
OWNER Address (Same as Driver)	Special Data Area	Division of Travel	Class	Insurance Company	
NAME		E		AMERICAN FAMILY	

Special Conditions for unit status:						<input type="checkbox"/> 01 Hit & Run	<input type="checkbox"/> 02 Non-Center	<input type="checkbox"/> 03 Station	<input type="checkbox"/> 04 Legally parked	<input type="checkbox"/> 05 Police pursuit	<input type="checkbox"/> 06 One-way	<input checked="" type="checkbox"/> 07 Turned away
THAT UNIT	SEAT TYPE	Last NAME	First Name	DOB	ADDRESS (Number, Street, City, State, Zip)	SEX	AGE	BE USED	HEIGHT INCH	HAIR	HAIR COLOR	SCARS
1	01	DIXIE	I			F	21	S	N	N	-	
1	03					M	26	S	U	P	A	
2	01					M	62	S	N	P	B	
2	03					F	60	S	N	P	B	
2	05					F	62	C	N	N	-	

INJURED TAKEN BY:	INJURED TAKEN BY:	INJURED TAKEN BY:
MED-ACT/AD 1141	MED-ACT 1134	
INJURED TAKEN TO:	INJURED TAKEN TO:	INJURED TAKEN TO:
Overland Park Regional	Overland Park Regional	

DRPV	Violation Charged	Offense No.	DRPV	Violation Charged	Offense No.	DRPV	Violation Charged	Offense No.		
DRPV	Violation Charged	Offense No.	DRPV	Violation Charged	Offense No.	DRPV	Violation Charged	Offense No.		
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES (Enter Type-Unit Number/Plate Number/Enter in order of codes that apply.)										
21 LIGHT 01 Daylight 02 Dawn 03 Dusk 04 Dark: street lights on 05 Dark: no street lights		TRAFFIC CONTROLS 00 None 01 Other, Signal 02 Traffic signal 03 Stop signal 04 Flasher 05 Yield sign 06 RR grade or signal 07 RR crossing signal 08 No passing zone 09 Centerline lines 10 Other			25 ACCIDENT CLASS 00 Other non-collision 01 Overturned 02 Collision with: 03 Pedestrian 04 Other motor vehicle 05 Paralel motor vehicle 06 Railway train 07 Pedestrian 08 Animal (specify) 09 Fixed object 10 Other object		23 COLLISION WITH OTHER MOTOR VEH. 01 Head on 02 Rear end 03 Angle - side impact 04 Side-swipe opposite direction 05 Side-swipe same direction 06 Backed into 07 Other			
22 WEATHER 00 No adverse conditions 01 Rain, Mist, Drizzle 02 Sleet 14 Rain & fog 03 Snow 15 Rain & wind 04 Fog 24 Sleet & fog 05 Smoke 25 Snow & wind 06 Strong winds 07 Blowing dust, sand, etc. 08 Freezing rain 09 Other		ROAD CHARACTER 01 Straight and level 02 Straight on grade 03 Straight at intersect 04 Curved and level 05 Curved on grade 06 Curved at intersect 07 Other			17 ACCIDENT LOCATION ON ROADWAY: 11 Non-intersection 12 Intersection 13 Intersection-related 14 Parking lot or driveway access 15 Interchange area 16 On crosswalk OFF ROADWAY: 21 Roadside (including shoulder) 22 Median 23 Parking lot, rest area, tollway 24 Other					
24 SURFACE TYPE 01 Concrete 02 Asphalt 03 Gravel 04 Dirt 05 Brick 06 Other		26 DONEY/MARKT. ZONE 00 None apply 01 Construction zone 02 Maintenance zone 03 Utility zone			ROAD SPECIAL FEATURES 00 None 01 Bridge 02 Bridge overhead 03 Railroad bridge 04 Railroad crossing 05 Interchange 06 Ramp 07 Other					
27 SURFACE CONDITION 01 Dry 02 Wet 03 Snow or slush 04 Ice or snowpacked 05 Mud, dirt or sand 06 Debris (oil, etc.) 07 Other		DAMAGE LOCATION AREA - Vehicle 1 			28 VEHICLE BODY TYPE 01 Automobile 02 Motorcycle 03 Motorcoter or Moped 04 Van 05 Pickup truck 06 Sport Utility Vehicle 07 Camper or RV 08 Farm implement 09 All terrain vehicle (ATV)		HEAVY/LARGE VEHICLES 10 Single Large Truck 11 Truck and Trailer(s) 12 Tractor-trailer(s) 13 Cross country bus 14 School bus 15 Transit bus 16 Truck 17 Other			
28 VEHICLE DAMAGE 00 None/None known 01 Damage (minor) 02 Functional 03 Dangling 04 Destroyed 05 Other		DAMAGE LOCATION AREA - Vehicle 2 			POSITION LOCATION 01 In crosswalk or bikeway 02 Not in crosswalk or bikeway 03 In intersection without crosswalk or bikeway NOT IN INTERSECTION 11 In available crosswalk or bikeway 12 Not in available crosswalk or bikeway 13 In area without crosswalk or bikeway 20 NOT IN ROADWAY		PEDESTRIAN ACTION 01 Entering or crossing road 02 Walking or riding on road 03 Approaching, leaving, or working on vehicle 04 Working (not on vehicle) 05 Playing or standing 06 Approaching or leaving bus 07 In parked vehicle 08 Other			
01 DR. LIC. COMPLY 00 Not licensed 01 Valid license 02 Invalid license		RESTRICT. COMPLY 00 No restrictions 01 Complied with 02 Do not comply			INSTRUMENTS AP - Alcohol Present AC - Alcohol Contributed DP - Illegal Drug Present DC - Illegal Drug Contributed MP - Medication Present MC - Medication Contributed		DRUGS/TESTS TR - Alcohol or drug Test Refused PT - Positive preliminary Test NP - Test given, Results Pending ← B.A.C. →			

INVESTIGATIVE - FATALITY REPORT

03-13164

COUNTY 50	ON Road W. 95 ST	CITY Cleveland, OH	DATE of Accident 03/20/03	<input type="checkbox"/> Fatal, immediate & complete or fatal accident (required by Ohio) Investigative Report	Page of 2 / 2
INVESTIGATIVE DEPT. Cleveland Police		TIME Occurred 2:45	Day SA	Invest. OFFICER/ADJUT. No. J. Hanson 79C	Local Date Number 03/13/04

UPON AERIAL VI WAS ON TOP OF THE CENTER MEDIAN FACING WESTWARD
 IS WAS CALING WEEDMAN BEHIND IN THE OUTSIDE LANE.
 ACCORDING TO DI, SHE WAS PLANNING LEFT FROM EASTWARD 95 ST
 TO WESTWARD (AVENUE). SHE STATED SHE HAD A GREEN LIGHT. AS
 SHE TURNED V2 CAME INTO THE INTERSECTION. VI WAS UNABLE TO
 AVOID V2 AND STRUCK V2.
 ACCORDING TO DI, HE WAS WESTWARD ON 95 ST. HE SAID HE
 HAD A GREEN LIGHT AS HE PROCEEDED HE WAS STRUCK
 DI'S PASSENGER, DJR AND DI'S PASSENGER WERE ALL TAKEN TO
 THE HOSPITAL.
 NO ADDITIONAL WITNESSES WERE FOUND, SO I WAS NOT ABLE TO
 CLARIFY THE DISCREPANCY OVER WHO HAD THE GREEN LIGHT.
 VI HAD EXTENSIVE DAMAGE TO THE FRONT BUMPER, GRILLE, HOOD AND
 FRONT QUARTER/PANELS. V2 HAD DAMAGE TO THE FRONT BUMPER, GRILLE
 HOOD AND DRIVER SIDE QUARTER/PANEL.

J. Hanson 79C

FATALITY DATA

TIME EMS NOTIFIED	EXTRICATION WAS REQUIRED FOR THE FOLLOWING PERSONS	SPECIAL JURISDICTION 00 Not Special 01 National Park Service 02 Military 03 Indian Reservation 04 College/University Campus 05 Other Federal properties 06 Other 08 Unknown	VEHICLE 1 DAMAGE	VEHICLE 2 DAMAGE
TIME EMS ARRIVED				
TIME EMS ARRIVED AT HOSPITAL			<input type="checkbox"/> Under Damage <input type="checkbox"/> No Damage	Estimated Speed (MPH) <input type="checkbox"/> Under Damage <input type="checkbox"/> No Damage
IMPACT POINTS: Show initial impact point by arrow and label "I". Show principal impact point by arrow and label "P".				Estimated Speed (MPH) <input type="checkbox"/> Under Damage <input type="checkbox"/> No Damage

Rev. 1-02

O.D.T. FORM NO. 891

DEPARTMENT OF POLICE
OVERLAND PARK, KANSAS

DATE 071203

REPORT NO. 031364

CONTINUATION REPORT

NAME OF VICTIM
OR COMPLAINANT



NATURE OF INVESTIGATION

Driving east on 95th Street to
Lowell Ave. Had green turn arrow to go left,
turning left car hit front.

Lined area for additional notes or details.

COMM.	WATCH COMM.	AD	ROLL CALL
PATROL COMM.	TEV/ANIMAL CONT.	REPORT SOU	OTHER

All Action Details for Issue

Print

VIN: 1FAHP55J31A146858 Year: 2001 Model: TAURUS Case: 529741973
 Name: [REDACTED] Owner Status: Original WSD: 2001-05-29
 Symptom Desc: RESTRAINTS AIR BAG SYSTEM NON-DEPLOYMENT Primary Phone: [REDACTED]
 Reason Desc: LEGAL - ALLEGED - NON-SERIOUS INJURY Secondary Phone: [REDACTED]
 Issue Type: 07 LEGAL Issue Status: CLOSED

Action: INJURY; ADVISE CUST INFORMATION WILL BE FORWARDED TO CONSUMER AFF
 Dealer: 05167 BOB ALLEN FORD, INC. Origin Desc: US CONCERN CASE BASE
 Odometer: 38473 MI Comm Type: PHONE
 Analyst Name: ENEDINA MONTES Analyst: EMONTES
 Action Date: 07/16/2003 Action Time: 14.42.23.748 Action Data: No

Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
------------	----------------	-----------	-----------	--------------

Comments CUSTOMER SAYS: = HAD AN ACCIDENT. = SATURDAY NIGHT JULY 12TH. = PASSENGER AIRBAG DIDNT DEPLOY. = WIFE SUSTAINED INJURIES SUCH AS BROKEN RIBS AND BRUISES. = CUST PLANNING ON PURSUING AN INJURY CLAIM AGAINST FORD = LOCATION: 95TH AND LOWELL ST. = POLICE REPORT: 03-13164 = THEY COULDN'T DETERMINE WHO WAS AT FAULT. = ALMOST HEAD ON IMPACT. = AIRBAG ON DRIVER SIDE DEPLOYED. OTHER ONES AS WELL BUT NOT PASSENGER'S. = POLICE REPORT WAS FILED ON OVERLAND PARK, JOHNSON COUNTY KANSAS = TRIPLE A INSURANCE, CLAIM NUMBER: PA706382. = NOT OFFICIAL BUT SEEMS VEHICLE IS NOT REPAIRABLE. = NO ATTORNEY INVOLVED YET. = WANTS TO KNOW WHO TO TALK TO WITH REGARDS OF THIS ISSUE AS PLANNING TO PURSUE LEGAL INJURY CLAIM AGAINST FORD. PER CUSTOMER, DEALER SAYS: BOB ALLEN FORD. CAC ADVISED: - THIS INFORMATION WILL BE FORWARDED TO OUR CONSUMER AFFAIRS GROUP. SOMEBODY WILL CONTACT IN TWO BUSINESS DAYS. ===== = ADVISED CUST THAT INFORMATION HAS BEEN DOCUMENTED AND NEXT STEP WILL BE TO WAIT FOR CONSUMER AFFAIRS TO CONTACT HIM. INFERENCE CASE ID: 6341

Action: MAKE OUTBOUND CALL TO CUSTOMER

Dealer: 05167 BOB ALLEN FORD, INC. Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
 Odometer: 38473 MI Comm Type: PHONE
 Analyst Name: DROEGE,AMY Analyst: ADROEGE
 Action Date: 07/17/2003 Action Time: 12.11.17.248 Action Data: Yes

Comments LPA MADE AN OUTBOUND CALL TO THE CUSTOMER. LPA LEFT A VOICE MESSAGE.

Data Element Name	Data Value
CONTACT PERSON	ROY MILLER

Action: INFORMATIONAL CALL/FAX WITH CUSTOMER

Dealer: 05167 BOB ALLEN FORD, INC. Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
 Odometer: 38473 MI Comm Type: PHONE
 Analyst Name: DROEGE,AMY Analyst: ADROEGE
 Action Date: 07/17/2003 Action Time: 15.03.22.488 Action Data: No

ER03-018 0033

...23.748&ISSUE_UPDATE_ID_C=ADROEGE%20&USER_ID_C=ADROEGE%20&STA18/19/2003

Comments LPA SPOKE WITH THE CUSTOMER. HE STATED ON 7-12-03 HIMSELF, WIFE AND GRAND DAUGHTER WERE DRIVING IN OVERLAND PARK, KS. ANOTHER VEHICLE MADE A LEFT TURN IN FRONT OF THEIR VEHICLE. BOTH PEOPLE IN THE FRONT HAD THEIR SEATBELTS ON. ACCORDING TO THE CUSTOMER, IT WAS A HEAD-ON COLLISION. THE CUSTOMER STATED THAT ALL THE DRIVER'S SIDE A/BAG DEPLOYED, HOWEVER THE PASSENGER SIDE DID NOT. MR. MILLER SUSTAINED A LACERATION ACROSS HIS FOREHEAD (80 STITCHES), BRUISES ON LEFT ARM, KNEES, A SPRAINED WRIST. MRS. MILLER SUSTAINED MAJOR BRUISES ON HER LEFT SIDE TO RIGHT HIP DOWN TO HER KNEES, BROKEN RIBS ON THE LEFT SIDE ALONG WITH A SORE NECK AND SHOULDERS. THE GRANDAUGHTER IN THE BACKSEAT WAS NOT INJURED. BOTH MR. AND MRS. MILLER WERE TAKEN TO OVERLAND PARK REGIONAL MEDICAL CENTER. MR. MILLER WAS RELEASED THE SAME DAY AND MRS. MILLER WAS KEPT OVERNIGHT. BOTH ARE STILL SEEKING MEDICAL TREATMENT. THE VEHICLE IS PRESENTLY IN THE POSSESSION OF AA INSURANCE WHO IS PROCESSING A CLAIM. THE VEHICLE IS NOT MOVEABLE. THE CUSTOMER BELIEVES THE PASSENGER SIDE AIRBAG IS DEFECTIVE. THE CUSTOMER WANTS TO PURSUE A PERSONAL INJURY CLAIM WITH FORD. LPA INFORMED THE CUSTOMER THAT SHE IS SENDING A PERSONAL INJURY LETTER REQUESTING ADDITIONAL INFO AND HE NEEDS TO SUBMIT THE REQUESTED INFORMATION FOR REVIEW.

Action: UPDATE/ADDCO CASE
Dealer: 06187 BOB ALLEN FORD, INC.
Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
Odometer: 38473 MI
Comm Type: PHONE
**Analyst Name:
DROEGE,AMY**
Analyst: ADROEGE
Action Date: 07/17/2003
**Action Time:
15.04.28.561**
Action Date: No

Comments LPA MAILED THE CUSTOMER THE INJURY LETTER REQUESTING ADDITIONAL INFORMATION PERTAINING TO INJURIES/ACCIDENT. LPA WILL UPDATE THE CASE AS NECESSARY.

Action: FINAL CASE DISPOSITION
Dealer: 06187 BOB ALLEN FORD, INC.
Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
Odometer: 38473 MI
Comm Type: OTHER
**Analyst Name:
DROEGE,AMY**
Analyst: ADROEGE
Action Date: 07/17/2003
**Action Time:
15.05.19.801**
Action Date: No

Comments LPA MAILED THE CUSTOMER THE PERSONAL INJURY LETTER. LPA WILL UPDATE ISSUE AS NECESSARY.

Action: UPDATE/ADDCO CASE
Dealer: 06187 BOB ALLEN FORD, INC.
Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
Odometer: 38473 MI
Comm Type: MAIL
**Analyst Name:
DROEGE,AMY**
Analyst: ADROEGE
Action Date: 08/11/2003
**Action Time:
15.07.24.884**
Action Date: No

Comments THE CUSTOMER SUBMITTED PICTURES AND INFORMATION REGARDING INCIDENT AND INJURIES. DUE TO INJURIES, LAP FORWARDED THE FILE TO OGC FOR HANDLING.

EP83-013 0034

 ...23.748&ISSUE_UPDATE_ID_C=ADROEGE%20&USER_ID_C=ADROEGE%20&STA 8/19/2003



ER83-018 0004



2003-010 0005



ER83-818 6888



ER63-818 0007



1983-018 8008



ER63-618 6888



CT System

Service of Process Transmittal Form
Los Angeles, California

08/22/2003

Via Federal Express (Overnight)

485648

TO: Chris Dzbanek
Ford Motor Company
Three Parklane Blvd., Ste. 1400 West
Dearborn, MI 48128

RE: PROCESS SERVED IN CALIFORNIA

FOR Ford Motor Company Domestic State: De

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

- 1. TITLE OF ACTION: [REDACTED] et al. vs Ford Motor Company, et al
- 2. DOCUMENT(S) SERVED: Summons, Complaint, Notice to Litigants, Alternative Dispute Resolution Programs, Stipulation
- 3. COURT: Superior Court of California, County of Los Angeles
Case Number BC299177
- 4. NATURE OF ACTION: Complaint for alleged breach of warranties resulting in personal injuries.
- 5. ON WHOM PROCESS WAS SERVED: CT Corporation System, Los Angeles, California
- 6. DATE AND HOUR OF SERVICE: By Process server on 08/21/2003 at 14:35
- 7. APPEARANCE OR ANSWER DUE: Within 30 days
- 8. ATTORNEY(S): Girard/Keese
(213) 877-0211
John A. Girard
1126 Wilshire Blvd
Los Angeles, CA 90017
- 9. REMARKS: Note sent 08/22/2003 to CDZBANSK@FORD.COM

LITIGATION
PRACTICE GROUP

03 AUG 25 12:04

OFFICE OF THE
GENERAL COUNSEL

SIGNED CT Corporation System
FOR Jare J. Keprios /MS
ADDRESS 818 West Seventh Street
Los Angeles, CA 90017
SOP WS 0005838888

Information contained on this transmittal form is recorded for CT Corporation System's record keeping purposes only and to permit quick reference for the recipient. This information does not constitute a legal opinion as to the nature of action, the amount of damages, the answer date, or any information that can be obtained from the documents themselves. The recipient is responsible for interpreting the documents and for taking the appropriate action.

EA63-010 0035

SUMMONS
(CITACION JUDICIAL)

NOTICE TO DEFENDANT: (Aviso a Acusado)

FORD MOTOR COMPANY; HONEYWELL INTERNATIONAL, INC.;
ALLIED SIGNAL, INC.; HORIZON RENT-A-CAR; and DOES 1
through 20, inclusive

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)

AUG 21 2003

2:35
GA

YOU ARE BEING SUED BY PLAINTIFF:

(A Ud. le está demandando)

You have 30 CALENDAR DAYS after this summons is served on you to file a typewritten response at this court.

A letter or phone call will not protect you; your typewritten response must be in proper legal form if you want the court to hear your case.

If you do not file your response on time, you may lose the case, and your wages, money and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may call an attorney referral service or a legal aid office (listed in the phone book).

Después de que le entreguen esta citación judicial usted tiene un plazo de 30 DÍAS CALENDARIOS para presentar una respuesta escrita a máquina en esta corte.

Una carta o una llamada telefónica no le ofrecerá protección; su respuesta escrita a máquina tiene que cumplir con las formalidades legales apropiadas si usted quiere que la corte escuche su caso.

Si usted no presenta su respuesta a tiempo, puede perder el caso, y le pueden quitar su salario, su dinero y otras cosas de su propiedad sin aviso adicional por parte de la corte.

Existen otros requisitos legales. Puede que usted quiera llamar a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de referencia de abogados o a una oficina de ayuda legal (vea el directorio telefónico).

The name and address of the court is: *(El nombre y dirección de la corte es)*
Los Angeles Superior Court, Central District
Stanley Mosk Courthouse
111 North Hill Street
Los Angeles, California 90012

CASE NUMBER (Número del Caso)

BC299177

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is:
(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es)
[Redacted] Bar No. 54917

[Redacted] ard
Los Angeles, California 90017

DATE: JUL 16 2003

JENNIFER A. CLARKE, Clerk, by
(Actuando)

JENNY CHEA, Deputy
(Delegada)



NOTICE TO THE PERSON SERVED: You are served

- 1. as an individual defendant.
- 2. as the person sued under the fictitious name of (specify):
- 3. on behalf of (specify): Ford Motor Company

- under: CCP 416.10 (corporation) CCP 416.60 (minor)
- CCP 416.20 (defunct corporation) CCP 416.70 (conservatee)
- CCP 416.40 (association or partnership) CCP 416.90 (individual)
- other:

- 4. by personal delivery on (date):

(See reverse for Proof of Service)

SUMMONS

EA23-016 8838

CCP 413.20
LA-CJ



CONFIRMED COPY
OF ORIGINAL FILED
Los Angeles Superior Court

JUL 16 2003

John A. Clarke, Exec. Clerk
By JENNY CHEA Deputy

Law Office of Dennis Geselowitz
Dennis G. Geselowitz -- Bar No. 85907
12143 Valleyheart Drive, Suite 5
Studio City, CA 91604
(818) 882-2951 x174

Attorneys for: Plaintiffs

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

BC299177



CASE NO.

COMPLAINT

Plaintiffs,

vs.

- 1. Strict Product Liability
- 2. Negligent Product Liability
- 3. Breach of Warranty
- 4. Negligence

FORD MOTOR COMPANY; HONEYWELL
INTERNATIONAL, INC.; ALLIED SIGNAL, INC.;
HORIZON RENT-A-CAR; and DOES 1 through 20,
inclusive,

Defendants.

The Defendants

1. Defendant Ford Motor Company ("Ford") is, and at all relevant times was, a corporation or other business entity doing business in the County of Los Angeles, State of

1 California. Ford is, and at all relevant times was, engaged in the business of designing,
2 manufacturing, selling, inspecting, and distributing motor vehicles, including a certain model year
3 2001 Ford Taurus, vehicle identification number 1FAFP55U51G173591 ("Taurus").

4 2. Defendant [REDACTED] is, and at all relevant times
5 was, a corporation or other business entity doing business in the County of Los Angeles, State of
6 California. [REDACTED] is, and at all relevant times was, engaged in the business of designing,
7 manufacturing, selling, inspecting, and distributing motor vehicle seatbelt passenger restraint
8 systems, including those installed in the Taurus.

9 3. Defendant [REDACTED] is, and at all relevant times was, a
10 corporation or other business entity doing business in the County of Los Angeles, State of
11 California. Allied is, and at all relevant times was, engaged in the business of designing,
12 manufacturing, selling, inspecting, and distributing motor vehicle seatbelt passenger restraint
13 systems, including those installed in the Taurus.

14 4. Defendant Horizon Rent-A-Car ("Horizon") is, and at all relevant times was, a
15 corporation or other business entity doing business in the County of Los Angeles, State of
16 California. Horizon is, and at all relevant times was, engaged in the business of servicing,
17 maintaining, inspecting, and renting motor vehicles to consumers, including the Taurus. The
18 Horizon Defendants' main office is located at 6644 Lankershim Boulevard, North Hollywood,
19 California.

20 5. The true names and capacities, whether individual, corporate, or otherwise, of
21 Defendants designated as Does 1 through 20 inclusive are unknown to Plaintiffs, who therefore sue
22 by such fictitious names. Plaintiffs are informed and believe and thereon allege, that each of the
23 Doe defendants is in some way responsible for the events and happenings referred to in this
24 complaint, and that each Doe defendant thereby proximately caused injury to the Plaintiffs.
25 Plaintiffs will seek leave of court to amend this complaint as the true names and capacities of the
26 Doe defendants are ascertained.

27 6. Plaintiffs are informed and believe, and upon such information and belief allege, that
28 at all relevant times, the defendants, and each of them, were the agents, servants, employees,

1 assistants and consultants of each of the other defendants, and were acting as such within the
2 course, scope and authority of said agency and employment, and that each and every defendant,
3 when acting as principal, was negligent and reckless in the selection, hiring, entrustment and
4 supervision of each and every other defendant as an agent, servant, employee, assistant, or
5 consultant.

6 ***The Plaintiffs***

7 7. Plaintiff [REDACTED] is a resident of the State of New Jersey.
8 Rachelle is the wife of Plaintiff Herbert [REDACTED] and the mother of Plaintiffs Susan [REDACTED] and
9 Ellen [REDACTED]

10 8. Plaintiff Susan [REDACTED] ("Susan") is a resident of the State of New Jersey. Susan is
11 the daughter of Plaintiffs Rachelle and Herbert [REDACTED] and the sister of Plaintiff Ellen [REDACTED]
12 [REDACTED]

13 9. Plaintiff Ellen [REDACTED] is a resident of the State of California.
14 Ellen is the daughter of Plaintiffs Rachelle and Herbert [REDACTED] and the sister of Plaintiff Susan.

15 10. Plaintiff Herbert [REDACTED] ("Herbert") is a resident of the State of New Jersey. Herbert
16 is the husband of Plaintiff Rachelle and the father of Plaintiffs Susan and Ellen.

17 11. Plaintiffs Rachelle and Herbert were lawfully married and residing together as
18 husband and wife on April 3, 2003.

19 ***Plaintiffs' Acquisition and Use of the Taurus***

20 12. On or about February 20, 2003, Rachelle and her daughter Susan traveled to
21 California from their home in New Jersey for an extended visit with Ellen. They planned on
22 returning home some time in May, 2003.

23 13. On March 13, 2003, Rachelle rented the Taurus, bearing vehicle identification
24 number 1FAFP55U51G173591 and California license plate number [REDACTED] from Horizon, and
25 continued in possession of the Taurus until April 3, 2003, during which time it was driven
26 approximately 100 miles per week.

27 14. On April 3, 2003, Rachelle, Ellen and Susan were making a trip in the Taurus from
28 Calabasas to downtown Los Angeles. Ellen was seated in the front passenger seat and Susan was

1 seated in the rear, right passenger seat. Rachelle, Ellen and Susan remained appropriately restrained
2 in their respective seats.

3 ***Malfunctions Proximately Causing Injury***

4 15. At approximately 10:30 a.m. on April 3, 2003, Rachelle was driving the Taurus
5 southbound on the 101 Freeway in the right-hand lane at approximately 55 miles per hour,
6 approaching Cahuenga Boulevard in Hollywood, California. When traffic slowed and Rachelle
7 depressed the brake pedal, the pedal went all the way to the floor with no decrease in the Taurus'
8 speed. After repeated futile attempts at braking the Taurus, Rachelle was forced to maneuver the
9 Taurus down the Cahuenga Boulevard offramp, where she was unable to avoid colliding with a
10 concrete wall due to the speed at which the Taurus was travelling.

11 16. Despite striking the concrete wall with speed, none of the Taurus' airbags deployed,
12 exacerbating the injuries inflicted upon Rachelle, Ellen and Susan in this crash. The seatbelt
13 passenger restraint system of the Taurus failed to restrain each of Rachelle, Ellen and Susan,
14 further exacerbating their injuries.

15 ***Plaintiffs' Damages***

16 17. Rachelle suffered serious injuries over her entire body as a result of the collision,
17 including Jefferson fracture of the C1, upper thoracic fractures, bilateral hip dislocations with
18 acetabular fractures, pelvic fractures, epidural bleed in the right parietal convexity, tibial plafond
19 fracture, right ankle fracture, right peroneal nerve palsy with footdrop, and right shoulder
20 dislocation. The full nature and extent of said injuries are not known to plaintiff and leave is
21 requested to amend this complaint to conform to proof at the time of trial; plaintiff is informed and
22 believes and thereon alleges that said injuries are permanent and by reason of the foregoing,
23 plaintiff has suffered general damages in an amount that is in excess of the jurisdictional limits of
24 this court.

25 18. Rachelle has incurred, and will incur, medical, surgical, and other related expenses,
26 the full nature and extent and amount of which are not yet known to plaintiff. Rachelle's medical,
27 surgical and related expenses presently exceed four hundred six thousand dollars. Plaintiffs request
28 leave to amend this complaint to conform to proof at the time of trial.

1 19. Rachelle has incurred, and will incur, loss of income, wages, and other pecuniary
2 losses, the full nature and extent of which is not yet known to plaintiff, and leave is requested to
3 amend this complaint to conform to proof at the time of trial.

4 20. In addition, Rachelle suffered and continues to suffer from residual effects, pain and
5 suffering, and serious emotional distress. Plaintiffs will seek leave to amend this complaint when
6 the full extent of Rachelle's damages is ascertained.

7 21. Ellen suffered serious injuries over her entire body as a result of the collision,
8 including right clavical fracture requiring surgical intervention, right pelvic fracture, left thumb
9 fracture, and left foot fracture. The full nature and extent of said injuries are not known to plaintiff
10 and leave is requested to amend this complaint to conform to proof at the time of trial; plaintiff is
11 informed and believes and thereon alleges that said injuries are permanent and by reason of the
12 foregoing, plaintiff has suffered general damages in an amount that is in excess of the jurisdictional
13 limits of this court.

14 22. Ellen has incurred, and will incur, medical, surgical, and other related expenses, the
15 full nature and extent and amount of which are not yet known to plaintiff. Ellen's medical, surgical
16 and related expenses presently exceed one hundred forty-nine thousand dollars. Plaintiffs request
17 leave to amend this complaint to conform to proof at the time of trial.

18 23. Ellen has incurred, and will incur, loss of income, wages, and other pecuniary losses,
19 the full nature and extent of which is not yet known to plaintiff, and leave is requested to amend
20 this complaint to conform to proof at the time of trial.

21 24. Ellen suffered and continues to suffer from residual effects, pain and suffering, and
22 serious emotional distress. Plaintiffs will seek leave to amend this complaint when the full extent
23 of Ellen's damages is ascertained.

24 25. Susan suffered serious injuries as a result of the collision, including lacerated liver,
25 collapsed lung, fractured ribs, right arm trauma, and right leg trauma. The full nature and extent of
26 which are not known to plaintiff and leave is requested to amend this complaint to conform to
27 proof at the time of trial; plaintiff is informed and believes and thereon alleges that said injuries are
28

1 permanent and by reason of the foregoing, plaintiff has suffered general damages in an amount that
2 is in excess of the jurisdictional limits of this court.

3 26. Susan has incurred, and will incur, medical, surgical, and other related expenses, the
4 full nature and extent and amount of which are not yet known to plaintiff. Plaintiffs request leave
5 to amend this complaint to conform to proof at the time of trial.

6 27. Susan suffered and continues to suffer from residual effects, pain and suffering, and
7 serious emotional distress. Plaintiffs will seek leave to amend this complaint when the full extent
8 of Susan's damages is ascertained.

9 28. By reason of the injuries caused to his wife Rachelle, Plaintiff Herman has suffered a
10 deprivation of his wife Rachelle's care, love, companionship, comfort, society, protection,
11 affection, counsel, guidance, and support in an amount sufficient to invoke the jurisdiction of this
12 court. Plaintiffs will seek leave to amend this complaint when the full extent of Herman's damages
13 is ascertained.

14
15 **FIRST CAUSE OF ACTION**

16 **(For Strict Liability against Defendants Ford, Honeywell, Allied, and Does 1 through 15)**

17 29. Plaintiffs hereby incorporate by reference paragraphs 1 through 28 of this complaint
18 as if set forth fully herein.

19 30. Defendants Ford, Honeywell, Allied, and Does 1 through 15 were engaged in the
20 business of designing, manufacturing, selling, distributing, servicing, maintaining, and inspecting
21 the Ford Taurus, vehicle identification number 1FAPP55U51G173591, which is the subject of this
22 suit, and/or its component parts, as more specifically set forth in the preceding paragraphs of this
23 complaint.

24 31. The Ford Taurus, vehicle identification number 1FAPP55U51G173591, which is the
25 subject of this suit was defective when placed on the market by reason of the defective design,
26 installation and/or manufacture of its braking system, seatbelt passenger restraint system and/or
27 airbag system.

28 ///

1 32. The Ford Taurus, vehicle identification number 1FAFP55U51G173591, which is the
2 subject of this suit was being used for the purpose for which it was intended and in the way it was
3 intended to be used at all relevant times.

4 33. Defendants knew that the Ford Taurus, vehicle identification number
5 1FAFP55U51G173591, which is the subject of this suit, was to be used without inspection for
6 defects in its braking system, seatbelt system and/or airbag system.

7 34. The defects in the braking system, seatbelt passenger restraint system and/or airbag
8 system of the Ford Taurus, vehicle identification number 1FAFP55U51G173591, which is the
9 subject of this suit, proximately caused each of the plaintiffs' injuries, suffering and damages, as
10 more fully described above at paragraphs 16 through 28.

11 35. Complaints made to Ford dealers and the National Highway Traffic Safety
12 Administration, beginning in November, 2000, if not earlier, indicate that Defendant Ford began to
13 receive a number of reports implicating the integrity of the airbag system on the 2001 model Ford
14 Taurus, including of incidents where the airbags failed to deploy. Ford received enough of these
15 reports a sufficient amount of time before April 4, 2003 for Ford to both identify and remedy the
16 problem(s) by recall or other means, so as to avoid injuring the Plaintiffs. Ford's failure to remedy
17 the problem(s) was a direct and proximate cause of injury to plaintiffs Rachelle, Ellen and Susan,
18 as described above at paragraphs 16 through 27, and of Herman's damages described above at
19 paragraph 28. The aforementioned acts of Ford were willful, malicious, oppressive, and fraudulent
20 as defined by California Civil Code section 3294 and Plaintiff is therefore entitled to punitive
21 damages against Ford.

22 36. Complaints made to Ford dealers and the National Highway Traffic Safety
23 Administration, beginning in April of 2001, if not earlier, indicate that Defendant Ford began to
24 receive a number of reports implicating the integrity of the braking system on the 2001 model Ford
25 Taurus, including incidents where the brake pedal was depressed fully to the floor without slowing
26 the vehicle. Ford received enough of these reports a sufficient amount of time before April 4, 2003
27 for Ford to both identify and remedy the problem(s) by recall or other means, so as to avoid
28 injuring the Plaintiffs. Ford's failure to remedy the problem(s) was a direct and proximate cause of

1 injury to plaintiffs Rachele, Ellen and Susan, as described above at paragraphs 16 through 27, and
2 of Herman's damages described above at paragraph 28. The aforementioned acts of Ford were
3 willful, malicious, oppressive, and fraudulent as defined by California Civil Code section 3294 and
4 Plaintiff is therefore entitled to punitive damages against Ford.

5 6 SECOND CAUSE OF ACTION

7 (For Negligent Product Liability against Defendants Ford, Honeywell, Allied, and Does 1-10)

8 37. Plaintiffs hereby incorporate by reference paragraphs 1 through 28 of this complaint
9 as if set forth fully herein.

10 38. Defendants Ford, Honeywell, Allied, and Does 1-10 were each engaged in the
11 business of designing, manufacturing, selling, distributing, servicing, maintaining, inspecting, and
12 renting the Taurus which is the subject of this suit, and/or its component parts, as more specifically
13 set forth in the preceding paragraphs of this complaint.

14 39. The Taurus was dangerously defective when put to the use intended by the
15 Defendants, by reason of negligence in its design, manufacture, inspection, and installation, or that
16 of its component parts, including but not limited to its braking system, airbag system and seatbelt
17 passenger restraint system.

18 40. While using the Taurus in a reasonably foreseeable way, the Taurus malfunctioned,
19 including that the brakes failed, the airbags failed to deploy upon collision, and the seatbelt
20 passenger restraint system failed to restrain Plaintiffs Rachele, Ellen and Susan, as more fully
21 described in the preceding paragraphs of this complaint, and thereby proximately caused each of
22 the plaintiffs' injuries, suffering and damages, as more fully described above at paragraphs 16
23 through 28.

24 41. Complaints made to Ford dealers and the National Highway Traffic Safety
25 Administration, beginning in November, 2000, if not earlier, indicate that Defendant Ford began to
26 receive a number of reports implicating the integrity of the airbag system on the 2001 model Ford
27 Taurus, including of incidents where the airbags failed to deploy. Ford received enough of these
28 reports a sufficient amount of time before April 4, 2003 for Ford to both identify and remedy the

1 problem(s) by recall or other means, so as to avoid injuring the Plaintiffs. Ford's failure to remedy
2 the problem(s) was a direct and proximate cause of injury to plaintiffs Rachelle, Ellen and Susan,
3 as described above at paragraphs 16 through 27, and of Herman's damages described above at
4 paragraph 28. The aforementioned acts of Ford were willful, malicious, oppressive, and fraudulent
5 as defined by California Civil Code section 3294 and Plaintiff is therefore entitled to punitive
6 damages against Ford.

7 42. Complaints made to Ford dealers and the National Highway Traffic Safety
8 Administration, beginning in April of 2001, if not earlier, indicate that Defendant Ford began to
9 receive a number of reports implicating the integrity of the braking system on the 2001 model Ford
10 Taurus, including incidents where the brake pedal was depressed fully to the floor without slowing
11 the vehicle. Ford received enough of these reports a sufficient amount of time before April 4, 2003
12 for Ford to both identify and remedy the problem(s) by recall or other means, so as to avoid
13 injuring the Plaintiffs. Ford's failure to remedy the problem(s) was a direct and proximate cause of
14 injury to plaintiffs Rachelle, Ellen and Susan, as described above at paragraphs 16 through 27, and
15 of Herman's damages described above at paragraph 28. The aforementioned acts of Ford were
16 willful, malicious, oppressive, and fraudulent as defined by California Civil Code section 3294 and
17 Plaintiff is therefore entitled to punitive damages against Ford.

18
19 **THIRD CAUSE OF ACTION**

20 **(For Breach of Warranty against Defendants Ford, Honeywell, Allied, and Does 1-15)**

21 43. Plaintiffs hereby incorporate by reference paragraphs 1 through 28 of this complaint
22 as if set forth fully herein.

23 44. Each of the defendants Ford, Honeywell, Allied, and Does 1-15 was a seller of the
24 Taurus which is the subject of this suit, and/or of its component parts, including its airbag system,
25 braking system, and seatbelt system. Plaintiffs Rachelle, Ellen and Susan were users and
26 consumers of each of these products.

27 45. Each of the defendants expressly and/or impliedly warranted the Taurus which is the
28 subject of this suit, and its component parts, to be free of defects in design or workmanship and to

1 be reasonably fit and safe for its intended use, including but not limited to warranties that the
2 braking system would function properly, that the airbags would deploy during a collision, and that
3 the seatbelt passenger restraint system would properly function.

4 46. The warranties described above at paragraph 45 were breached in that the products
5 were not reasonably safe or fit for their intended purpose and contained defects in their design
6 and/or workmanship.

7 47. The breach of the warranties described above were the proximate cause(s) of the
8 injuries, suffering and damages sustained by the Plaintiffs, as more fully described above at
9 paragraphs 16 through 28.

10
11 **FOURTH CAUSE OF ACTION**

12 (For Negligence against Defendant Horizon and Does 16 through 20)

13 48. Plaintiffs hereby incorporate by reference paragraphs 1 through 28 of this complaint
14 as if set forth fully herein.

15 49. Defendants Horizon and Does 16 through 20 had a duty to maintain the Taurus and
16 its components, including its braking system, airbag system and seatbelt passenger restraint system,
17 in a condition of reasonable fitness and safety for its intended use by Plaintiffs Rachelle, Ellen and
18 Susan.

19 50. Defendants Horizon and Does 16 through 20 breached their respective duties to
20 maintain the Taurus and its components, which were owed to Plaintiffs Rachelle, Ellen and Susan.

21 51. The negligence of each of the defendants Horizon and Does 16 through 20 was a
22 proximate cause of the injuries, suffering and damages sustained by the Plaintiffs, as more fully
23 described above at paragraphs 16 through 28.

24
25 WHEREFORE, Plaintiffs Rachelle [REDACTED], Ellen [REDACTED] and Susan [REDACTED] pray for the
26 following relief under each cause of action:

- 27 1. General and Special Damages according to proof;
28 2. Costs of Suit incurred herein;

- 1 3. Punitive damages against Defendant Ford Motor Company according to proof;
2 4. Such Other and Further Relief as the Court may deem proper.
3

4 WHEREFORE, Plaintiff Herman [REDACTED] prays for the following relief under each cause of action:

- 5 1. Damages for deprivation of his wife Rachelle's care, love, companionship, comfort,
6 society, protection, affection, counsel, guidance, and support according to proof;
7 2. Costs of Suit incurred herein;
8 3. Such Other and Further Relief as the Court may deem proper.
9

10
11 DATED: July 15, 2003

GIRARDI | KEESE

12
13
14 By: John A. Girardi

15 JOHN A. GIRARDI
16 Attorney for Plaintiffs
17
18
19
20
21
22
23
24
25
26
27
28

NOTICE TO LITIGANTS

Effective July 1, 2002, California Rules of Court were amended:

RULE 201. APPLICABILITY.

Except as otherwise provided in these rules, the rules in this chapter apply to all general civil cases filed in the trial courts after June 30, 2002.

RULE 201.9 INFORMATION ABOUT ADR

The plaintiff shall serve a copy of the ADR Information package on each defendant along with the complaint. Cross-complainants shall serve a copy of the ADR Information package on any new parties to the action along with the cross-complaint.

d. Significant monetary penalties may be posed if the party requesting a trial de novo does not obtain a more favorable result than the decision award.

It is very important for the parties to understand that, in agreeing to binding arbitration, or by not requesting a trial de novo on a timely basis, they are waiving their right to a trial and are accepting the arbitrator's award as a final decision.

andatory referrals to an ADR program are ordered by the judge, usually at a status conference, or other judicial proceeding. In ordering a case for mandatory referral to mediation, mediation conferences or arbitration, a judge discusses the case with the attorneys or parties presenting themselves to determine what dispute resolution process is most appropriate. After consultation, cases are referred to mandatory mediation or arbitration under the following circumstances:

the plaintiff requests mediation or arbitration in writing and agrees that the award per plaintiff will not exceed \$50,000, if, in the opinion of the judge, the amount in controversy does not exceed \$50,000 per plaintiff. If the judge determines that the case is otherwise eligible and appropriate for mediation, mediation conference or arbitration and orders the parties to use of these ADR processes.

voluntary referral to an ADR program may be

initiated by the parties at any time during the litigation, and regardless of the amount in controversy. Cases involving more than \$50,000 are frequently resolved through alternative dispute resolution. The parties may initiate a voluntary ADR process by completing and filing the *Statement to Participate in Alternative Dispute Resolution* form, or they may request voluntary ADR at a status conference or other scheduled hearing in the case.

The Court ADR Office maintains a panel of neutrals who have met qualifications established by California Law or the Court to serve as mediators, arbitrators and/or settlement officers.

Ordinarily, the attorney or parties agree on the selection of a neutral. If the parties are unable to agree, the ADR Office will randomly select a neutral. Background information on the Court Panel neutrals is available on the Internet at: <http://www.lscourtadronet.org/ADR>, and at the Central ADR Office located in Room 113 of the Los Angeles Superior Court at 111 North Hill Street, Los Angeles, CA 90012 (telephone: 213.974.5425).

Parties also have the option of selecting a private neutral at their own cost. There are various organizations throughout Los Angeles County providing private ADR services. To obtain more information about these organizations contact the California Department of Consumer Affairs, toll free 1-800-952-3270 or look in the yellow pages under: mediation or arbitration.



Neutrals, who serve as mediators and arbitrators on the Court Panel, provide their hours of service to the parties on a voluntary basis. There are no administrative fees for the court ADR service.

If the parties wish to continue with the mediation or arbitration after the first three hours, the neutral is permitted to charge for their time. Fees range from approximately \$150 to \$500 per hour, depending upon the experience and expertise of the particular neutral. The fees are typically split between the parties in the case.

The length of an ADR procedure varies depending on the complexity of the case. Most cases require only one meeting to come to a resolution, but some cases may require additional sessions. All of these ADR processes must be completed by a date set by the judge.

ADR processes work. They can save time and money, reduce emotional stress and prevent the loss of valued relationships. Isn't it worth at least inquiring about them?



Partially Funded by the
Los Angeles County Superior Court System Program

ADR 08/04/00

Alternative

Program
of the
Los Angeles
County Courts

The function of the Court is to provide a fair and impartial forum to resolve disputes. The traditional method provided by the court is called "litigation", more commonly known as a lawsuit. The court also offers innovative alternative dispute resolution, or "ADR", programs that provide mediation, settlement conferences and arbitration.

ADR has been increasingly used in recent years to resolve lawsuits and participants are usually very satisfied with the process and results. Mediation, settlement conferences and arbitration resolve disputes sooner with less expense, difficulty, and emotional stress than traditional litigation. Mediation and settlement conferences help the parties to decide the outcome of the dispute and to achieve solutions that are not available through litigation or arbitration.

Some of the possible benefits for parties using an ADR process instead of litigation include the following:

- ADR is more cost-effective.
- ADR is less time-consuming.
- ADR is often more personally satisfactory.
- ADR provides more creative control over the outcome.

Benefits for attorneys, in addition to those mentioned above, include:

- shorter time for disposition;
- quicker results for clients;
- ability to represent or advise more clients;
- fewer fee disputes;
- greater client-satisfaction.

Litigation is a formal and structured process in which a judge or jury solely ultimately decide the outcome of the parties' disputes after a trial.

The litigation process is often very lengthy, time-consuming, expensive and emotionally draining for the parties. The outcome of litigation is often difficult to predict, and parties who expect to win are often disappointed with the result at trial.

More than 95% of civil cases are resolved before trial, so it's worth considering ADR options early in the litigation process.

The Court sponsors several ADR programs for dispute resolution: mediation, settlement conferences, and arbitration.

Mediation is a flexible, informal and confidential process. In mediation, a neutral (the mediator) facilitates communication and negotiation to assist the parties in reaching a mutually agreeable resolution. Unlike a judge, a jury, or an arbitrator, the mediator does not decide the outcome of the dispute, but helps the parties to do so.

Mediators use a variety of techniques to help the parties examine their underlying interests, needs and priorities and explore their creative resolutions, including options not available through trial or arbitration. Some of the common approaches include:

- helping the parties effectively express their perspective;
- clarifying the parties' issues, interests and needs;
- helping the parties identify options for resolution;
- acting as an intermediary in negotiations between the parties.

Mediators have a variety of backgrounds and are not necessarily attorneys. All mediators on the Court's panel, including attorneys, must meet training or experience requirements established by

California law and the Court.

The parties actually involved in the dispute attend and participate more actively than in the other dispute resolution processes. There are many different mediation styles, and most involve a joint meeting of all participants. Many mediators also meet with the individual parties and their attorneys in private sessions. In these meetings, the mediator discusses the problems, issues and interests of the parties, rather than presenting the parties' positions to a third-party decision maker. In facilitated negotiations, the discussions and negotiations proposed in the mediation are not subject to the rules of evidence and cannot be admitted in evidence in court proceedings.

The parties reach an agreement in mediation, and they may specify that it will be enforceable by the court. Because the mediator is decided by the parties rather than forced upon them, settlements reached in mediation are more likely to be carried out and often improve relationships between the parties.

Mediation does not result in an agreement, the parties may resume the litigation process as though mediation had not occurred. Mediation has many benefits even if the dispute is not completely resolved. The participants gain a better understanding of each other's perspective and the issues in dispute are often narrowed or clarified. Often times the parties resolve the dispute after reviewing as a result of participating mediation.

Settlement conference is an ADR process usually conducted by a "settlement officer" who may be a judge, retired judge, or an experienced attorney. If the judge refers the case to a settlement conference through the Court's ADR Commercial Practice Program, retired judge and experienced attorney ADR providers serve as the settlement

A settlement conference, like mediation, seeks to resolve the dispute by promoting an agreement between the parties. The settlement officer does not render a decision or make findings of fact, but assists the parties in negotiating a settlement of the litigation.

Settlement conferences and mediations are both flexible processes, however there are some general differences. Typically, settlement conferences focus more on the evidence and legal issues in the pending litigation and do not examine the parties' underlying interests or concerns. It is more common for a settlement officer to provide an evaluation of the legal merits and possible results of the litigation.

The parties to the dispute or representatives with settlement authority are required to attend, along with their attorneys. The settlement officer, however, often communicates exclusively or primarily with the attorneys.

An agreement reached in a settlement conference may be entered into the Court records. If a settlement is not reached, the dispute remains in the litigation process.

Arbitration, like litigation, is a process in which the parties' dispute is decided by an impartial third person, called an "arbitrator." The parties present testimony under oath and the rules of evidence that apply. After considering the parties' evidence and arguments, the arbitrator issues a written decision or "award" which is filed with the Court. The parties must agree in advance whether the arbitration will be "binding" or "non-binding." In "binding arbitration" the arbitrator's award can only be challenged by the parties on very limited grounds. In "non-binding arbitration" the parties are not required to accept the arbitrator's award, but have a limited time to request a "trial de novo" which returns the case to the Court's calendar for

Dispute Resolution Program
of Los Angeles County

DRP stands for Los Angeles County's Dispute Resolution Program. It helps people involved in disputes resolve them without going to court.

DRP provides highly skilled, well-trained neutral mediators who guide disputants towards reaching a resolution.

DRP is available for all types of disputes, including:

- Landlord-Tenant
- Neighbor-Neighbor
- Business-Business
- Customer-Business
- Student-Student
- Contracts
- Personal Injury
- Group-Group
- Member-Group
- Employer-Employee
- Employee-Employee
- Accidents
- Domestic Relations

LET DRP HELP YOU TO A RESOLUTION

EP83-618 8951

LOS ANGELES COUNTY
BOARD OF SUPERVISORS
Gloria Molina, First District
Yvonne Brundage Barber, Second District
Zev Yaroslavsky, Third District
Don Knabe, Fourth District
Michael D. Antonovich, Fifth District

COMMUNITY AND SENIOR SERVICES
Robert Ryan, Acting Director
3175 West 6th Street
Los Angeles, CA 90020

Henry M. Kowik
Chief, Community Services Division

Esther G. Sedano,
Program Coordinator
Dispute Resolution Program
213-738-2621

LOS ANGELES COUNTY
Dispute Resolution Program

ADR 007 Mar (6/01)

Involved in a Dispute?

Need a Solution that's...

Fair?

Firm?

Fast?

Friendly?

We Can Help!

Los Angeles County Dispute Resolution Program

For more information call (213) 738-2601
or contact one of the 18 agencies below.

DRP is FAIR

Neutral mediators help disputants look at all sides of a conflict and work together to find an effective, fair and reasonable solution.

DRP is FIRM

DRP results in a specific, detailed solution that covers all the bases. Since both parties agreed to the mediation, there is a mutual commitment to abide by its outcome.

DRP is FAST

DRP saves time. Disputes are resolved much more quickly than when they are taken to court.

DRP can begin almost as soon as both parties agree to participate.

DRP is FRIENDLY

Participation of all parties must be voluntary for DRP to work. Our mediators are skilled at getting both sides of a dispute to agree to participate.

No one "wins" or "loses" their case in DRP. In a successful mediation, everyone considers themselves "winners."

A. Milton Miller Memorial Foundation Disability Mediation Center
919 So. Alhambra Street, Los Angeles, CA 90015 (213) 738-8104

Asian Pacific American Dispute Resolution Center
1145 Wilshire Blvd., Suite 500, Los Angeles, CA 90017 (213) 250-9190

California Academy of Mediation Professionals
18501 Ventura Blvd., Suite 606, Encino, CA 91430 (818) 377-7250

California Lawyers for the Arts, Arts Arbitration
and Mediation Services
1641 11th Street, Santa Monica, CA 90404 (310) 898-5530

Center for Conflict Resolution,
Small Claims Court Mediation Program
3750 East Foothill Blvd., Suite C, Pasadena, CA 91107 (626) 985-8729

Continental Valley Juvenile Diversion Project -
Youth Mediation Program
11633 Hawthorne Blvd., Hawthorne, CA 90250 (310) 675-8700

Citizenship Dispute Resolution Center
114 North Indian Hill Blvd., Suite E, Claremont, CA 91711
(909) 625-8832

Island Valley Justice Center, Inc.
301 South Park Avenue, Suite 780, Fontana, CA 91768 (909) 629-8301

Korean Americans Coalition
3727 West 6th Street, #515, Los Angeles, CA 90020
(213) 383-4298

L.A. City Attorney Dispute Resolution Program
200 N. Main St., 1000 City Hall East, Los Angeles, CA 90012
(213) 486-8321

L.A. County Bar Association, Dispute Resolution Services, Inc.
261 So. Figueroa St., Suite 301, Los Angeles, CA 90012 (877) 473-7858
Youth Program (213) 898-6533

L. A. County CSS, Voluntary Mediation Services
S. Central (323) 586-6520; East L.A. (323) 280-2855; Santa Clarita (661) 254-0375
S. F. Valley (916) 548-5418; San Gabriel (626) 575-5418; San Pedro (310) 519-6091

L.A. County Department of Consumer Affairs,
Dispute Settlement Services
500 West Temple St., Room B-98, Los Angeles, CA 90012
(213) 974-0825

L.A. Superior Court Alternative Dispute Resolution Office
111 North Hill St., Room 113, Los Angeles, CA 90012 (213) 974-5425

Loyola Law School, Center for Conflict Resolution
919 South Alhambra Street, Los Angeles, CA 90015 (213) 736-1145

Martin Luther King Legacy Association Dispute Resolution Center
4182 S. Western Avenue, Los Angeles, CA 90062 (323) 290-4132

Norwalk, City of, Consumer Rental Mediation Board
11629 Alameda Blvd., Norwalk, CA 90650 (562) 628-5807

NAME, ADDRESS, AND TELEPHONE OF ATTORNEY OR PARTY WITHOUT ATTORNEY:		STATE BAR NUMBER:	Reserved for Clerk's File Stamp
ATTORNEY FOR (NAME): _____ <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Cross-defendant			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES			
COURT ADDRESS:			
PLAINTIFF:			
DEFENDANT:			
STIPULATION TO PARTICIPATE IN ALTERNATIVE DISPUTE RESOLUTION			CASE NUMBER:

The undersigned parties stipulate to participate in Alternative Dispute Resolution (ADR) in the above-entitled action, as follows:

1. ALTERNATIVE DISPUTE RESOLUTION PROCESS:

- Mediation
- Non-Binding Arbitration
- Binding Arbitration
- Settlement Conference
- Other ADR Process (describe): _____

2. NEUTRAL:

Court Pro Bono Panel: The parties request the appointment of the following neutrals from the Court's Pro Bono Panel. If neither choice is available, or if the parties otherwise request, the Court's ADR Office will select the neutral. (There will be no charge to the parties for the first 3 hours of a neutral selected from the Court's ADR panel.)

First choice: _____ Alternates: _____

The parties request that the ADR Clerk select the neutral.

Private Provider: The parties stipulate that the following provider shall be appointed as arbitrator or mediator. (All of the neutral's fees shall be paid by the parties, and divided between them in a manner to which they have agreed.)

Name, address and telephone of Private Neutral:

Dated: _____

_____ Name of Party Stipulating to Mediation <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Cross-defendant	_____ Name of Party or Attorney Executing Stipulation	_____ Signature of Party or Attorney
---	--	---

_____ Name of Party Stipulating to Mediation <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Cross-defendant	_____ Name of Party or Attorney Executing Stipulation	_____ Signature of Party or Attorney
---	--	---

Additional signature(s) on reverse

EUGENE C. TULLOS
ATTORNEY AT LAW
P. O. BOX 74
RALEIGH, MISSISSIPPI 39153-0074



May 5, 2003

Ford Motor Company
Office of General Counsel
Parklane Towers West
Suite 514
3 Parklane Boulevard
Dearborn, Michigan 48126

Re: [REDACTED]

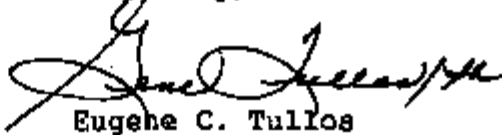
Magee, MS 39111
Date of Loss: 2/22/03
Make & Model: 2001 Ford Taurus
VIN: 1FAPF55U01G274859

Gentlemen:

This is to advise that I am representing Kimberly [REDACTED] and Josh [REDACTED] in their claim for personal injuries arising out of a motor vehicle accident which occurred on February 22, 2003 when the airbags did not deploy.

I shall appreciate a written response regarding these claims within ten (10) days of the date of this letter.

Sincerely,


Eugene C. Tullos

ECT/ih

Ford Motor Company

Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 300
Three Parklane Boulevard
Dearborn, Michigan 48126-2500

May 2, 2003



Re: 2001 Taurus

Dear Ms. [Redacted]

We acknowledge your recent contact to Ford Motor Company. Your concern has been directed to this Office for further handling. In order to evaluate this matter, we request that you provide us with all the following information by completing and returning this form:

1. Please provide a copy of each of the following documents and check the box indicating that each item is attached.

- A copy of the police/fire report. If a police/fire report was not made, attach a separate sheet of paper providing a complete description of the incident.
 - Medical records for each person alleged injured from all treating physicians/facilities
 - Medical bills for each person alleged injured from all treating physicians/facilities. *None*
 - Original photographs or laser copies of the vehicle's collision/fire damage from several different angles. *following*
 - Original photographs or laser copies of the inside of vehicle showing the steering wheel, dash and roof areas.
 - Repair estimate or repair order
- OR
- Total loss worksheet with copies of draft payments
 - Complete service history for vehicle including tune ups and oil changes.

2. For each person alleged injured provide the following: (if there are additional names continue on back.)

Name: [Redacted]
Address: [Redacted]

Spouse's Name: Pershing Horton Spouse's Name: [Redacted] (deceased)

DOB: March 8, 1925 DOB: Jan. 6, 1936

Soc Security#: [Redacted]

Occupation: Retired Occupation: Retired

Injury: Too numerous to mention Injury: See attachments from hospital
See attachment: (broken sternum, etc.)
from hospital

Broken jaw, broken nose,
eye out of socket, broken orbit of eye,
broken right arm, wrist, etc.

8003-010 0055

3. Please specify what you believe is defective, if anything, with your vehicle.

Air bags did not deploy, seat belts did not hold passengers back
Steering problems (see work order from Thomas)

4. Has the alleged defective vehicle/part been repaired or replaced? Yes No Totalled

5. Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information). Unknown-See attachments
Erie Insurance Group

6. Has an insurance company been advised of this incident? Yes No
If yes, please provide name, address and phone number of insurance company and adjuster's name and claim number. Erie Insurance Group
[REDACTED]

7. What are you seeking from Ford Motor Company in this matter?
Payment of all medical bills, compensation for the serious pain and extreme suffering.

Please note that we need all the information requested above to evaluate this matter. Your concern will not be evaluated until all the above information is submitted. Please feel free to provide any other additional information that may be helpful to us in evaluating this matter.

Once we are in receipt of all the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 45 days, we will assume that you are not interested in pursuing a claim and we will close our file. Please note that your vehicle will not be inspected until all the above information has been submitted and a determination has been made as to whether an inspection is warranted.

Should you decide to pursue a claim against Ford Motor Company, please be advised that all necessary steps should be taken to ensure that the subject vehicle and all of its component parts are maintained and preserved for trial. Ford Motor Company has the right to inspect the vehicle and remove and test any component part that you claim to be defective, and to be presented with the vehicle and the subject component part(s) at the time of trial.

If you propose to repair the vehicle for continued usage, such repairs may not be performed until after Ford Motor Company has inspected the vehicle and removed and tested any component part you claim to be defective or advised you in writing that it does not intend to perform such inspection and/or testing at this time. But even in that event, Ford Motor Company will insist that all components claimed to be defective are maintained and preserved for trial.

Sincerely,

Julie MacGillis
Julie MacGillis
Claims Analyst

June 23-03

Julie,

I got your letter you sent me
requesting me to remove
the rest of the Control Module, the Ins. Co.
has already settled with me, right after
I had the accident. The car has already
been salvaged, and is in the state of
Maryland. Eagle auto ~~Salvage~~ Salvage
The Telephone # [REDACTED]
I think you have every thing else you
need also the pictures.
All I ask for is to have the
Hospital paid. It wasn't my fault
the air bag did not come out.

Claimant [REDACTED]

Vehicle

2001 Taurus

My husband just passed away 4-19-03
and I just got out of the hospital after
having a serious operation. But it did not
come from the neck.

Telephone # [REDACTED]

Thank you

To the Ford Motor Co
I'm writing to you to let you know
I owned a Ford Focus 2001,
and I had an accident on 3-19-03.
I had a fractured Sternum. all because
the air Bagg and Seat Belts did not
work. That's why they are in the
cars for Safty.

I had the air Bagg and Seat Belts work
on in a Ford Escape.

So I guess you know how I
feel about Ford Cars. You can be helped
by the law to see if you have your seat
belts hooked up, so what that tell you they are
in there for safty!

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
APR 17 2003
GENERAL COUNCIL

CONSUMER AFFAIRS
SECTION
APR 14 4 20 00



IFAFP55U716264944

May 20, 2003

[REDACTED]

RE: 2001 Taurus-Auto Accident 3-19-03

Ford Motor Company
Parklane Towers West Suite 300
Three Parklane Blvd.
Dearborn MI 48126-2568
Attn: Julie MacGillis

To Whom It May Concern:

Please find enclosed all of the documents you requested in your letter of May 2, 2003 in regards to the recent auto accident on March 19, 2003.

The persons involved in the accident have enclosed the current medical bills, but there will be additional medical bills forthcoming since some of the appointments for continuing medical treatments will be in the upcoming months.

You will find the names of the two parties involved in the accident on the forms you sent, and I ask that you pay particular attention to the photos, which are originals, that clearly show the severe, life threatening injuries to Maxine Horton. Mrs. Horton has numerous injuries and will continue to have upcoming appointments due to those injuries.

Also, after examining the photos of the vehicle, you will very clearly see that the air bags did not deploy and the seat belts did not hold the driver or passenger back during impact. If those events had taken place, there is great probability that the severity of the injuries would not have been as extensive.

After careful review of all of the enclosed documents, please contact Mrs. [REDACTED] and let her know what the next step is in resolving this issue. Please send a copy of your letter to the under named party also.

[REDACTED]

cc: [REDACTED]

ER63-818 0034

PATIENT DETAIL STATEMENT

LEWISTOWN HOSPITAL
 400 HIGHLAND AVENUE
 LEWISTOWN, PA 17044-1198
 ..EXCELLENCE IN HEALTHCARE

PLEASE INCLUDE PATIENT# ON YOUR REMITTANCE.
 MAKE CHECKS PAYABLE TO "LEWISTOWN HOSPITAL"
 "WE ACCEPT VISA & MASTERCARD"
 DATE: 05/13/03

PATIENT-> [REDACTED] PT# [REDACTED] REBILL [REDACTED] 973
 MRN: 000000000
 ADT DATE | DIS DATE
 03/19/03 | 03/19/03
 MAIL TO [REDACTED] PHY# 095052 MASSARA, NUNCIO Y ED AU

CUT HERE AND RETURN ABOVE PORTION WITH PAYMENT. THANK YOU

1. [REDACTED]
2. [REDACTED]

DATE		SERVICE DESCRIPTION			BALANCE
03/19/03	40706442	CLONIDINE HCL, TAB, 100MCG	1	250	0.14
		TOTAL PHARMACY			0.14
03/19/03	31709009	RT SUPPLY SET-UP	1	270	30.80
		TOTAL MEDICAL SURGICAL SUP			30.80
03/19/03	32305500	IV SUPPLIES	1	272	53.10
		TOTAL STERILE SUPPLIES			53.10
03/19/03	32306458	SPECIMEN COLLECT.FEE	1	300	8.00
03/19/03	40213001	URINALYSIS DIPSTICK	1	300	21.00
		TOTAL LABORATORY			29.00
03/19/03	40132441	TROPONIN QT	1	301	53.00
03/19/03	40120438	BASIC METABOLIC PANEL	1	301	82.00
		TOTAL LAB/CHEMISTRY			135.00
03/19/03	40161507	CBC (WITH AUTO DIFF)	1	305	29.00
		TOTAL LAB/HEMATOLOGY			29.00
03/19/03	40411407	CHEST STUDY 2 VWS	1	320	84.00
		TOTAL RADIOLOGY-DIAGNOSTIC			84.00
03/19/03	32300758	CARE LEVEL 4	1	450	345.00
		TOTAL EMERGENCY ROOM			345.00

*DATES POSTED ARE NOT NECESSARILY DATES OF SERVICE FED. ID. NO 23-135-2187

PATIENT DETAIL STATEMENT

LEWISTOWN HOSPITAL
 400 HIGHLAND AVENUE
 LEWISTOWN, PA 17044-1198
 ...EXCELLENCE IN HEALTHCARE

PLEASE INCLUDE PATIENT# ON YOUR REMITTANCE.
 MAKE CHECKS PAYABLE TO "LEWISTOWN HOSPITAL"
 "WE ACCEPT VISA & MASTERCARD"
 DATE: 05/13/03

PATIENT-> [REDACTED] PT#: [REDACTED] REBILL [REDACTED]

MAIL TO [REDACTED] ADT DATE 03/19/03 DIS DATE 03/19/03

PHY# [REDACTED] MASSARA, NUNCIO Y ED AC

CUT HERE AND RETURN ABOVE PORTION WITH PAYMENT. THANK YOU

1. [REDACTED]
2. [REDACTED]

DATE	SERVICE DESCRIPTION		BALANCE
03/19/03	40313751 ELECTROCARDIOGRAM	1 730 93005	60.00
	TOTAL EKG/ECG		60.00
03/19/03	31706005 INSTRUCTION	1 942	12.00
	TOTAL EDUCATION/TRAINING		12.00
	TOTALS:		778.04
	PLEASE PAY THIS AMOUNT		778.04

*DATES POSTED ARE NOT NECESSARILY DATES OF SERVICE FED. ID. NO 23-135-2187

LAB COPY

WAL*MART VISION CENTER

Store #: 30-1507 Order #: 1157658
Entry Date: 05/19/2003 Assoc: MELETT S.

Patient:
Address:
City, ST:
Phone #:

Doctor: NARDIS, DEAN
Exam Dt: 05/19/2003 Expire Dt: 05/19/2005
Comment:
TRAY # 01144 Tint: GRAY 2 (GY2)

NTI	Lenstyp	Sphere	Cyl	Ass	Add	SegH
R: PL	FT28	+3.25	-0.75	25	+3.00	17.0
L: PL	FT28	+3.00	-0.75	67	+3.00	17.0

Order #: 1157658
Ord Date: 05/19/2003
Assoc: MELETT S.

FD	Far	Near	Hprism	Vprism	OC Ht	BCurv
R:	63.5	60.5	0.00	0.00	0.00	0.00
L:	63.5	60.5	0.00	0.00	0.00	0.00

Spec. Instr:

R 7874222748	22.50
FLAT TOP 28 PLASTIC	
L 7874222748	22.50
FLAT TOP 28 PLASTIC	
7874263958	15.00
REFRACTION	
60538842679	15.00
GRADIENT TINT & UV COAT	
68113127155	38.00
CONNIE II	

Frame: CONNIE II Color: BLUE
Eye/Brg: 54/13 A: 55.00 B: 43.00 ED: 58.00 DBL: 13.0

Rx UV Tint PD Seg Ht Lens Fit
Clear AR Lens Type Case & Cloth
4 Ft Align Correct Fr Size & Color
Order Notes:

PRE-TAX TOTAL: 113.00

7874222748	FLAT TOP 28 PLASTIC	22.50
7874222748	FLAT TOP 28 PLASTIC	22.50
7874263958	REFRACTION	15.00
60538842679	GRADIENT TINT & U	15.00
68113127155	CONNIE II	38.00
Tax at Register	SUB-TOTAL:	113.00

LAYAWAY #

Picking Prescription:	Sphere	Cyl	Axis
R	+3.25	-0.75	25
L	+3.00	-0.75	67

Due Date: 05/26/2003

Always
11144

THE LOW PRICE

Glasses

WAL*MART VISION CENTER

Wal-Mart Vision Center
LEWISTOWN (717) 248-5054

THANKS FOR CHOOSING
WAL*MART VISION CENTERS



CHRISTINA MEDICAL CENTER
 100 W. BROADWAY AVE
 DUNNVILLE, VA.
 570 571-8224
 FAX # 54-0725928

17022

BIRTH-DATE
 03/08/23

REG. NO.
 2
 REG. NO.
 002

IDENT NUMBER REG. AGE
 107873222 2 78

CLASS	DESCRIPTION	GROUP NUMBER	DESCRIPTION
1	228 WT FARM 22178		22012221138
2	MEDICARE		21212222212
3	144 AARP 00000		02221222441
BANK - MORGAN			

IF ADDRESS IS INCORRECT - PLEASE MAKE CORRECTION ON REVERSE SIDE.
 PLEASE PRINTING WITH POSTAGE WITH PAYMENT
 BY REVERSE SIDE FOR IMPORTANT INFORMATION.

	CHARGE DATE	TOTAL CHARGE	NET CHARGE BAL. OF NO. 1	NET CHARGE BAL. OF NO. 2	NET CHARGE BAL. OF NO. 3	NET CHARGE BAL. OF NO. 4	PAID AMOUNT
IS							
	2222.00	10410.00	10410.00				
	877.00	1724.00	1724.00				
	188.00	188.00					
	10376.50	10376.50					
	324.00	324.00					
	1028.00	1028.00					
	844.00	844.00					
	1170.00	1170.00					
	1548.00	1548.00					
	818.00	818.00					
	8018.00	8018.00					
	254.00	254.00					
	267.78	267.78					
	1981.57	1981.57					
	1508.20	1508.20					
	1463.78	1463.78					
	229.00	229.00					
	241.00	241.00					
	122.00	122.00					
	2212.00	2212.00					
ES		45471.00	45471.00				

IS FOR INPATIENT HOSPITAL SERVICES
 AT CHRISTINA MEDICAL CENTER. IT DOES NOT
 INCLUDE CHARGES. QUESTIONS REGARDING THE
 BILL BE DIRECTED TO 570-571-8224 OR IF OUT
 CALL CALLING AREA, DIAL 1-800-622-6050.
 NET PATIENT BALANCE DUE PROMPTLY.

45471.00 45471.00

AMOUNT TO BE PAID BY PATIENT OR OTHER PARTY
 TO ALL CHARGES
 NOT PAID BY PATIENT OR OTHER PARTY
 CENTER

PLEASE PRINT NAME AND ADDRESS OF PARTY THIS AMOUNT
 IS TO BE PAID TO
 CENTER

0.00

DUPLICATES WILL NOT BE PROVIDED

FOR INCOME TAX PURPOSES AND/OR TO FILE SECONDARY INSURANCE CLAIM.

GEISINGER HEALTH SYSTEM

PATIENT STATEMENT

43284653

THIS IS A STATEMENT FOR PROFESSIONAL SERVICES RENDERED BY YOUR PHYSICIAN. YOU MAY RECEIVE A SEPARATE BILL FROM THE HOSPITAL FOR ITS SERVICES.

SEE REVERSE SIDE FOR AN IMPORTANT MESSAGE REGARDING HEALTH INSURANCE.

BECAUSE WE ARE A TEACHING FACILITY, THE PHYSICIAN NAME APPEARING ON THIS STATEMENT IS THE SUPERVISING PHYSICIAN. THIS NAME MAY DIFFER FROM THE ACTUAL PHYSICIAN YOU SAW.

PATIENT NAME		AMOUNT PAID	
[REDACTED]		[REDACTED]	
BILL DATE	MEDICAL RECORD NO.		
03/22/03	[REDACTED]		

PLEASE USE DARK INK AND PRINT CLEARLY.

AMOUNT DUE: 45.00

CHECK HERE IF ADDRESS BELOW IS INCORRECT. PLEASE MAKE CORRECTION ON REVERSE SIDE.



GEISINGER CLINIC
PO BOX 828560
PHILADELPHIA PA 19182-8560

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

DATE OF SERVICE	DESCRIPTION OF SERVICE	AMOUNT
03/19/03	6 / Inv Num: 43284653 / EM 99288 PHYSICIAN DIRECTION OF EMERGENCY MEDICAL SYSTEMS (EM) EME SRIENDZIKLEWSKI M DIAGNOSIS: 959.8	45.00

STATEMENT DATE	PATIENT NAME	ACCOUNT NO.	PAY THIS AMOUNT
03/22/03	[REDACTED]	[REDACTED]	45.00

PAYMENTS RECEIVED AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT

WE ACCEPT MASTERCARD VISA, AND DISCOVER CARD
TAX ID # 28-8281118

MAKE CHECK PAYABLE AND FORWARD TO

GC
PO BOX 828560
PHILADELPHIA PA 19182-8560

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

THANK YOU FOR CHOOSING A GEISINGER HEALTH SYSTEM PHYSICIAN. PLEASE PAY THE AMOUNT SHOWN ABOVE WITHIN TEN (10) DAYS. NOTE: RETAIN THIS STATEMENT FOR YOUR RECORDS AS ADDITIONAL REQUESTS MAY RESULT IN A FEE.

Visit Summary for Maxine Horton (MR#5110737)

Appointment Information

<u>Date</u>	<u>Time</u>	<u>Provider</u>	<u>Department</u>	<u>Location</u>
5/09/03	11:15A	HARTER, G DEAN	ORTHOPAEDICS DANVI*	ABIGAIL CLINIC 4

Vital Signs: (None)

Allergies: (Not On File)

Orders

Today's Orders

WRIST AP & LATERAL

Return Appointments Scheduled This Visit

<u>Date</u>	<u>Time</u>	<u>Provider</u>	<u>Department</u>	<u>Location</u>
6/13/03	11:00A	HARTER, G DEAN	ORTHOPAEDICS DANVI*	ABIGAIL CLINIC 4

It is important to discuss with your doctor preventative health care such as Pap test and mammograms for adults and routine vaccinations for children.

Payment Information

PAID TO GEISINGER

Patient: [REDACTED]

Date of Service: 5/09/03

Method of Payment:

Ref#:

Amount Paid: \$0.00

Payment Received By: 7JE

Encounter Number: [REDACTED]

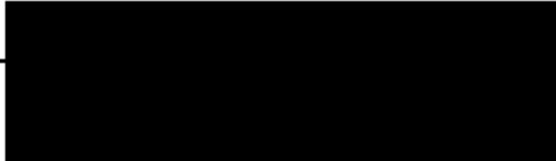
Hospital Billing #: [REDACTED]

PATIENT DETAIL STATEMENT

LEWISTOWN HOSPITAL
 400 HIGHLAND AVENUE
 LEWISTOWN, PA 17044-1198
 ...EXCELLENCE IN HEALTHCARE

PLEASE INCLUDE PATIENT# ON YOUR REMITTANCE.
 MAKE CHECKS PAYABLE TO "LEWISTOWN HOSPITAL"
 WE ACCEPT VISA & MASTERCARD
 DATE: 05/16/03

PATIENT->



PT#



MAIL TO

PHY# 095052
 MASSARA, NUNCIO

ADT DATE 03/19/03 DIS DATE 03/19/03

ED AU

CUT HERE AND RETURN ABOVE PORTION WITH PAYMENT. THANK YOU

1. _____

DATE	PROCEDURE CODE	SERVICE DESCRIPTION				BALANCE
03/19/03	40460206	CT ISOVUE 300 100 ML	1	255		177.17
TOTAL DRUGS/INCIDENT RAD						177.17
03/19/03	32305500	IV SUPPLIES	1	272		53.10
TOTAL STERILE SUPPLY						53.10
03/19/03	32306458	SPECIMEN COLLECT.FEE	1	300	G0001	8.00
03/19/03	40206500	SPECIMEN COLLECT.FEE	1	300	G0001	8.00
TOTAL LABORATORY						16.00
03/19/03	40127839	SGPT	1	301	84460	23.00
03/19/03	40127763	SGOT	1	301	84450	23.00
03/19/03	40126575	PHOSPHATASE ALKALINE	1	301	84075	25.00
03/19/03	40121683	BILIRUBIN DIRECT	1	301	82248	23.00
03/19/03	40121758	BILIRUBIN TOTAL	1	301	82247	23.00
03/19/03	40120842	ALBUMIN	1	301	82040	23.00
03/19/03	40127276	PROTEIN TOTAL	1	301	84155	21.00
03/19/03	40123788	GGT	1	301	82977	36.00
03/19/03	40120438	BASIC METABOLIC PANEL	1	301	80048	82.00
TOTAL LAB/CHEMISTRY						279.00
03/19/03	40162505	DIFFERENTIAL BLOOD	1	305	85007	30.00
03/19/03	40161507	CBC (WITH AUTO DIFF)	1	305	85025	29.00
TOTAL LAB/HEMOTOLOGY						59.00
03/19/03	40417651	WRIST W/OBLIQUE-RIGHT	1	320	73110RT	116.00
03/19/03	40419350	BEDSIDE CHEST SURVEY 1 VW	1	320	71010	62.00
03/19/03	40419053	BEDSIDE-C-SPINE/LAT	1	320	72020	88.00
03/19/03	40416356	SPINE-CERVICAL/AP,LA	1	320	72040	98.00

*DATES POSTED ARE NOT NECESSARILY DATES OF SERVICE FED. ID. NO 23-135-2187

LEWISTOWN HOSPITAL
 400 HIGHLAND AVENUE
 LEWISTOWN, PA 17044-1198
 ...EXCELLENCE IN HEALTHCARE

PLEASE INCLUDE PATIENT# ON YOUR REMITTANCE.
 MAKE CHECKS PAYABLE TO "LEWISTOWN HOSPITAL"
 "WE ACCEPT VISA & MASTERCARD"
 DATE: 05/16/03

PATIENT -> [REDACTED] PT# [REDACTED] REBILL [REDACTED]
 MAIL TO [REDACTED] ADT DATE | DIS DATE
 03/19/03 | 03/19/03
 PHY# 095052
 MASSARA, NUNCIO ED AU

CUT HERE AND RETURN ABOVE PORTION WITH PAYMENT. THANK YOU
 1. STATE FARM AUTO INS 1 CL#38K156755 AUG STATE FARM

DATE	PROCEDURE CODE	SERVICE DESCRIPTION				BALANCE
03/19/03	40411407	CHEST STUDY 2 VWS	1	320	71020	84.00
TOTAL RADIOLOGY DIAGNOSTIC						448.00
03/19/03	40464604	HEAD-UNENHANCED (CT)	1	351	70450	754.00
03/19/03	40463804	FACIAL BONES UNENH.	1	351	70486	730.00
TOTAL CT SCAN/HEAD						1,484.00
03/19/03	40462251	ABDOMEN W	1	352	74160	904.00
03/19/03	40465254	CT ABD/PELVIS ENHANCED	1	352	72193	0.00
TOTAL CT SCAN						904.00
03/19/03	32300758	CARE LEVEL 4	1	450	99284	345.00
TOTAL EMERGENCY ROOM						345.00
03/19/03	40464950	INJECTION SUPPLIES	1	621		48.80
TOTAL MED-SUR SUPP/INCIDENT						48.80
03/19/03	40313751	ELECTROCARDIOGRAM	1	730	93005	60.00
TOTAL EKG / ECG						60.00
TOTALS:						3,874.07

*DATES POSTED ARE NOT NECESSARILY DATES OF SERVICE FED. ID. NO 23-135-2187

LEWISTOWN HOSPITAL
400 HIGHLAND AVENUE
LEWISTOWN, PA 17044-1198
EXCELLENCE IN HEALTHCARE

Page: 3
PLEASE INCLUDE PATIENT# ON YOUR REMITTANCE.
MAKE CHECKS PAYABLE TO "LEWISTOWN HOSPITAL"
"WE ACCEPT VISA & MASTERCARD"
DATE: 05/16/03

IENT-> [REDACTED] PT# [REDACTED]
MAIL TO [REDACTED] ADT DATE 03/19/03 DIS DATE 03/19/03
PHY# 095052
MASSARA, NUNCIO ED AU

CUT HERE AND RETURN ABOVE PORTION WITH PAYMENT. THANK YOU

DATE PROCEDURE CODE SERVICE DESCRIPTION BALANCE

PLEASE PAY THIS AMOUNT 3,874.07

*DATES POSTED ARE NOT NECESSARILY DATES OF SERVICE FED: ID. NO 23-135-2187

EO83-818 8989

IN/OUT SURGERY

Geisinger Medical Center
Danville, PA 17822



PRE OPERATIVE INSTRUCTIONS

- A Responsible adult must be with you for 24 hours after surgery.
 - DO NOT drive, operate any appliances and/or machinery or sign legal documents for 24 hours.
- I have read and understand the above instructions. I agree to follow my doctor's instructions.

Patient's/Responsible Adult's Signature _____ R.N. _____ Date _____

N/A (These instructions are not applicable to this patient.)

POST-OP INSTRUCTIONS

1. Diet
- Start with clear liquids (jello, tea, apple juice), avoid dairy products (milk, cheese, pudding, ice cream) and fried, greasy foods. Progress to normal diet as tolerated.
 - If nausea should occur, have clear liquids only until soft foods can be tolerated.

2. Activity

- A responsible adult must be with the patient for 24 hours after surgery.
- Rest today and tomorrow, and then increase activity as tolerated.
- DO NOT drive, operate any appliances and/or machinery or sign legal documents for 24 hours.
- Other _____

3. Control of Pain

- Tylenol (dosage) _____
- Ibuprofen _____
- Prescription Recept 5/20 1-2 tabs po Q6h
- Other _____

Warnings

- Call your surgeon promptly in case of:
- a. Excessive bleeding
 - b. Fever > 101° F (38.3° centigrade)
 - c. Persistent nausea and vomiting
 - d. Redness, swelling or pus-like drainage
 - e. Pain that is not relieved by the medicine you were told to take
 - f. Other _____

5. Special Instructions

- a. Dressing change: Keep dressing intact
- b. Office appointment: Flu + need Dr. Hester
- Check your Patient Education Brochure for further information. If you have any further questions call (570) 271-6142 between the hours of 7:00 a.m. - 8:00 p.m. for the first 24 hours. After the initial 24 hours, please contact your physician at _____ After 8:00 p.m. or on the weekend, call (570) 271-6211 and ask for the physician on call. CareLink is available 24 hours a day at 1-800-276-6401.

Patient's / Responsible Adult's Signature [Signature] R.N. _____ Date 3/21/03 M.D. _____

White - Patient Yellow - Medical Record

ER63-010 8878

STATE FARM
PO BOX 14007
YORK, PA 17404

YORK MPC

APR 04 2003

HEALTH INSURANCE CLAIM FORM

1. PATIENT'S NAME (Last, First, Middle Initial) [REDACTED]

2. PATIENT'S BIRTH DATE: 03 08 1925

3. PATIENT RELATIONSHIP TO INSURED: Spouse

4. PATIENT STATUS: Single Married Other

5. OTHER INSURED'S NAME (Last, First, Middle Initial): N/A

6. OTHER INSURED'S POLICY OR GROUP NUMBER: N/A

7. OTHER INSURED'S DATE OF BIRTH: N/A

8. EMPLOYER'S NAME OR SCHOOL NAME: N/A

9. INSURANCE PLAN NAME OR PROGRAM NAME: N/A

10. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: [REDACTED] DATE: 03/17/2003

11. INSURED'S POLICY OR GROUP NUMBER: STATE FARM

12. INSURED'S DATE OF BIRTH: MM DD YY

13. EMPLOYER'S NAME OR SCHOOL NAME: N/A

14. INSURANCE PLAN NAME OR PROGRAM NAME: N/A

15. IS THERE ANOTHER HEALTH CARE PLAN? YES NO

16. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: [REDACTED] DATE: 03/17/2003

17. DATE OF CURRENT ILLNESS (MM DD YY): [REDACTED]

18. IS PATIENT HAS AND SAME OR SIMILAR ILLNESS? YES NO

19. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES: FROM MM DD YY TO MM DD YY

20. ICD-9-CM CODE: 070.00

21. CHARGES OR NATURE OF ILLNESS OR INJURY: (RELATE ITEMS 1, 2, 3, & 4 TO ITEM 21 BY LINE)

1. 813.42	2. 959.09
3. 959.1	4. 802.8

A. DATE OF SERVICE			B. PLACE OF SERVICE		C. PROVIDER, REFERRER, OR SUPPLIER		D. DIAGNOSIS CODE	E. CHARGE	F. DAYS OF USE	G. SPECIAL FEE	H. CODE	I. RESERVED FOR LOCAL USE
MM	DD	YY	MM	YY	OFFICE	HOSPITAL						
03	19	2003	23		70486	26	4	161.00	1			

22. PHYSICIAN OR SUPPLIER INFORMATION:

23. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE: MERCY MEDICAL IMAGING ASSOCIATION, 310 S. MAIN ST., PO BOX 480, YEAGERTOWN, PA 17099

24. PHYSICIAN'S SIGNATURE: ROBERT M LEVIN, DATE: 03/26/2003

25. FACILITY WHERE SERVICES WERE RENDERED: LEWISTOWN HOSP E/R, 400 HIGHLAND AVE, LEWISTOWN, PA 17044

PHYSICIAN OR SUPPLIER INFORMATION

STATE FARM
PO BOX 14007
YORK, PA 17404

YORK, PA

APR 04 2003

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPVA CRAMPVA GROUP HEALTH PLAN FICA BLK LIND OTHER

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE: 03 08 1925

4. INSURED'S POLICY OR PLAN, PROGRAM, ACCOUNT NUMBER

5. PATIENT RELATIONSHIP TO INSURED

6. PATIENT STATUS

7. INSURED'S ADDRESS (City, State, ZIP Code, Telephone)

8. OTHER INSURED'S NAME

9. OTHER INSURED'S POLICY OR GROUP NUMBER

10. OTHER INSURED'S DATE OF BIRTH

11. EMPLOYER'S NAME OR SCHOOL NAME

12. INSURANCE PLAN NAME OR PROGRAM NAME

13. IS THERE ANOTHER HEALTH BENEFIT PLAN?

LIMITS EXHAUSTED

14. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (with date)

15. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (with date)

SIGNATURE ON FILE DATE: 03/19/2003

16. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

18. I.D. NUMBER OF REFERRING PHYSICIAN: 0TH000

19. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

20. HOSPITALIZATION DATES RELATED TO CURRENT SERVICE

21. OUTSIDE LAB CHARGES

22. MEDICAL NECESSARINESS CODE

23. PRIOR AUTHORIZATION NUMBER

A	B DATE OF SERVICE			C	D	E	F	G	H	I	J	K
	MM	DD	YY									
03	19	2003	23			73110	26	RT	1	23	00	1
03	19	2003	23			71010	26		2	23	00	1
03	19	2003	23			72020	26	59	3	24	00	1
03	19	2003	23			74160	26		2	201	00	1
03	19	2003	23			72193	26		2	191	00	1
03	19	2003	23			70460	26		4	168	00	1

24. FEDERAL TAX I.D. NUMBER: 25-1452122

25. PATIENT'S ACCOUNT NO.: 10217*1

26. NAME AND ADDRESS OF FACILITY WHERE SERVICE WAS RENDERED: LEWISTOWN HOSP E/R, 400 HIGHLAND AVE, LEWISTOWN, PA 17044

27. PHYSICIAN, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE: MERCY MEDICAL IMAGING ASSOCIA, 310 S MAIN ST, PO BOX 485, YEAGERTOWN, PA 17099

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN (SSN or ID) FECA BILLING (SSN) OTHER

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) [REDACTED]

3. PATIENT'S BIRTH DATE MM DD YY 03 08 1925 SEX M

4. INSURED'S NAME (Last Name, First Name, Middle Initial) SAME

5. PATIENT RELATIONSHIP TO INSURED Self Spouse Other

6. PATIENT STATUS Single Married Other

7. INSURED'S ADDRESS (No. & Street) SAME

8. EMPLOYER'S NAME OR SCHOOL NAME

9. INSURANCE PLAN NAME OR PROGRAM NAME

10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT (CURRENT OR PREVIOUS) YES NO b. AUTO ACCIDENT PLACE (State) YES NO c. OTHER ACCIDENT YES NO

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. INSURED'S DATE OF BIRTH MM DD YY 03 08 1925 SEX M

13. EMPLOYER'S NAME OR SCHOOL NAME RLCO USA

14. INSURANCE PLAN NAME OR PROGRAM NAME

15. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits other to myself or to the party who accepts assignment below.

SIGNED: STANLEY ON FILE DATE: 03/26/2003

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the designated physician or supplier for services described below.

SIGNED: STANLEY ON FILE

14. DATE OF CURRENT ILLNESS (First visit) OR INJURY (Accident) OR PREGNANCY (AMP) MM DD YY 03 26 2003

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY

16. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17. LD. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 21 BY LINE)

1. I802.8 1.959.01

2. I27.44 4.050.1

22. MEDICAID POSSESSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

DATE OF SERVICE	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Specify Unusual Circumstances)	DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS	SPD? (Priority Paid)	SMB	DCR	RESERVED FOR LOCAL USE
03192003	03192003	23	1	99285	1,2,3,4	260.00	1			

LIMITS EXHAUSTED

ENCL-818 8873

24. FEDERAL TAX ID. NUMBER SSN EIN 25. PATIENT'S ACCOUNT NO. 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT (For gen. chrgs. see back) YES NO

28. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) LEWISTOWN HOSPITAL ER 400 HIGHLAND AVE LEWISTOWN PA 17044

29. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # FAMILY HEALTH ASSOCIATES 400 HIGHLAND AVENUE LEWISTOWN PA 17044

30. TOTAL CHARGE \$ 260.00 31. AMOUNT PAID \$ 060.00 32. BALANCE DUE \$ 200.00

33. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on this invoice apply to this bill and are made a part thereof.) NUNCIO MASSARA DO 03/26/2003 DATE

GEISINGER MEDICAL CENTER
P O BOX 228777
PHILADELPHIA PA 19182-8777
570-271-6224

3 PATIENT CONTROL NO.
3078107374

4 FED. TAX NO. 5 STATEMENT COVER PERIOD 6 COV D. 7 R-N-C-D. 8 P-C-ID. 9 I-L-R-D. 11
031903

12 PATIENT NAME 13 PATIENT ADDRESS

14 DATE 15 ICD-9-CM 16 ICD-9-CM 17 ICD-9-CM 18 ICD-9-CM 19 ICD-9-CM 20 ICD-9-CM 21 ICD-9-CM 22 ICD-9-CM 23 ICD-9-CM 24 ICD-9-CM 25 ICD-9-CM 26 ICD-9-CM 27 ICD-9-CM 28 ICD-9-CM 29 ICD-9-CM 30 ICD-9-CM 31 ICD-9-CM
03081925 F M 031903 10 1 7 01

32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37 OCCURRENCE CODE	38 OCCURRENCE DATE	39 OCCURRENCE CODE	40 OCCURRENCE DATE	41 OCCURRENCE CODE	42 OCCURRENCE DATE	43 OCCURRENCE CODE	44 OCCURRENCE DATE	45 OCCURRENCE CODE	46 OCCURRENCE DATE	47 OCCURRENCE CODE	48 OCCURRENCE DATE	49 OCCURRENCE CODE	50 OCCURRENCE DATE	51 OCCURRENCE CODE	

YORK
APR 24 2003

52 SERV. CODE	53 DESCRIPTION	54 HCPCS/RATE	55 SERV. DATE	56 SERV. UNITS	57 TOTAL CHARGES	58 NON-COVERED CHRG	59
545	AIR AMBULANCE	A0431	031903	1	460600		9A
545	AIR AMBULANCE	A0436	031903	1	471250		9A

"LIMITS EXHAUSTED"

Handwritten: Need to stamp

MEDICAL NOTES ATTACHED
Services performed in Level 1 Trauma Center
FULL PAYMENT DUE

OD1 TOTAL CHARGES

931850

60 PATIENT	61 PROVIDER NO.	62 SERV. DATE	63 PRIME PAYMENT	64 EST. AMOUNT DUE	65
	390086	031903		931850	

DUE FROM PATIENT

66 P.P.A.E.L.	67 GROUP NAME	68 INSURANCE GROUP NO.
01	STATE FARM	
01		
01	DOL 3-19-03	

69 TREATMENT AUTHORIZATION CODES	70 EMPLOYER NAME	71 EMPLOYER LOCATION

72 ICD-9-CM	73 ICD-9-CM	74 ICD-9-CM	75 ICD-9-CM	76 ICD-9-CM	77 ICD-9-CM	78 ICD-9-CM	79 ICD-9-CM	80 ICD-9-CM
9598								

81 PHYSICIAN	82 ATTENDING PHYS. ID	83 OTHER PHYS. ID	84 OTHER PHYS. ID	85 PROVIDER SIGNATURE	86 DATE
	D71750 SKIENDZIELW J			X	032703

ENG-018 0974

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0857

YORK
APR 24 2003

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS MEDI-MED HEALTH PLAN OTHER YES NO

2. PATIENT'S NAME LAST NAME, FIRST NAME, MIDDLE INITIAL: [REDACTED]

3. PATIENT'S BIRTH DATE: 03/08/1925 SEX: F M

4. PATIENT RELATIONSHIP TO INSURED: SELF SPOUSE PARENT OTHER

5. PATIENT STATUS: SINGLE MARRIED OTHER

6. EMPLOYMENT STATUS: EMPLOYED SELF-EMPLOYED NOT-EMPLOYED

7. EMPLOYER'S NAME OR SCHOOL NAME: [REDACTED]

8. INSURANCE PLAN NAME OR PROGRAM NAME: MEDICARE A & B #02

9. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: [REDACTED] SIGNATURE ON FILE DATE: 04/03/03

10. INSURED'S DATE OF BIRTH: [REDACTED] SEX: [REDACTED]

11. EMPLOYER'S NAME OR SCHOOL NAME: [REDACTED]

12. INSURANCE PLAN NAME OR PROGRAM NAME: [REDACTED]

13. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO

14. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: [REDACTED] SIGNATURE ON FILE

15. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION: FROM [REDACTED] TO [REDACTED]

16. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES: FROM 03/20/03 TO 03/27/03

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE: SKIENDZIELEMSKI MD, JOHN J.

18. I.D. NUMBER OF REFERRING PHYSICIAN: 802.4

19. REFERRED FOR LOCAL USE: GEISINGER MEDICAL CTR

20. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: B03.10, 802.4

21. MEDICARE REMITTANCE ORIGINAL REF. NO. CODE: 1813.42

22. PRIOR AUTHORIZATION NUMBER: [REDACTED]

A	B DATE OF SERVICE		C	D	E	F	G	H	I	J			
	MM	DD									MM	YY	CHARGES
	03	25	03	23	03	2	99231-57	1,2,3	106.00	1			
CONCURRENT CARE LEVEL I													

23. FEDERAL TAX I.D. NUMBER: 23-6291113

24. PATIENT'S ACCOUNT NO.: 4335226406655

25. TOTAL CHARGE: \$ 106.00

26. AMOUNT PAID: \$ 0.00

27. BALANCE DUE: \$ 106.00

28. SIGNATURE OF PHYSICIAN OR SUPPLIER: JOHN L FRODEL MD DATE: 04/03/03

29. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED: GEISINGER MEDICAL CT, 100 N ACADEMY AVE, DANVILLE, PA 17822

30. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE: GEISINGER CLINIC, ATTN: 18 QCC OTOLARYN GE582454, PO BOX 828729, PHILADELPHIA, PA 19182-8729

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

EMG-418 8075

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

VF

APPROVED OMB-0838-0008

YORK

APR 24 2003

HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE MEDICAID CHAMPUS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			GROUP HEALTH PLAN <input checked="" type="checkbox"/>			MEDA BLE LUNG <input type="checkbox"/>			OTHER <input checked="" type="checkbox"/>			14. INSURED'S ID. NUMBER FOR PROGRAM # FEB 17		
2. PATIENT'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) [REDACTED]			3. PATIENT'S BIRTH DATE 03 08 1925			4. PATIENT RELATIONSHIP TO INSURED SELF <input checked="" type="checkbox"/>			5. PATIENT STATUS SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/>			6. INSURED'S DATE OF BIRTH SEX M <input type="checkbox"/> F <input type="checkbox"/>		
7. EMPLOYER'S NAME OR SCHOOL NAME MEDICARE A B E R02			8. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			9. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			10. EMPLOYER'S NAME OR SCHOOL NAME			11. INSURANCE PLAN NAME OR PROGRAM NAME MEDICARE A B E R02		
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE SIGNATURE ON FILE			13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE SIGNATURE ON FILE			14. DATE PAYMENT UNABLE TO WORK IN CURRENT OCCUPATION FROM 03 20 03 TO 03 27 03			15. HOSPITALIZATION DATES RELATED TO CURRENT SERVICE FROM 03 20 03 TO 03 27 03			16. DATE OF CURRENT ILLNESS (INJURY ACCIDENT OR PREGNANCY)		
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE HORTON MD, DAVID J			17A. ID. NUMBER OF REFERRING PHYSICIAN			18. REQUIRED FOR LOCAL USE GEISINGER MEDICAL CTR			19. MEDICARE PERMISSUM ORIGINAL RELMO. CODE			20. PRIOR AUTHORIZATION NUMBER		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 5 BY LINE 1. 803.10 2. 813.42 3. E813.1			22. MEDICARE PERMISSUM ORIGINAL RELMO. CODE			23. PRIOR AUTHORIZATION NUMBER			24. A. DATES OF SERVICE FROM 03 24 03 TO 03 24 03			B. PLACE OF SERVICE 21		
24. FEDERAL TAX I.D. NUMBER 23-6291113			25. PATIENT'S ACCOUNT NO. 43352263066SS			26. TOTAL CHARGE 144.00			27. AMOUNT PAID 0.00			28. BALANCE DUE 144.00		
29. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED GEISINGER MEDICAL CT 100 N ACADEMY AVE DANVILLE, PA 17822			30. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE GEISINGER CLINIC ATTN: 1B QGC MED SURG 6E039000 PO BOX 828729 PHILADELPHIA, PA 19182-8729			31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS MATTHEW C INDECK MD			32. DATE 04/03/03			33. MEDICARE PERMISSUM ORIGINAL RELMO. CODE		

LIMITS EXHAUSTED

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

EMG-010 0378

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

YORK

HEALTH INSURANCE CLAIM FORM APR 24 2003

1. MEDICARE MEDICAID CHAMPUS CHAMPUS GROUP HEALTH PLAN OTHER		2. PATIENT'S BIRTH DATE		3. PATIENT'S SEX	
<input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPUS <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>		03 08 1925		M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
4. PATIENT RELATIONSHIP TO INSURED		5. PATIENT STATUS		6. INSURED'S DATE OF BIRTH	
<input checked="" type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER		MM DD YY	
7. IS THIS CLAIM SUBJECT TO LIMITS EXHAUSTION?		8. EMPLOYMENT/EMPLOYER OR PREVIOUS		9. EMPLOYER'S NAME OR SCHOOL NAME	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
10. RESERVED FOR LOCAL USE		11. AUTO ACCIDENT		12. INSURANCE PLAN NAME OR PROGRAM NAME	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		MEDICARE A & B #02	
13. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		14. SIGNATURE ON FILE		15. SIGNATURE ON FILE	
SIGNED: _____ DATE: 04/03/03		SIGNED: _____ DATE: _____		SIGNED: _____ DATE: _____	
16. DATE OF CURRENT ILLNESS FIRST SYMPTOM OR INJURY (ACCIDENT OR SURGERY DATE)		17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		18. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	
MM DD YY		WOOD MD, WILLIAM E		FROM MM DD YY TO MM DD YY	
19. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES		20. OUTSIDE LAB		21. MEDICAL REIMBURSEMENT CODE	
FROM MM DD YY TO MM DD YY		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		802.4	
22. FROM AUTHORIZER NUMBER		23. MEDICAL REIMBURSEMENT CODE		24. FROM AUTHORIZER NUMBER	
		802.4			
25. FEDERAL TAX I.D. NUMBER		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT?	
-6291113		4335154406GSS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE	
\$ 325.00		\$ 0.00		\$ 325.00	
31. PHYSICIAN, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE		32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED		33. PHYSICIAN, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE	
GEISINGER CLINIC ATTN: 18 QCC OPHTHALMOLOGY PO BOX 828729 PHILADELPHIA, PA 19182-8729		GEISINGER MEDICAL CT 100 N ACADEMY AVE DANVILLE, PA 17822		GEISINGER CLINIC ATTN: 18 QCC OPHTHALMOLOGY PO BOX 828729 PHILADELPHIA, PA 19182-8729	

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

5800-018 0977

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

NF

APPROVED OMB-0938-1008

YORK

APR 24 2003

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS MEDICARE # PERSONAL # SPOUSE'S #		2. PATIENT'S BIRTH DATE SEX 03 08 1925 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
3. EMPLOYER'S NAME OR SCHOOL NAME		4. INSURED'S DATE OF BIRTH SEX M <input type="checkbox"/> F <input type="checkbox"/>	
5. EMPLOYER'S NAME OR SCHOOL NAME		6. EMPLOYER'S NAME OR SCHOOL NAME	
7. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE SIGNATURE ON FILE		7. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE SIGNATURE ON FILE	
8. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE SKIENDZIELENSKI MD, JOHN		8. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM 03 20 03 TO 03 27 03	
9. RESERVED FOR LOCAL USE GEISINGER MEDICAL CTR		9. OUTSIDE LAB <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
10. DIAGNOSIS OR NATURE OF ILLNESS OR SURGICAL ITEM 1, 2, 3 OR 4 TO ITEM 24B BY LINE 803.10 802.4		10. MEDICARE REVISION CODE ORIGINAL REFILL	
11. DATES OF SERVICE MM DD YY MM DD YY 03 21 03 03 21 03		11. PRIOR AUTHORIZATION NUMBER	
12. FEDERAL TAX I.D. NUMBER 83-6291113		12. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 4335153806GSS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
13. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED GEISINGER MEDICAL CT 100 N ACADEMY AVE DANVILLE, PA 17822		13. PHYSICIAN, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE GEISINGER CLINIC ATTN: 18 Q6C OTOLARYN 6E582454 PO BOX 828729 PHILADELPHIA, PA 19182-8729	
14. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS JOHN L FRODEL MD		14. TOTAL CHARGE 28. AMOUNT PAID 29. BALANCE DUE 212.00 0.00 212.00	

LIMITS EXHAUSTED

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

FORM 810 8978

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

NF

APPROVED OMB-2538-0808

YORK

APR 24 2003

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN FICA MED LING OTHER

2. PATIENT'S BIRTH DATE SEX: 03/08/1929 F

3. PATIENT RELATIONSHIP TO INSURED: SELF

4. PATIENT STATUS: SINGLE

5. IS PATIENT'S CONDITION RELATED TO: LIMITS EXHAUSTED

6. EMPLOYER'S NAME OR SCHOOL NAME

7. INSURANCE PLAN NAME OR PROGRAM NAME: MEDICARE A & B HD2

8. OTHER INSURED'S DATE OF BIRTH

9. EMPLOYER'S NAME OR SCHOOL NAME

10. INSURANCE PLAN NAME OR PROGRAM NAME

11. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: SIGNATURE ON FILE 04/03/03

12. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: SIGNATURE ON FILE

13. NAME OF REFERRED PHYSICIAN OR OTHER SOURCE: SKIENDZIELEWSKI MD, JOHN

14. RESERVED FOR LOCAL USE: GEISINGER MEDICAL CTR

15. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: 803.10, 802.4, 813.42

16. DATE'S PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES: 03/20/03 TO 03/27/03

18. OUTSIDE LAB

19. MEDICARE RESUBMISSION ORIGINAL REF NO

20. PRIOR AUTHORIZATION NUMBER

A	B	C	D	E	F	G	H	I	J	K	
DATE OF SERVICE	PLAN OR SERVICE	TYPE OF SERVICE	PROCEDURE, SERVICE OR SUPPLY	DIAGNOSIS CODE	CHARGE	DATE OF SERVICE	PLAN OR SERVICE	TYPE OF SERVICE	PROCEDURE, SERVICE OR SUPPLY	DIAGNOSIS CODE	CHARGE
03/2003		21	99254 CONSULT INPT, L VL 4, INITIAL	1,2,3	258.00						

21. FEDERAL TAX I.D. NUMBER: 23-6291113

22. PATIENT'S ACCOUNT NO: 433515360688

23. TOTAL CHARGE: 258.00

24. AMOUNT PAID: 0.00

25. BALANCE DUE: 258.00

26. SIGNATURE OF PHYSICIAN OR SUPPLIER: WILLIAM E WOOD MD

27. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED: GEISINGER MEDICAL CT, 100 N ACADEMY AVE, DANVILLE, PA 17822

28. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE: GEISINGER CLINIC, ATTN: 18 QGC OTOLARYN GE582454, PO BOX 828729, PHILADELPHIA, PA 19182-8729

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

PLEASE DO NOT STAPLE IN THIS AREA
STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

YORK

HEALTH INSURANCE CLAIM FORM APR 24 2003

1. MEDICARE MEDICAID CHAMPUS MEDIAPVA GROUP HEALTH PLAN FEDERAL LIMITS OTHER

2. PATIENT'S BIRTH DATE SEX
03/08/1925M F

3. PATIENT RELATIONSHIP TO INSURED
 SELF CHILD OTHER

4. PATIENT STATUS
SINGLE MARRIED OTHER

5. EMPLOYED FULL-TIME PART-TIME RETIRED

6. EMPLOYER'S NAME OR SCHOOL NAME

7. INSURANCE PLAN NAME OR PROGRAM NAME
MEDICARE A & B MO2

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNATURE ON FILE DATE 04/03/03

LIMITS EXHAUSTED

13. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE
SKIENDZIELEWSKI MD, JOHN

14. L.S. NUMBER OF REFERRING PHYSICIAN
803.10

15. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
FROM 03/20/03 TO 03/27/03

16. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
FROM 03/20/03 TO 03/27/03

17. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, RELATE THEM 1, 2, 3 OR 4 TO ITEM 21 BY ICD
803.10

18. RESERVED FOR LOCAL USE
GEISINGER MEDICAL CTR

19. OUTSIDE LAB YES NO

20. MEDICAR REIMBURSEMENT CODE ORIGINAL NO. 20

21. PRIOR AUTHORIZATION NUMBER

A		B		C		D		E		F		G		H		I		J	
DATE	FROM	TO	ICD	ICD	ICD	ICD	ICD	ICD	ICD	CHARGE	DR	PER	PLAN	AMOUNT	COB	RESERVED	FOR	LOCAL	USE
03	2003				21	99253-25		1,2	207.00	1									
						CONSULT, INPT, L													
						VL 3, INITIAL													

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

22. FEDERAL TAX I.D. NUMBER
87-6291113

23. PATIENT'S ACCOUNT NO.
43351534066SS

24. TOTAL CHARGE
207.00

25. AMOUNT PAID
0.00

26. BALANCE DUE
207.00

27. SIGNATURE OF PHYSICIAN OR SUPPLIER
JOHN M PARENTI MD

28. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED
GEISINGER MEDICAL CT
100 N ACADEMY AVE
DANVILLE, PA 17822

29. PHYSICIAN, SUPPLIER BILLING NAME, ADDRESS, ZIP CODE
GEISINGER CLINIC
ATTN 1B G6C ORTHOPAEDICSGE13376
PO BOX 828729
PHILADELPHIA, PA 19182-8729

PLEASE STATE FARM E59
DO NOT PO BOX 14007
STAPLE YORK, PA 17404-0867
IN THIS AREA

YORK

HEALTH INSURANCE CLAIM FORM APR 24 2003

1. MEDICARE MEDICAID CHAMPUS GROUP HEALTH PLAN FECA OR LUNG OTHER
 MEDICARE MEDICAID CHAMPUS GROUP HEALTH PLAN FECA OR LUNG OTHER

2. PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL) 3. PATIENT'S BIRTH DATE SEX
[REDACTED] 03/08/1925 [] F [X] M

4. PATIENT RELATIONSHIP TO INSURED
Wife [X] Spouse [] Child [] Other []
5. PATIENT STATUS
Single [] Married [] Other []
6. EMPLOYER'S NAME OR SCHOOL NAME
[REDACTED]

7. INSURANCE PLAN NAME OR PROGRAM NAME
MEDICARE A & B #02
10. RESERVED FOR LOCAL USE

8. EMPLOYER'S NAME OR SCHOOL NAME
9. INSURANCE PLAN NAME OR PROGRAM NAME
11. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNATURE ON FILE 04/03/03

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNATURE ON FILE 04/03/03
13. DATE OF CURRENT ILLNESS ONSET OR INJURY ACCIDENT OR PHYSICIAN VISIT
MM DD YY

14. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE
SKIENDZIELEWSKI MD, JOHN
15. LD. NUMBER OF REFERRING PHYSICIAN
803.10

16. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (LIST ICD-9 OR ICD-10 CODE BY LINE)
1. 813.42
2. E813.1

17. DATE PAYMENT UNABLE TO WORK IN CURRENT OCCUPATION
FROM MM DD YY TO MM DD YY
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICE
FROM MM DD YY TO MM DD YY
03/20/03 TO 03/27/03

Table with 10 columns: A, B, C, D, E, F, G, H, I, J. Row 1: 03/2003, 2, 25600-RT, 1,2, 607.00, 1, [REDACTED], [REDACTED], [REDACTED]

Table with 10 columns: A, B, C, D, E, F, G, H, I, J. Row 1: [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]

19. FEDERAL TAX I.D. NUMBER: 63-6291113
20. PATIENT'S ACCOUNT NO.: 4335152806GSS
21. TOTAL CHARGE: 607.00
22. AMOUNT PAID: 0.00
23. BALANCE DUE: 607.00

24. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED
GEISINGER MEDICAL CT
100 N ACADEMY AVE
DANVILLE, PA 17022
25. PHYSICIAN'S SUPPLIER BILLING NAME, ADDRESS, ZIP CODE
GEISINGER CLINIC
ATTN 1B 86C ORTHOPAEDICS 6E1337
PO BOX 828729
PHILADELPHIA, PA 19182-8729

26. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS
JOHN M PARENTI, MD
DATE: 04/03/03
27. ACCEPT ASSIGNMENT
[X] YES [] NO

28. APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88
PLEASE PRINT OR TYPE 570-271-6689 FORM HCFA-100 (12-80)

LIMITS EXHAUSTED

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

YORK

HEALTH INSURANCE CLAIM FORM APR 24 2003

1. MEDICARE MEDICAID CHAMPUS
 MEDICARE # MEDICAID # CHAMPUS # GROUP HEALTH PLAN TRICA OTHER

2. PATIENT'S NAME LAST NAME FIRST NAME (INCLUDE INITIALS) 3. PATIENT'S BIRTH DATE SEX
 [REDACTED] 03 | 08 | 1925 M

4. PATIENT RELATIONSHIP TO INSURED
 SELF SPOUSE WIFE OTHER

5. PATIENT STATUS
 SINGLE MARRIED OTHER

EMPLOYED FULL-TIME STUDENT PART-TIME STUDENT

6. EMPLOYER'S NAME OR SCHOOL NAME

7. INSURANCE PLAN NAME OR PROGRAM NAME
 MEDICARE A & B #02

8. INSURED'S DATE OF BIRTH SEX
 [REDACTED] M F

9. EMPLOYER'S NAME OR SCHOOL NAME

10. INSURED'S DATE OF BIRTH SEX
 [REDACTED] M F

11. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
 SIGNED: [REDACTED] DATE: 04/03/03

12. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
 SIGNED: [REDACTED] DATE: 04/03/03

13. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE
 HORTON MD, DAVID J

14. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
 FROM 03 20 03 TO 03 27 03

15. CHARGES OR SERVICES
 20. OUTSIDE LAB CHARGES YES NO

16. MEDICARE REIMBURSEMENT ORIGINAL REF ID
 21. PRIOR AUTHORIZATION NUMBER

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE
 HORTON MD, DAVID J

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
 FROM 03 20 03 TO 03 27 03

19. CHARGES OR SERVICES
 22. MEDICARE REIMBURSEMENT ORIGINAL REF ID

20. OUTSIDE LAB CHARGES YES NO

21. PRIOR AUTHORIZATION NUMBER

A	DATE OF SERVICE		B	C	D	E	F	G	H	I	J	K
	MM	DD										
1	03	25	03	26	03	2	99232	1,2,3	288.00	2		
							SUBSEQ HOSP CAR E, LVL II					
2	03	27	03			2	99238	1,2,3	125.00	1		
							HOSPITAL DISCHARGE DAY MANAGER ENT 30 MINUTES OR LESS					

23. FEDERAL TAX I.D. NUMBER 24. PATIENT'S ACCOUNT NO. 25. ACCEPT ASSIGNMENT? 26. TOTAL CHARGE 27. AMOUNT PAID 28. BALANCE DUE
 03-6291113 4335152406685 YES NO \$ 413.00 \$ 0.00 \$ 413.00

29. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED 30. PHYSICIAN, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE
 GEISINGER MEDICAL CT 100 N ACADEMY AVE DANVILLE, PA 17822
 GEISINGER CLINIC ATTN 18 QGC MED SURG 6E039000 PO BOX 828729 PHILADELPHIA, PA 19182-8729

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

YORK

APR 24 2003

HEALTH INSURANCE CLAIM FORM

FORM 100-100

1. MEDICARE MEDICAID CHAMPUS OTHER GROUP HEALTH PLAN OTHER

2. PATIENT'S BIRTH DATE: 08/19/29 SEX: F

3. PATIENT RELATIONSHIP TO INSURED: OTHER SELF OTHER

4. PATIENT STATUS: SINGLE MARRIED OTHER

5. EMPLOYER'S NAME OR SCHOOL NAME: [REDACTED]

6. INSURANCE PLAN NAME OR PROGRAM NAME: MEDICARE A & B #02

7. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: [REDACTED] DATE: 04/03/03

8. INSURED'S DATE OF BIRTH: [REDACTED] SEX: M

9. EMPLOYER'S NAME OR SCHOOL NAME: [REDACTED]

10. INSURANCE PLAN NAME OR PROGRAM NAME: [REDACTED]

11. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO

12. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: [REDACTED] DATE: 04/03/03

13. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE: HORTON MD, DAVID J

14. I.D. NUMBER OF REFERRING PHYSICIAN: [REDACTED]

15. HOSPITALIZATION DATES RELATED TO CURRENT SERVICE: FROM 03/20/03 TO 03/27/03

16. OUTSIDE LAB: YES NO

17. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: 803.10, 813.42, E813.1

18. MEDICAL REQUIREMENT CODE: [REDACTED]

19. PRIOR AUTHORIZATION NUMBER: [REDACTED]

A	B	C	D	E	F	G	H	I	J	K
DATE OF SERVICE	PLAN	TYPE OF SERVICE	PROCEDURE, SERVICE OR SUPPLY	DISEASE CODE	\$ CHARGE	COV BY PLAN	EMG	COB	RESERVED FOR LOCAL USE	
03/23/03	03/23/03	21	99232	1,2,3	144.00	1				
			SUBSEQ HOSP CAR							
			E, LVL II							

20. FEDERAL TAX I.D. NUMBER: 3-6291113

21. PATIENT'S ACCOUNT NO.: 4335154906688

22. ACCEPT ASSIGNMENT? YES NO

23. TOTAL CHARGE: 144.00

24. AMOUNT PAID: 0.00

25. BALANCE DUE: 144.00

26. SIGNATURE OF PHYSICIAN OR SUPPLIER: MATTHEW C INDECK MD DATE: 04/03/03

27. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED: GEISINGER MEDICAL CT, 100 N ACADEMY AVE, DANVILLE, PA 17822

28. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE: GEISINGER CLINIC, ATTN 1B QGC MED SURG GE039000, PO BOX 828729, PHILADELPHIA, PA 19182-8729

LIMITS EXHAUSTED

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

YORK

APR 24 2003

HEALTH INSURANCE CLAIM FORM

FORM XXX

1. MEDICARE MEDICAID CHAMPUS GROUP HEALTH PLAN OTHER

2. PATIENT'S NAME LAST NAME, FIRST NAME, MIDDLE INITIAL: [REDACTED]
3. PATIENT'S BIRTH DATE SEX: 03/08/1925 [] F [X] M

4. PATIENT RELATIONSHIP TO INSURED
 SELF [X] SPOUSE [] CHILD [] OTHER []

5. PATIENT STATUS
 SINGLE [] MARRIED [] OTHER []
 EMPLOYED [] UNEMPLOYED [] PART-TIME EMPLOYED []

6. OTHER INSURED'S DATE OF BIRTH SEX: MM/DD/YY [] M [] F []

7. EMPLOYER'S NAME OR SCHOOL NAME

8. INSURANCE PLAN NAME OR PROGRAM NAME
 MEDICARE A & B NO2

9. INSURED'S DATE OF BIRTH SEX: MM/DD/YY [] M [] F []

10. EMPLOYER'S NAME OR SCHOOL NAME

11. INSURANCE PLAN NAME OR PROGRAM NAME

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE SIGNATURE ON FILE: 04/03/03
 SIGNED: [] DATE: 04/03/03

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE SIGNATURE ON FILE
 SIGNED: [] DATE: []

14. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
 FROM 03/20/03 TO 03/27/03

15. OUTSIDE LAB YES [] NO [X] CHARGES: []

16. MEDICARE RESUBMISSION ORIGINAL REF NO. CODE: []

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE
 HORTON, MD, DAVID J

18. RESERVED FOR LOCAL USE
 GEISINGER MEDICAL CTR

19. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY ICD-9 CM 1,2,3 OR 4 TO ITEM 24E BY LINE
 1. 803.10 2. E813.1

A	DATE OF SERVICE FROM TO	B	C	D	E	F	G	H	I	J	K
	03/22/03	21		99232	1,2,3	144.00	1				
				SUBSEQ HOSP CAR							
				E, LVL II							

20. FEDERAL TAX ID NUMBER SSN: 7-6291113

21. PATIENT'S ACCOUNT NO. 43351517066SS

22. PHYSICIAN'S BILLING NAME, ADDRESS, ZIP CODE
 GEISINGER CLINIC
 ATTN: 18 QGC MED SURG 6E039000
 PO BOX 82B729
 PHILADELPHIA, PA 19182-8729

23. TOTAL CHARGE \$ 144.00
24. AMOUNT PAID \$ 0.00
25. BALANCE DUE \$ 144.00

26. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED
 GEISINGER MEDICAL CT
 100 N ACADEMY AVE
 DANVILLE, PA 17822

27. ACCEPT ASSIGNMENT? YES [X] NO []

28. PHYSICIAN'S SIGNATURE MATTHEW C INDECK MD
 SIGNED: [] DATE: 04/03/03

Services performed in Level I Trauma Center FULL PAYMENT DUE

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

YORK

APR 24 2003

HEALTH INSURANCE CLAIM FORM

PCA X XX

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		2. PATIENT'S NAME LAST NAME, FIRST NAME, MIDDLE INITIAL		3. PATIENT'S BIRTH DATE		4. PATIENT'S RELATIONSHIP TO INSURED		5. PATIENT STATUS		6. EMPLOYER'S NAME OR SCHOOL NAME	
7. PATIENT'S BIRTH DATE		8. PATIENT'S RELATIONSHIP TO INSURED		9. PATIENT STATUS		10. IS PATIENT'S CONDITION RELATED TO		11. INSURED'S POLICY GROUP OR FECA NUMBER		12. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
10. IS PATIENT'S CONDITION RELATED TO		11. INSURED'S POLICY GROUP OR FECA NUMBER		12. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE		13. DATE OF BIRTH		14. EMPLOYER'S NAME OR SCHOOL NAME		15. INSURANCE PLAN NAME OR PROGRAM NAME	
13. DATE OF BIRTH		14. EMPLOYER'S NAME OR SCHOOL NAME		15. INSURANCE PLAN NAME OR PROGRAM NAME		16. IS THERE ANOTHER HEALTH BENEFIT PLAN		17. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE		18. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	
16. IS THERE ANOTHER HEALTH BENEFIT PLAN		17. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE		18. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION		19. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES		20. OUTSIDE LAB		21. MEDICAD RE submission ORIGINAL REF. NO.	
18. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION		19. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES		20. OUTSIDE LAB		21. MEDICAD RE submission ORIGINAL REF. NO.		22. PRIOR AUTHORIZATION NUMBER		23. FEDERAL TAX ID NUMBER	
19. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES		20. OUTSIDE LAB		21. MEDICAD RE submission ORIGINAL REF. NO.		22. PRIOR AUTHORIZATION NUMBER		23. FEDERAL TAX ID NUMBER		24. PATIENT'S ACCOUNT NO.	
20. OUTSIDE LAB		21. MEDICAD RE submission ORIGINAL REF. NO.		22. PRIOR AUTHORIZATION NUMBER		23. FEDERAL TAX ID NUMBER		24. PATIENT'S ACCOUNT NO.		25. ACCEPT ASSIGNMENT	
21. MEDICAD RE submission ORIGINAL REF. NO.		22. PRIOR AUTHORIZATION NUMBER		23. FEDERAL TAX ID NUMBER		24. PATIENT'S ACCOUNT NO.		25. ACCEPT ASSIGNMENT		26. TOTAL CHARGE	
22. PRIOR AUTHORIZATION NUMBER		23. FEDERAL TAX ID NUMBER		24. PATIENT'S ACCOUNT NO.		25. ACCEPT ASSIGNMENT		26. TOTAL CHARGE		27. AMOUNT PAID	
23. FEDERAL TAX ID NUMBER		24. PATIENT'S ACCOUNT NO.		25. ACCEPT ASSIGNMENT		26. TOTAL CHARGE		27. AMOUNT PAID		28. BALANCE DUE	
24. PATIENT'S ACCOUNT NO.		25. ACCEPT ASSIGNMENT		26. TOTAL CHARGE		27. AMOUNT PAID		28. BALANCE DUE		29. PHYSICIAN, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE	
25. ACCEPT ASSIGNMENT		26. TOTAL CHARGE		27. AMOUNT PAID		28. BALANCE DUE		29. PHYSICIAN, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE		30. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED	
26. TOTAL CHARGE		27. AMOUNT PAID		28. BALANCE DUE		29. PHYSICIAN, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE		30. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED		31. SIGNATURE OF PHYSICIAN OR SUPPLIER	
27. AMOUNT PAID		28. BALANCE DUE		29. PHYSICIAN, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE		30. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED		31. SIGNATURE OF PHYSICIAN OR SUPPLIER		32. DATE	
28. BALANCE DUE		29. PHYSICIAN, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE		30. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED		31. SIGNATURE OF PHYSICIAN OR SUPPLIER		32. DATE		33. APPROVED BY ABA COUNCIL ON MEDICAL SERVICE	
29. PHYSICIAN, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE		30. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED		31. SIGNATURE OF PHYSICIAN OR SUPPLIER		32. DATE		33. APPROVED BY ABA COUNCIL ON MEDICAL SERVICE		34. PLEASE PRINT OR TYPE	
30. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED		31. SIGNATURE OF PHYSICIAN OR SUPPLIER		32. DATE		33. APPROVED BY ABA COUNCIL ON MEDICAL SERVICE		34. PLEASE PRINT OR TYPE		35. 570-271-5689	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER		32. DATE		33. APPROVED BY ABA COUNCIL ON MEDICAL SERVICE		34. PLEASE PRINT OR TYPE		35. 570-271-5689		36. FORM OWCP-1800	
32. DATE		33. APPROVED BY ABA COUNCIL ON MEDICAL SERVICE		34. PLEASE PRINT OR TYPE		35. 570-271-5689		36. FORM OWCP-1800		37. FORM APR-1800	
33. APPROVED BY ABA COUNCIL ON MEDICAL SERVICE		34. PLEASE PRINT OR TYPE		35. 570-271-5689		36. FORM OWCP-1800		37. FORM APR-1800		38. 620	
34. PLEASE PRINT OR TYPE		35. 570-271-5689		36. FORM OWCP-1800		37. FORM APR-1800		38. 620		39. 620	
35. 570-271-5689		36. FORM OWCP-1800		37. FORM APR-1800		38. 620		39. 620		40. 620	
36. FORM OWCP-1800		37. FORM APR-1800		38. 620		39. 620		40. 620		41. 620	
37. FORM APR-1800		38. 620		39. 620		40. 620		41. 620		42. 620	
38. 620		39. 620		40. 620		41. 620		42. 620		43. 620	
39. 620		40. 620		41. 620		42. 620		43. 620		44. 620	
40. 620		41. 620		42. 620		43. 620		44. 620		45. 620	
41. 620		42. 620		43. 620		44. 620		45. 620		46. 620	
42. 620		43. 620		44. 620		45. 620		46. 620		47. 620	
43. 620		44. 620		45. 620		46. 620		47. 620		48. 620	
44. 620		45. 620		46. 620		47. 620		48. 620		49. 620	
45. 620		46. 620		47. 620		48. 620		49. 620		50. 620	
46. 620		47. 620		48. 620		49. 620		50. 620		51. 620	
47. 620		48. 620		49. 620		50. 620		51. 620		52. 620	
48. 620		49. 620		50. 620		51. 620		52. 620		53. 620	
49. 620		50. 620		51. 620		52. 620		53. 620		54. 620	
50. 620		51. 620		52. 620		53. 620		54. 620		55. 620	
51. 620		52. 620		53. 620		54. 620		55. 620		56. 620	
52. 620		53. 620		54. 620		55. 620		56. 620		57. 620	
53. 620		54. 620		55. 620		56. 620		57. 620		58. 620	
54. 620		55. 620		56. 620		57. 620		58. 620		59. 620	
55. 620		56. 620		57. 620		58. 620		59. 620		60. 620	
56. 620		57. 620		58. 620		59. 620		60. 620		61. 620	
57. 620		58. 620		59. 620		60. 620		61. 620		62. 620	
58. 620		59. 620		60. 620		61. 620		62. 620		63. 620	
59. 620		60. 620		61. 620		62. 620		63. 620		64. 620	
60. 620		61. 620		62. 620		63. 620		64. 620		65. 620	
61. 620		62. 620		63. 620		64. 620		65. 620		66. 620	
62. 620		63. 620		64. 620		65. 620		66. 620		67. 620	
63. 620		64. 620		65. 620		66. 620		67. 620		68. 620	
64. 620		65. 620		66. 620		67. 620		68. 620		69. 620	
65. 620		66. 620		67. 620		68. 620		69. 620		70. 620	
66. 620		67. 620		68. 620		69. 620		70. 620		71. 620	
67. 620		68. 620		69. 620		70. 620		71. 620		72. 620	
68. 620		69. 620		70. 620		71. 620		72. 620		73. 620	
69. 620		70. 620		71. 620		72. 620		73. 620		74. 620	
70. 620		71. 620		72. 620		73. 620		74. 620		75. 620	
71. 620		72. 620		73. 620		74. 620		75. 620		76. 620	
72. 620		73. 620		74. 620		75. 620		76. 620		77. 620	
73. 620		74. 620		75. 620		76. 620		77. 620		78. 620	
74. 620		75. 620		76. 620		77. 620		78. 620		79. 620	
75. 620		76. 620		77. 620		78. 620		79. 620		80. 620	
76. 620		77. 620		78. 620		79. 620		80. 620		81. 620	
77. 620		78. 620		79. 620		80. 620		81. 620		82. 620	
78. 620		79. 620		80. 620		81. 620		82. 620		83. 620	
79. 620		80. 620		81. 620		82. 620		83. 620		84. 620	
80. 620		81. 620		82. 620		83. 620		84. 620		85. 620	
81. 620		82. 620		83. 620		84. 620		85. 620		86. 620	
82. 620		83. 620		84. 620		85. 620		86. 620		87. 620	
83. 620		84. 620		85. 620		86. 620		87. 620		88. 620	
84. 620		85. 620		86. 620		87. 620		88. 620		89. 620	
85. 620		86. 620		87. 620		88. 620		89. 620		90. 620	
86. 620		87. 620		88. 620		89. 620		90. 620		91. 620	
87. 620		88. 620		89. 620		90. 620		91. 620		92. 620	
88. 620		89. 620		90. 620		91. 620		92. 620		93. 620	
89. 620		90. 620		91. 620		92. 620		93. 620		94. 620	
90. 620		91. 620		92. 620		93. 620		94. 620		95. 620	
91. 620		92. 620		93. 620		94. 620		95. 620		96. 620	
92. 620		93. 620		94. 620		95. 620		96. 620		97. 620	
93. 620		94. 620		95. 620		96. 620		97. 620		98. 620	
94. 620		95. 620		96. 620		97. 620		98. 620		99. 620	
95. 620		96. 620		97. 620		98. 620		99. 620		100. 620	

LIMITS EXHAUSTED

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

9803-018-0008

PLEASE DO NOT STAPLE IN THIS AREA
STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

YORK
APR 24 2003

HEALTH INSURANCE CLAIM FORM

FIGA X17

1. MEDICARE <input type="checkbox"/> MEDICARE # <input type="checkbox"/> MEDICARE # <input type="checkbox"/> SPONSOR'S # <input type="checkbox"/> MA PLAN # <input type="checkbox"/>		2. GROUP HEALTH PLAN <input type="checkbox"/> HEALTH PLAN # <input type="checkbox"/> PLAN # <input type="checkbox"/>		3. PICA <input type="checkbox"/> PICA # <input type="checkbox"/> PLAN # <input type="checkbox"/>		4. OTHER <input checked="" type="checkbox"/> OTHER # <input type="checkbox"/>	
5. PATIENT'S NAME (LAST, FIRST, MIDDLE, INITIAL)		6. PATIENT'S BIRTH DATE MM DD YY 03 08 1925		7. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F		8. PATIENT RELATIONSHIP TO INSURED <input checked="" type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER	
9. PATIENT STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER		10. EMPLOYED <input type="checkbox"/> EMPLOYED <input type="checkbox"/> FULL-TIME STUDENT <input type="checkbox"/> PART-TIME STUDENT		11. IS PATIENT'S CURRENT HEALTH POLICY UNDER PICA OR FIGA NUMBER		12. INSURED'S DATE OF BIRTH MM DD YY	
13. EMPLOYMENT/INCLUSION ON PREVIOUS		14. DATE ACCIDENT		15. PLACE/STATE		16. EMPLOYER'S NAME OR SCHOOL NAME	
17. OTHER ACCIDENT		18. RESERVED FOR LOCAL USE		19. IS THERE ANOTHER HEALTH BENEFIT PLAN		20. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
21. OTHER ACCIDENT		22. RESERVED FOR LOCAL USE		23. IS THERE ANOTHER HEALTH BENEFIT PLAN		24. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
25. OTHER ACCIDENT		26. RESERVED FOR LOCAL USE		27. IS THERE ANOTHER HEALTH BENEFIT PLAN		28. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
29. OTHER ACCIDENT		30. RESERVED FOR LOCAL USE		31. IS THERE ANOTHER HEALTH BENEFIT PLAN		32. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
33. OTHER ACCIDENT		34. RESERVED FOR LOCAL USE		35. IS THERE ANOTHER HEALTH BENEFIT PLAN		36. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
37. OTHER ACCIDENT		38. RESERVED FOR LOCAL USE		39. IS THERE ANOTHER HEALTH BENEFIT PLAN		40. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
41. OTHER ACCIDENT		42. RESERVED FOR LOCAL USE		43. IS THERE ANOTHER HEALTH BENEFIT PLAN		44. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
45. OTHER ACCIDENT		46. RESERVED FOR LOCAL USE		47. IS THERE ANOTHER HEALTH BENEFIT PLAN		48. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
49. OTHER ACCIDENT		50. RESERVED FOR LOCAL USE		51. IS THERE ANOTHER HEALTH BENEFIT PLAN		52. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
53. OTHER ACCIDENT		54. RESERVED FOR LOCAL USE		55. IS THERE ANOTHER HEALTH BENEFIT PLAN		56. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
57. OTHER ACCIDENT		58. RESERVED FOR LOCAL USE		59. IS THERE ANOTHER HEALTH BENEFIT PLAN		60. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
61. OTHER ACCIDENT		62. RESERVED FOR LOCAL USE		63. IS THERE ANOTHER HEALTH BENEFIT PLAN		64. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
65. OTHER ACCIDENT		66. RESERVED FOR LOCAL USE		67. IS THERE ANOTHER HEALTH BENEFIT PLAN		68. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
69. OTHER ACCIDENT		70. RESERVED FOR LOCAL USE		71. IS THERE ANOTHER HEALTH BENEFIT PLAN		72. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
73. OTHER ACCIDENT		74. RESERVED FOR LOCAL USE		75. IS THERE ANOTHER HEALTH BENEFIT PLAN		76. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
77. OTHER ACCIDENT		78. RESERVED FOR LOCAL USE		79. IS THERE ANOTHER HEALTH BENEFIT PLAN		80. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
81. OTHER ACCIDENT		82. RESERVED FOR LOCAL USE		83. IS THERE ANOTHER HEALTH BENEFIT PLAN		84. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
85. OTHER ACCIDENT		86. RESERVED FOR LOCAL USE		87. IS THERE ANOTHER HEALTH BENEFIT PLAN		88. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
89. OTHER ACCIDENT		90. RESERVED FOR LOCAL USE		91. IS THERE ANOTHER HEALTH BENEFIT PLAN		92. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
93. OTHER ACCIDENT		94. RESERVED FOR LOCAL USE		95. IS THERE ANOTHER HEALTH BENEFIT PLAN		96. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
97. OTHER ACCIDENT		98. RESERVED FOR LOCAL USE		99. IS THERE ANOTHER HEALTH BENEFIT PLAN		100. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	

LIMITS EXHAUSTED

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

FORM 010 0908

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

NF

APPROVED OMB-0338-8005

YORK

APR 24 2003

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS OTHER

2. PATIENT'S NAME: [REDACTED] B. PATIENT'S BIRTH DATE: 03/08/1925

3. PATIENT RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDENT OTHER

4. PATIENT STATUS: SINGLE MARRIED OTHER

5. EMPLOYMENT STATUS: EMPLOYED FULL-TIME PART-TIME RETIRED

6. OTHER INSURANCE: DATE OF BIRTH: [REDACTED] SEX: [REDACTED]

7. EMPLOYER'S NAME OR SCHOOL NAME: [REDACTED]

8. INSURANCE PLAN NAME OR PROGRAM NAME: MEDICARE A & B NO2

9. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: [REDACTED] SIGNATURE ON FILE: 04/03/03

10. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE: FRODEL MD, JOHN I

11. CHARGES OR NATURE OF ILLNESS OR INJURY: 1. 802.4 2. 802.6

DATE	EXTENT OF SERVICE	ICD-9	ICD-10	PROCEDURE, SERVICE OR SUPPLY	DIAGNOSIS CODE	\$ CHARGES	PAID BY OTHER PLAN	RESERVED FOR LOCAL USE
03/24/03	21	00190	AA	PROFESSIONAL ANESTHESIA BY UNITS	1,2	1900.00		
		5		BASIC TIME	04 HRS			
		19		TIME	40 MIN			
		1		ADDITIONAL				
		25		TOTAL UNITS		\$ 76.00 = \$ 1900.00		

12. PHYSICIAN'S SIGNATURE: STEPHEN J MINNICH MD DATE: 04/03/03

13. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED: GEISINGER MEDICAL CT, 100 N ACADEMY AVE, DANVILLE, PA 17822

14. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE: GEISINGER CLINIC, ATTN: 18 OGC ANES, PO BOX 828729, PHILADELPHIA, PA 19182-8729

15. TOTAL CHARGE: \$ 1900.00 AMOUNT PAID: \$ 0.00 BALANCE DUE: \$ 1900.00

LIMITS EXHAUSTED

Services performed in Level I Trauma Center FULL PAYMENT DUE

PLEASE DO NOT STAPLE IN THIS AREA
STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

YORK
APR 24 2003

HEALTH INSURANCE CLAIM FORM

FIGA X300

1. MEDICARE MEDICAID CHAMPUS MEDIQA GROUP HEALTH PLAN FECA MR LING OTHER
 MEDICARE MEDICAID CHAMPUS MEDIQA GROUP HEALTH PLAN FECA MR LING OTHER

2. PATIENT'S NAME LAST NAME, FIRST NAME, MIDDLE INITIAL
 3. PATIENT'S BIRTH DATE SEX
 03/08/1925 M F

4. PATIENT RELATIONSHIP TO INSURED
 SELF SPOUSE CHILD OTHER

5. PATIENT STATUS
 SINGLE MARRIED OTHER
 EMPLOYED FULL-TIME PART-TIME STUDENT

6. IS PATIENT'S CONDITION RELATED TO "LIMITS EXHAUSTED"
 YES NO

7. EMPLOYER'S NAME OR SCHOOL NAME
 8. EMPLOYER'S POLICY GROUP OR FECA NUMBER

9. EMPLOYER'S NAME OR SCHOOL NAME
 10. INSURED'S DATE OF BIRTH SEX
 11. EMPLOYER'S NAME OR SCHOOL NAME

12. INSURANCE PLAN NAME OR PROGRAM NAME
 13. IS THERE ANOTHER HEALTH BENEFIT PLAN?
 YES NO

14. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
 15. SIGNATURE ON FILE
 04/03/03

16. DATE OF CURRENT ILLNESS FIRST SYMPTOM OR INJURY (ACCIDENT OR PREGNANCY END)
 17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE
 SELF

18. REFERRED FOR LOCAL USE
 GEISINGER MEDICAL CTR

19. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEM 1, 2, 3 OR 4 TO ITEM 24E BY LINE)
 802.4
 802.6

20. MEDICAL NECESSITY CASE
 YES NO

21. PRIOR AUTHORIZATION NUMBER

A	DATE(S) OF SERVICE		B	C	D	E	F	G	H	I	J
	FROM	TO									
	03	2403		2	21390	1,2	3749.00	1			
					OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE PERIORBITAL APPROACH						
	03	2403		2	21320	1,2	1015.00	1			
					CLOSED TREATMENT, NASAL BONE FRACTURE WITH STABILIZATION						

22. FEDERAL TAX I.D. NUMBER
 3-6291113

23. PATIENT'S ACCOUNT NO.
 4335029406GSS

24. ACCEPT ASSIGNMENT?
 YES NO

25. TOTAL CHARGE
 14843.00

26. AMOUNT PAID
 0.00

27. BALANCE DUE
 14843.00

28. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS
 JOHN L FRODEL MD
 04/03/03

29. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED
 GEISINGER MEDICAL CT
 100 N ACADEMY AVE
 DANVILLE, PA 17822

30. PHYSICIAN, SUPPLIER'S DELINE NAME, ADDRESS, ZIP CODE
 GEISINGER CLINIC
 ATTN 1B QGC OTOLARYN GE582454
 PO BOX 828729
 PHILADELPHIA, PA 19182-8729

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

NF

APPROVED CMM-0828-0388

YORK

APR 24 2003

HEALTH INSURANCE CLAIM FORM

F10A F10B

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		2. PATIENT'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)		3. PATIENT'S BIRTH DATE		4. PATIENT'S RELATIONSHIP TO INSURED		5. PATIENT'S STATE		6. EMPLOYER'S NAME OR SCHOOL NAME	
7. PATIENT'S BIRTH DATE (MM/DD/YY)		8. PATIENT'S RELATIONSHIP TO INSURED		9. PATIENT'S STATE		10. INSURED'S DATE OF BIRTH		11. EMPLOYER'S NAME OR SCHOOL NAME		12. INSURANCE PLAN NAME OR PROGRAM NAME	
13. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		14. RESERVED FOR LOCAL USE		15. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE		16. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION		17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES		18. OUTSIDE LAB	
19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		20. NUMBER OF REFERRING PHYSICIAN		21. MEDICAL RESUBMISSION		22. PRIOR AUTHORIZATION NUMBER		23. FEDERAL TAX ID NUMBER		24. PATIENT'S ACCOUNT NUMBER	
25. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED		26. PHYSICIAN'S SUPPLIER BILLING NAME, ADDRESS, ZIP CODE		27. TOTAL CHARGE		28. AMOUNT PAID		29. BALANCE DUE		30. SIGNATURE OF PHYSICIAN OR SUPPLIER	

LIMITS EXHAUSTED

Services performed in Level I Trauma Center FULL PAYMENT DUE

PLEASE DO NOT STAPLE IN THIS AREA
STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

YORK
APR 24 2003

HEALTH INSURANCE CLAIM FORM

FORM 1003

1. MEDICARE MEDIGAP CHAMPUS OTHER GROUP HEALTH PLAN FECA BENEFIT OTHER

2. PATIENT'S NAME LAST, FIRST, MIDDLE INITIAL: [REDACTED] 3. PATIENT'S BIRTH DATE: 03/08/1929 SEX: F M

4. PATIENT RELATIONSHIP TO INSURED: SELF SPOUSE CHILD OTHER

5. PATIENT STATUS: SINGLE MARRIED OTHER

6. EMPLOYMENT STATUS: EMPLOYED SELF-EMPLOYED NON-THE EMPLOYED

7. OTHER INSURED'S DATE OF BIRTH: [REDACTED] SEX: [REDACTED]

8. EMPLOYER'S NAME OR SCHOOL NAME: [REDACTED]

9. INSURANCE PLAN NAME OR PROGRAM NAME: MEDICARE A & B NO. 2

10. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: [REDACTED] SIGNATURE ON FILE: 04/03/03

11. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: [REDACTED] SIGNATURE ON FILE: [REDACTED]

12. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE: MEISTER MD, BRAD

13. DATE OF CURRENT ILLNESS OR INJURY: [REDACTED]

14. HOSPITALIZATION DATES: FROM [REDACTED] TO [REDACTED]

15. OUTSIDE LAB: YES NO

16. MEDICAL Necessity CODE: [REDACTED]

17. PRIOR AUTHORIZATION NUMBER: [REDACTED]

A	B	C	D	E	F	G	H	I	J	K
DATE OF SERVICE	PLACE OF SERVICE	TYPE OF SERVICE	PROVISIONAL SERVICE OR SERVICE EXPLANATION	REASONING CODE	\$ CHARGE	DAYS OR UNITS	EXEMPT FAMILY PLAN	COB	RESERVED FOR LOCAL USE	
03 2403		22	73100-RT26 RADIOLOGIC EXAMINATION, WRIST TWO VIEWS	1	36.00	1				

18. FEDERAL TAX I.D. NUMBER: 23-6291113

19. PATIENT'S ACCOUNT NO.: 4334993306885

20. TOTAL CHARGE: 36.00

21. AMOUNT PAID: 0.00

22. BALANCE DUE: 36.00

23. SIGNATURE OF PHYSICIAN OR SUPPLIER: RONALD D PETROCELLI MD

24. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED: GEISINGER MEDICAL CT, 100 N ACADEMY AVE, DANVILLE, PA 17822

25. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE: GEISINGER CLINIC, ATTN 18 RGC RADIOLOGY, PO BOX 828729, PHILADELPHIA, PA 19182-8729

LIMITS EXHAUSTED

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

8888 818-0000

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

NF

APPROVED OMB-0828-0008

WORK
APR 24 2003

HEALTH INSURANCE CLAIM FORM

HCFA 1500 (02-99)

1. MEDICARE MEDICAID CHAMPVA OTHER HEALTH PLAN DECA/DC/LINK OTHER

2. PATIENT'S NAME LAST NAME, FIRST NAME, MIDDLE INITIAL
 3. PATIENT'S BIRTH DATE SEX
 03 08 1925 F

4. PATIENT RELATIONSHIP TO INSURED
 SELF [X] SPOUSE CHILD OTHER

5. PATIENT STATUS
 SINGLE [] MARRIED [] OTHER []
 EMPLOYED [] RES-TIME STUDENT [] RES-TIME STUDENT []

6. EMPLOYMENT CURRENT OR PREVIOUS
 YES [] NO [X]

7. ALTHO ACCIDENT PLACENTARY
 YES [X] NO []

8. OTHER ACCIDENT
 YES [] NO [X]

9. INSURANCE PLAN NAME OR PROGRAM NAME
 MEDICARE A & B #02

10. RESERVED FOR LOCAL USE

11. IS THERE ANOTHER HEALTH BENEFIT PLAN
 YES [] NO [X]

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
 SIGNED: DATE: 03/29/03

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
 SIGNED: DATE:

14. DATE OF CURRENT ILLNESS (FIRST SYMPTOM OR INJURY) (WOODEN) OR (FRANCAVIE) MD
 15. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE
 HARRISON MD THOMAS A

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
 FROM: TO:

17. ICD NUMBER OF REFERRING PHYSICIAN
 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
 FROM: 03 20 03 TO:

19. RESERVED FOR LOCAL USE
 GEISINGER MEDICAL CTR

20. OUTSIDE LAB
 YES [] NO [X]

21. DIAGNOSIS OR NATURE OF ILLNESS OR MARY, (STATE ITEM 1, 2, 3 OR 4 TO ITEM 24) BY ICD
 V72.81

22. MEDICARE REBILITATION CODE
 23. PRIOR AUTHORIZATION NUMBER

A. DATE OF SERVICE		B. PLAN NUMBER	C. TYPE OF SERVICE	D. PROCEDURE, SERVICE OR SUPPLIER	E. DIAGNOSIS CODE	F. CHARGES	G. DAYS OF ABSENCE	H. COB	I. RESERVED FOR LOCAL USE
03	24		2	93010 ELECTROCARDIOGR AM, WITH INTERP RETATION AND RE PORT INTERPRE TATION AND REPO	1	54.00	1		

24. FEDERAL TAX ID NUMBER
 25. PATIENT'S ACCOUNT NO.
 26. ACCEPT ASSIGNMENT? YES [X] NO []

27. TOTAL CHARGE \$ 54.00
 28. AMOUNT PAID \$ 0.00
 29. BALANCE DUE \$ 54.00

30. SIGNATURE OF PHYSICIAN OR SUPPLIER
 HENRY F FESNAK MD
 SIGNED: DATE: 03/29/03

31. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED
 GEISINGER MEDICAL CT
 100 N ACADEMY AVE
 DANVILLE, PA 17822

32. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE
 GEISINGER CLINIC
 ATTN 18 BGC CARDIOLOGYGE164882
 PO BOX 828729
 PHILADELPHIA, PA 19182-8729

MEDICAL NOTES ATTACHED

Services performed in Level I Trauma Center FULL PAYMENT DUE

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

VF

APPROVED OMB-0858-0008

YORK
APR 24 2003

HEALTH INSURANCE CLAIM FORM

FIGA XXX

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> MEDICAL <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FICA BLUE CROSS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		2. PATIENT'S NAME (LAST, FIRST, MIDDLE, INITIAL)		3. PATIENT'S BIRTH DATE		4. PATIENT'S RELATIONSHIP TO INSURED	
5. OTHER INSURED'S DATE OF BIRTH		6. EMPLOYER'S NAME OR SCHOOL NAME		7. INSURANCE PLAN NAME OR PROGRAM NAME		8. INSURED'S DATE OF BIRTH	
9. EMPLOYER'S NAME OR SCHOOL NAME		10. INSURANCE PLAN NAME OR PROGRAM NAME		11. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		12. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
13. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		14. I.D. NUMBER OF REFERRING PHYSICIAN		15. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION		16. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
17. RESERVED FOR LOCAL USE		18. RESERVED FOR LOCAL USE		19. OUTSIDE LAB?		20. MEDICARE RE submission CODE	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE		22. MEDICARE RE submission CODE		23. PRIOR AUTHORIZATION NUMBER		24. TABLE	
25. FEDERAL TAX I.D. NUMBER		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE	
29. SIGNATURE OF PHYSICIAN OR SUPPLIER		30. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED		31. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE		32. AMOUNT PAID	
33. SIGNATURE		34. DATE		35. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE		36. BALANCE DUE	

LIMITS EXHAUSTED

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

47

APPROVED OMB-2538-0006

YORK
APR 24 2003

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPVA SHARPSA GROUP HEALTH PLAN FECA FECA OTHER

2. PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL) [REDACTED] 3. PATIENT'S BIRTH DATE (MM/DD/YYYY) 03/08/1925 SEX F

4. PATIENT RELATIONSHIP TO INSURED SELF SPOUSE CHILD OTHER

5. PATIENT STATUS SINGLE MARRIED OTHER
EMPLOYED RETIRED NON-YEAR STUDENT

6. OTHER INSURED'S DATE OF BIRTH (MM/DD/YY) [REDACTED] SEX [REDACTED]

7. EMPLOYER'S NAME OR SCHOOL NAME [REDACTED]

8. INSURANCE PLAN NAME OR PROGRAM NAME MEDICARE A & B NO2

9. RESERVED FOR LOCAL USE

10. RESERVED FOR LOCAL USE

11. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (PRINT NAME) SIGNATURE ON FILE 03/29/03

12. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (PRINT NAME) SIGNATURE ON FILE

LIMITS EXHAUSTED

13. DATE OF CURRENT ILLNESS FIRST SYMPTOM OR INJURY ACCIDENT OR PREGNANCY (MM/DD/YY) [REDACTED]

14. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE SHOVER MD, AMY

15. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM [REDACTED] TO [REDACTED]

16. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM [REDACTED] TO [REDACTED]

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE [REDACTED]

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM [REDACTED] TO [REDACTED]

19. RESERVED FOR LOCAL USE GEISINGER MEDICAL CTR

20. OUTSIDE LAB YES NO CHARGE [REDACTED]

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEM 1, 2, 3 OR 4 TO ITEM 24E BY LINE) 789.00 625.9

22. MEDICARE REIMBURSEMENT CODE [REDACTED]

23. PRIOR AUTHORIZATION NUMBER [REDACTED]

A	B		C	D	E	F	G	H	I	J	K
	MM	DD									
03	1903		23	74150 26	1,2	268.00	1				
				COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN WITH OUT CONTRAST MATERIAL							
03	1903		23	72192 26	3,1,2	234.00	1				
				COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS WITH OUT CONTRAST MAT							

24. FEDERAL TAX ID NUMBER 23-6291113

25. PATIENT'S ACCOUNT NO. 4332019306GSS

26. ACCEPT ASSIGNMENT? YES NO

27. TOTAL CHARGE \$ 502.00

28. AMOUNT PAID \$ 0.00

29. BALANCE DUE \$ 502.00

30. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS: GEORGE R FUNKHOUSER MD DATE 03/29/03

31. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED: GEISINGER MEDICAL CT 100 N ACADEMY AVE DANVILLE, PA 17822

32. PHYSICIAN, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE: GEISINGER CLINIC ATTN 18 GGC RADIOLOGYGE101060 PO BOX 828729 PHILADELPHIA, PA 19182-8729

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

PLEASE DO NOT STAPLE IN THIS AREA
STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

YORK
APR 24 2003

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN FECA (SEE LUNG) OTHER

2. PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL) [REDACTED] 3. PATIENT'S BIRTH DATE (MM/YY) 03/08/1925 SEX F

4. PATIENT RELATIONSHIP TO INSURED
SELF SPOUSE CHILD OTHER

5. PATIENT STATUS
SINGLE MARRIED OTHER
EMPLOYED RETIRED PART-TIME STUDENT

6. EMPLOYER'S NAME OR SCHOOL NAME [REDACTED]

7. INSURANCE PLAN NAME OR PROGRAM NAME
MEDICARE A & B NO2

8. OTHER INSURED'S DATE OF BIRTH (MM/YY) [REDACTED] SEX [REDACTED]

9. EMPLOYER'S NAME OR SCHOOL NAME [REDACTED]

10. RESERVED FOR LOCAL USE

11. INSURED'S POLICY GROUP OR FECA NUMBER [REDACTED]

12. INSURED'S DATE OF BIRTH (MM/YY) [REDACTED] SEX [REDACTED]

13. EMPLOYER'S NAME OR SCHOOL NAME [REDACTED]

14. INSURANCE PLAN NAME OR PROGRAM NAME [REDACTED]

15. IS THERE ANOTHER HEALTH BENEFIT PLAN?
 YES NO (IF YES, SEE ITEM 16)

LIMITS EXHAUSTED

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED: [REDACTED] DATE: 03/29/03

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED: [REDACTED] DATE: [REDACTED]

14. DATE OF CURRENT ILLNESS (MM/YY) [REDACTED] 15. DATE OF LAST WORK OR SCHOOL (MM/YY) [REDACTED]

16. DAYS PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
FROM [REDACTED] TO [REDACTED]

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE
SHOVER MD, AMY

18. RESERVED FOR LOCAL USE
GEISINGER MEDICAL CTR

19. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
FROM [REDACTED] TO [REDACTED]

20. OUTSIDE LAB YES NO CHARGES [REDACTED]

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEM 1, 2, 3 OR 4 TO ITEM 24C BY LINE)
1. 723.1 2. 804.00 3. 2721.0

22. MEDICAID REMISSION CODE [REDACTED]

23. PRIOR AUTHORIZATION NUMBER [REDACTED]

24. A. DATES OF SERVICE		B. AGE OF SERVICE	C. TYPE OF SERVICE	D. PROCEDURE, SERVICE OR SUPPLY (EXPLAIN UNUSUAL CIRCUMSTANCES) (CPT/HCPCS)	E. MODIFIER	F. CHARGES	G. DAYS OF SERVICE	H. EXPECTED FUTURE PLAN	I. BMS	J. COB	K. RESERVED FOR LOCAL USE
03	1903		23	70491 26	1,2,3	321.00	1				
				COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK WITH CONTRAST MATERIAL S							

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

26. FEDERAL TAX I.D. NUMBER: 83-6291113

27. PATIENT'S ACCOUNT NO.: 43320192066SS

28. TOTAL CHARGE: 321.00

29. AMOUNT PAID: 0.00

30. BALANCE DUE: 321.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDE DEGREE OR CREDENTIALS) (VERIFY THAT THE SIGNATURE ON THE NUMBER APPEARS ON THE BILL AND IS THAT OF A PART-TIMER)
LINDA L COLEMAN MD

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (FOR THIS USE ONLY)
GEISINGER MEDICAL CT
100 N ACADEMY AVE
DANVILLE, PA 17822

33. PHYSICIAN, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE
GEISINGER CLINIC
ATTN: 18 QGC RADIOLOGY 6E101060
PO BOX 828729
PHILADELPHIA, PA 19182-8729

DATE: 03/29/03

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

NF

APPROVED DMS-0938-0008

YORK
APR 24 2003

HEALTH INSURANCE CLAIM FORM

FIGA XXX

1. MEDICARE MEDICAID CHAMPUS <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS		GROUP HEALTH PLAN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FECA LUNG <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
2. PATIENT'S NAME LAST FIRST MIDDLE INITIAL [REDACTED]		3. PATIENT'S BIRTH DATE 03 08 1925		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		4. INSURED'S LAST NAME [REDACTED]	
5. PATIENT RELATIONSHIP TO INSURED <input checked="" type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER		6. PATIENT STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER		7. EMPLOYED <input type="checkbox"/> EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> PART-TIME <input type="checkbox"/> STUDENT		8. INSURED'S POLICY GROUP OR FECA NUMBER [REDACTED]	
9. EMPLOYER'S NAME OR SCHOOL NAME [REDACTED]		10. INSURED'S DATE OF BIRTH MM DD YY		SEX <input type="checkbox"/> M <input type="checkbox"/> F		11. EMPLOYER'S NAME OR SCHOOL NAME [REDACTED]	
12. INSURANCE PLAN NAME OR PROGRAM NAME MEDICARE A & B M02		13. RESERVED FOR LOCAL USE [REDACTED]		14. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE [REDACTED]	
16. SIGNATURE ON FILE [REDACTED]		17. DATE 03/29/03		18. SIGNATURE ON FILE [REDACTED]		19. DATE'S PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
20. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE OCHSE MD, JANEL M		21. I.D. NUMBER OF REFERRING PHYSICIAN [REDACTED]		22. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY		23. OUTSIDE LAB <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
24. RESERVED FOR LOCAL USE GEISINGER MEDICAL CTR		25. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY RELATE ITEM 1, 2, 3 OR 4 TO ITEM 24E BY ICD 1. 730.88 2. 733.90 3. 721.0		26. MEDICARE REDEMPTION CODE [REDACTED]		27. PRIOR AUTHORIZATION NUMBER [REDACTED]	
28. DATE(S) OF SERVICE MM DD YY		29. NUMBER OF SERVICES OR SUPPLIES [REDACTED]		30. CHARGES [REDACTED]		31. DAYS OR UNITS [REDACTED]	
32. FEDERAL TAX I.D. NUMBER 83-6291113		33. PATIENT'S SOCIAL SECURITY NUMBER 4332019106688		34. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		35. TOTAL CHARGE 597.00	
36. AMOUNT PAID 0.00		37. SALANCE DUE 597.00		38. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE GEISINGER CLINIC ATTN 18 QGC RADIOLOGYGE101060 PO BOX 828729 PHILADELPHIA, PA 19182-8729		39. SIGNATURE OF PHYSICIAN OR SUPPLIER LINDA L COLEMAN MD DATE 03/29/03	

LIMITS EXHAUSTED

Services performed in Level I Trauma Center FULL PAYMENT DUE

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

APPROVED OMB-2008-0008

YORK

APR 24 2013

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS OTHER HEALTH PLAN PEGA PLAN OTHER

2. PATIENT'S NAME LAST, FIRST, MIDDLE INITIAL: [REDACTED] 3. PATIENT'S BIRTH DATE: 03/08/1925 SEX: [REDACTED]

4. PATIENT RELATIONSHIP TO INSURED: [REDACTED]

5. PATIENT STATUS: SINGLE [REDACTED] MARRIED [REDACTED] OTHER [REDACTED]

6. EMPLOYER'S POLICY GROUP OR PEGA NUMBER: [REDACTED]

7. INSURED'S DATE OF BIRTH: [REDACTED] SEX: [REDACTED]

8. EMPLOYER'S NAME OR SCHOOL NAME: [REDACTED]

9. INSURANCE PLAN NAME OR PROGRAM NAME: MEDICARE A & B NO2

10. INSURED'S POLICY GROUP OR PEGA NUMBER: [REDACTED]

11. INSURED'S DATE OF BIRTH: [REDACTED] SEX: [REDACTED]

12. EMPLOYER'S NAME OR SCHOOL NAME: [REDACTED]

13. INSURANCE PLAN NAME OR PROGRAM NAME: [REDACTED]

14. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [REDACTED] NO [REDACTED]

15. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: [REDACTED] DATE: 03/29/03

16. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: [REDACTED] DATE: [REDACTED]

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE: SKIENDZIELEWSKI MD, JOHN

18. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION: FROM 03/19/03 TO [REDACTED]

19. HOSPITALIZATION DATES RELATED TO CURRENT SERVICE: FROM 03/19/03 TO [REDACTED]

20. OUTSIDE LAB CHARGES: YES [REDACTED] NO [REDACTED]

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: 1. 802.8 2. 813.81 3. E813.1

22. MEDICARE REIMBURSEMENT CODE: [REDACTED] ORIGINAL REF. NO.: [REDACTED]

23. PRIOR AUTHORIZATION NUMBER: [REDACTED]

A	B		C	D	E	F	G	H	I	J	K	L
	MM	DD										
03	19	03	2	93010	1,2,3	54.00	1					
				ELECTROCARDIOGR								
				AM, WITH INTERP								
				RETATION AND RE								
				PORT INTERPRE								
				TATION AND REPO								

24. FEDERAL TAX I.D. NUMBER: 23-6291113

25. PATIENT'S ACCOUNT NO.: 43308025066SS

26. TOTAL CHARGE: \$ 54.00

27. AMOUNT PAID: \$ 0.00

28. BALANCE DUE: \$ 54.00

29. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE: GEISINGER CLINIC, ATTN 18 06C CARDIOLOGY, PO BOX 828729, PHILADELPHIA, PA 19182-8729

LIMITS EXHAUSTED

MEDICAL NOTES ATTACHED

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

PLEASE DO NOT STAPLE IN THIS AREA
STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

YORK
APR 24 2013

HEALTH INSURANCE CLAIM FORM

PCA 3027

LIMITS EXHAUSTED

1. MEDICARE MEDICAID CHAMPUS
 MEDICARE A MEDICARE B CHAMPUS OTHER

2. PATIENT'S BIRTH DATE: 03/08/1925 SEX: F MALE FEMALE

3. PATIENT'S RELATIONSHIP TO INSURED: SELF SPOUSE CHILD PARENT

4. PATIENT'S STATUS: SINGLE MARRIED OTHER

5. EMPLOYMENT STATUS: EMPLOYED FULL-TIME PART-TIME RETIRED UNEMPLOYED

6. INSURED'S DATE OF BIRTH: MM/DD/YY

7. EMPLOYER'S NAME OR SCHOOL NAME

8. INSURANCE PLAN NAME OR PROGRAM NAME: MEDICARE A & B MD2

9. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: SIGNATURE ON FILE DATE: 03/29/03

10. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION: FROM MM/DD/YY TO MM/DD/YY

11. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: 802.8, E813.1, B13.81

A	B	C	D	E	F	G	H	I	J
DAY	MONTH	YEAR	PROCEDURE	DIAGNOSIS	CHARGE	DAY	COINSURANCE	NET	RESERVED
03	1903		99285 ET	1,2,3	335.00	1			
03	1903		EMERGENCY DEPARTMENT SERVICE, LEVEL 5	1,2,3	54.00	1			
			93010-VC						
			ELECTROCARDIOGRAM, WITH INTERPRETATION AND REPORT, INTERPRETATION AND REPORT						

12. FEDERAL TAX I.D. NUMBER: 6291113

13. PATIENT'S ACCOUNT NO.: 43308024066SS

14. TOTAL CHARGE: 389.00

15. AMOUNT PAID: 0.00

16. BALANCE DUE: 389.00

17. NAME AND ADDRESS OF FACILITY WHERE SERVICE WAS RENDERED: GEISINGER MEDICAL CT, 100 N ACADEMY AVE, HADDANVILLE, PA 17822

18. PHYSICIAN, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE: GEISINGER CLINIC, ATTN: 18 QCC EMER MED GE150724, PO BOX 828729, PHILADELPHIA, PA 19182-8729

SIGNATURE OF PHYSICIAN OR SUPPLIER: JOHN J SKIENDZIELEMSKI

DATE: 03/29/03

MEDICAL NOTES ATTACHED
Services performed in Level 1 Trauma Center
FULL PAYMENT DUE

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

NF

APPROVED CMS-0828-0008

YORK
APR 24 2009

HEALTH INSURANCE CLAIM FORM

PHX

<input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input checked="" type="checkbox"/> OTHER		1. PATIENT'S NAME (LAST, FIRST, MIDDLE, INITIAL) [REDACTED]		2. PATIENT'S BIRTH DATE 03 08 1925		3. PATIENT'S SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
4. PATIENT'S RELATIONSHIP TO INSURED <input checked="" type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER		5. PATIENT STATUS SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> PART-TIME EMPLOYED <input type="checkbox"/>		6. EMPLOYMENT/CURRENT OR PREVIOUS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. INURED'S DATE OF BIRTH [REDACTED]	
8. OTHER INURED'S DATE OF BIRTH [REDACTED]		9. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PLACED AT RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO		10. EMPLOYER'S NAME OR SCHOOL NAME [REDACTED]		11. EMPLOYER'S NAME OR SCHOOL NAME [REDACTED]	
12. INSURANCE PLAN NAME OR PROGRAM NAME MEDICARE A & B #02		13. RESERVED FOR LOCAL USE		14. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		15. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE [REDACTED]	
16. SIGNATURE ON FILE [REDACTED]		17. DATE 03/27/03		18. SIGNATURE ON FILE [REDACTED]		19. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM [REDACTED] TO [REDACTED]	
20. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE OCHSE MD, JANEL H		21. LD. NUMBER OF REFERRING PHYSICIAN [REDACTED]		22. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM [REDACTED] TO [REDACTED]		23. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
24. RESERVED FOR LOCAL USE GEISINGER MEDICAL CTR		25. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. 625.9 2. 724.1 3. 724.5		26. MEDICAR REFORMER/REASON ORIGINAL REF./REL. CODE [REDACTED]		27. PRIOR AUTHORIZATION NUMBER [REDACTED]	
28. DATE(S) OF SERVICE FROM 03 1903 TO [REDACTED]		29. PROCEDURE, SERVICE OR SUPPLY (EXPLAIN ABBREVIATIONS, UNLESS OTHERWISE INDICATED) 72170 26 RADIOLOGIC EXAMINATION, PELVIS ONE OR TWO VIEWS		30. CHARGES 69.00		31. DAYS OF SERVICE 1	
32. DATE(S) OF SERVICE FROM 03 1903 TO [REDACTED]		33. PROCEDURE, SERVICE OR SUPPLY (EXPLAIN ABBREVIATIONS, UNLESS OTHERWISE INDICATED) 72870 26 RADIOLOGICAL EXAMINATION, SPINE THORACIC, TWO VIEWS		34. CHARGES 52.00		35. DAYS OF SERVICE 1	
36. FEDERAL TAX I.D. NUMBER 23-6291113		37. PATIENT'S ACCOUNT NO. 43308023066SS		38. TOTAL CHARGE \$ 121.00		39. AMOUNT PAID \$ 0.00	
40. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED GEISINGER MEDICAL CT 100 N ACADEMY AVE. DANVILLE, PA 17822		41. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE GEISINGER CLINIC ATTN: 18 QGC RADIOLOGY PO BOX 828729 PHILADELPHIA, PA 19182-8729		42. BALANCE DUE \$ 121.00		43. SIGNATURE OF PHYSICIAN OR SUPPLIER (PRINT NAME AND ADDRESS) ARUQ MAHMUD MD	

LIMITS EXHAUSTED

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

5003-018-0008

PHYSICIAN OR SUPPLIER USE ONLY

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

YORK
APR 24 2003

HEALTH INSURANCE CLAIM FORM

FORM 1000

INSURANCE INFORMATION

1. MEDICARE MEDICAID CHAMPUS GROUP HEALTH PLAN HEALTH CARE FLEX PLAN OTHER

2. PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL) [REDACTED]

3. PATIENT'S BIRTH DATE: 03/08/1929 SEX: F

4. PATIENT RELATIONSHIP TO INSURED: SELF SPOUSE CHILD OTHER

5. PATIENT STATUS: SINGLE MARRIED OTHER

6. EMPLOYMENT STATUS: EMPLOYED FULL-TIME PART-TIME RETIRED UNEMPLOYED

7. EMPLOYER'S NAME OR SCHOOL NAME: [REDACTED]

8. INSURED'S DATE OF BIRTH: [REDACTED] SEX: M F

9. EMPLOYER'S NAME OR SCHOOL NAME: [REDACTED]

10. INSURANCE PLAN NAME OR PROGRAM NAME: MEDICARE A & B #02

11. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: [REDACTED] DATE: 03/27/03

13. INJURED'S OR AUTHORIZED PERSON'S SIGNATURE: [REDACTED] DATE: 03/27/03

14. DATE OF CURRENT ILLNESS FIRST STRUCTURE OR INJURY ACCIDENT OR PREGNANCY/EMP: [REDACTED]

15. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE: MEISTER MD, BRAD

16. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION: FROM [REDACTED] TO [REDACTED]

17. LD NUMBER OF REFERRING PHYSICIAN: [REDACTED]

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICE: FROM [REDACTED] TO [REDACTED]

19. OUTSIDE LAB? YES NO

20. RESERVED FOR LOCAL USE: GEISINGER MEDICAL CTR

21. DIAGNOSIS OR NATURE OF LESION OR INJURY, RELATE ITEM 1, 2, 3 OR 4 TO ITEM 24C BY LINE:
1. 719.43
2. 813.42

22. MEDICATED REPERMISSION CODE: [REDACTED]

23. PRIOR AUTHORIZATION NUMBER: [REDACTED]

A	DATE OF SERVICE			B	C	D	E	F	G	H	I	J	K
	MM	DD	YY										
	03	1903		23		73100-RT26	1,2	36.00	1				
						RADIOLOGIC EXAMINATION, WRIST TWO VIEWS							

24. FEDERAL TAX ID NUMBER: 23-6291113

25. PATIENT'S ACCOUNT NO: 4328687206688

26. ACCEPT ASSIGNMENT? YES NO

27. TOTAL CHARGE: \$ 36.00

28. AMOUNT PAID: \$ 0.00

29. BALANCE DUE: \$ 36.00

30. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED: GEISINGER MEDICAL CT, 100 N ACADEMY AVE, DANVILLE, PA 17822

31. PHYSICIAN, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE: GEISINGER CLINIC, ATTN 18 06C RADIOLOGYGE101060, PO BOX 828729, PHILADELPHIA, PA 19182-8729

LIMITS EXHAUSTED

Services performed in Level 1 Trauma Center FULL PAYMENT DUE

FORM 1000

PLEASE DO NOT STAPLE IN THIS AREA

STATE FARM E59
PO BOX 14007
YORK, PA 17404-0867

NF

APPROVED OMB-0828-0086

YORK
APR 24 2003

HEALTH INSURANCE CLAIM FORM

FORM 100-100

<input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> OTHER		<input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input checked="" type="checkbox"/> OTHER		<input type="checkbox"/> POLICY GROUP OR FECA NUMBER	
1. PATIENT'S NAME LAST, FIRST, MIDDLE INITIAL [REDACTED]		2. PATIENT'S BIRTH DATE 03/08/1925		3. PATIENT'S SEX <input checked="" type="checkbox"/> F	
4. PATIENT RELATIONSHIP TO INSURED <input checked="" type="checkbox"/> SELF		5. PATIENT STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER		6. EMPLOYER'S NAME OR SCHOOL NAME [REDACTED]	
7. EMPLOYER'S NAME OR SCHOOL NAME [REDACTED]		8. INSURANCE PLAN NAME OR PROGRAM NAME MEDICARE A & B MO2		9. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. IS PATIENT'S CONDITION RELATED TO THIS POLICY GROUP OR FECA NUMBER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11. INURED'S DATE OF BIRTH MM DD YY		12. EMPLOYER'S NAME OR SCHOOL NAME	
13. OTHER INSURED'S DATE OF BIRTH MM DD YY		14. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		15. INSURANCE PLAN NAME OR PROGRAM NAME	
16. EMPLOYER'S NAME OR SCHOOL NAME		17. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
19. INSURANCE PLAN NAME OR PROGRAM NAME MEDICARE A & B MO2		19a. RESERVED FOR LOCAL USE		19b. RESERVED FOR LOCAL USE	
20. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE SIGNED: [REDACTED] DATE: 03/27/03		20. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE SIGNED: [REDACTED] DATE: 03/27/03		21. INURED'S OR AUTHORIZED PERSON'S SIGNATURE SIGNED: [REDACTED] DATE: 03/27/03	
22. DATE OF CURRENT ILLNESS FIRST SYMPTOM OR INJURY ACCIDENT OR PREGNANCY (MM DD YY) 3/19/03		23. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		24. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
25. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE SELF		26. IS PATIENT UNDER CARE OF SPECIAL CLERK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		27. CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
28. RESERVED FOR LOCAL USE GEISINGER MEDICAL CTR		29. MEDICARE REQUISITION CODE		30. PRIOR AUTHORIZATION NUMBER	
31. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (LIST ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. 959.8 2. E819.9		32. MEDICAL REQUISITION CODE		33. PRIOR AUTHORIZATION NUMBER	
34. A. DATE OF SERVICE MM DD YY		B. PLACE OF SERVICE MM DD YY		C. TYPE OF SERVICE MM DD YY	
34. D. PROCEDURE SERVICES OR SUPPLIES 99288-YC		E. ICD-9-CM CODE 1,2		F. CHARGES 45.00	
34. G. PHYSICIAN DIRECT TION OF EMERGEN CY MEDICAL SYST EMS EMS EMERG ENCY CARE, ADVA		H. DAYS OF FAMILY PLAN 1		I. RESERVED FOR LOCAL USE	
35. FEDERAL TAX I.D. NUMBER 23-6291113		36. PATIENT'S ACCOUNT NO. 43284653068SS		37. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
38. TOTAL CHARGE 45.00		39. AMOUNT PAID 0.00		40. BALANCE DUE 45.00	
41. NATURE OF PHYSICIAN OR SUPPLIER (LISTING DEGREE OR CREDENTIALS) DR J SKIENDZIELEWSKI		42. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED GEISINGER MEDICAL CT 100 N. ACADEMY AVE MIDDANVILLE, PA 17822		43. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE GEISINGER CLINIC ATTN: 18 QCC EMER MED 6E150724 PO BOX 828729 PHILADELPHIA, PA 19182-8729	

MEDICAL NOTES ATTACHED
Services performed in Level 1 Trauma Center
FULL PAYMENT DUE





EA83-818 0011



2063-818 0012



ER63-510 0013





EP23-810 0815



ENC-610 6816





EA03-010 0318



EP03-018 0010





Personal Injury Photos
Appendix D-2
Confidential

BEGINNING OF CONTACT
11/01/2001

MASTER OWNER RELATIONS SYSTEM III

09.36.42

REGION: 23 MEMPHIS
VIN:

INQUIRY ISSUE
ZONE: Y
ENGINE: VEN TYPE:

CASE NBR: 0568963041
OPENED: 10/31/2001
CLOSED: 10/31/2001

LAST NAME:
TITLE:
ADDRESS:
CITY:
HOME PHONE:



STATUS: CLOSED
MI:
ZIP: 38018

MODEL YEAR:

MODEL:

DEALER NAME: FORD MOTOR COMPANY- SALES CODE: F23800 P & A: 68063
REASON CODE: 0703 LEGAL - ALLEGED SERIOUS INJURY
SYMPTOMS: 104457 RESTRAINTS AIR BAG SYSTEM DEPLOYMENT

ORIGIN: CAC138 - US CONCERN CASE BASE COMMUNICATION: PHONE
ACTION: 717 - ADVISE CUST INFORMATION IS FORWARDED TO OUR PRODUCT CLAIMS GROUP
DOCUMENT: ANALYST: JMARTINE JOSHUA MARTINEZ
ACTION DATA/COMMENTS:

2001/10/31
15.48.01

CUSTOMER SAYS: ENTERPRISE RENT A CAR IS CALLING DUE TO A DEATH OF A CUST THAT RENTED A MERCURY SABLE FROM THEM ENTERPRISE SAYS THAT IT MIGHT HAVE BEEN A DEFECT WITH THE AIR BAG BECAUSE THERE WAS NO DEPLOYMENT - IS CALLING FROM KAMBRIDGE INTEGRATED SERVICES PER CUSTOMER, DEALER SAYS: BOME CAC ADVISED: - I WILL FORWARD THIS INFORMATION TO OUR PRODUCT CLAIMS GROUP. SOMEBODY WILL CONTACT YOU IN 7- 10 BUSINESS DAYS. -DATE THE ACCIDENT HAPPENED OCT 20TH 2001 -CUST HAS ALREADY CONTACTED THEIR ATTORNEY -AND HAS AN ENGINEER TO LOOK AT VEH -TMEFMS0U416623711 VIN NUMBER -RUSSELL VOGT IS THE THE PERSON WHO DIED IN THE VEH CRASH INFERENCE CASE ID: 5340

11/12/01 con with [redacted]
to find out more details
requested the car. [redacted]
CONSUMER AFFAIRS 11/01/2001 MMFAKPRB

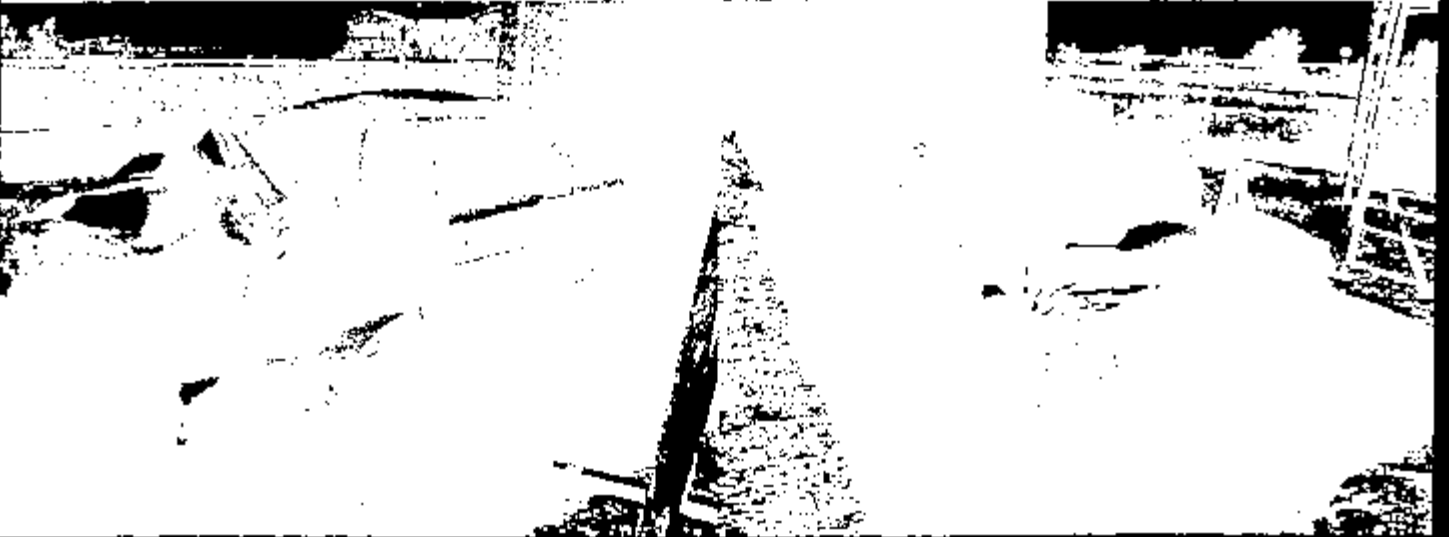
(1) have to respond call me
disregard during 10 days



11/12/01 Lina
Any notices
please fax letter
include any
info.



MN7701 D13A92



















MN7701 D13A92





MN7701 D13A92





MN7701 D13A92

CDR File Information

Vehicle Identification Number	1MEFM50U41G823711
Investigator	Michael Nranjan
Case Number	458349 Vogt
Investigation Date	Tuesday, June 17 2003
Crash Date	Saturday, October 20 2001
Filename	1MEFM50U41G823711VOGT4583492001\$ABLE.CDR
Saved on	Tuesday, June 17 2003 at 03:15:24 PM
Data check information	A4B8822D
Collected with CDR version	Crash Data Retrieval Tool 2.10
Collecting program verification number	B8B4FDF8
Reported with CDR version	Crash Data Retrieval Tool 2.10
Reporting program verification number	B8B4FDF8
Interface information	Block number: 00 Interface version: 35 Date: 01-02-03 Checksum: 8200
Event(s) recovered	Non Deployment

Module Information

The retrieval of this data has been authorized by the vehicle's owner, or other legal authority such as a subpoena or search warrant, as indicated by the CDR tool user on Tuesday, June 17 2003 at 03:15:24 PM.

Important Limitations on Vetronix Crash Data Retrieval (CDR) Tool Capabilities.

Disclaimer: This Restraint Control Module (RCM) records deceleration data for the purpose of understanding the input data the Restraint Control Module used to determine whether or not to deploy restraint devices. This module does not record vehicle speed, throttle position, brake on-off, and other data, which may be recorded in some 1999 model year and later General Motors modules. The deceleration data recorded by Ford's module during a crash can subsequently be mathematically integrated into a Delta-V. Delta-V is the change in velocity during the recording time and is NOT the speed the vehicle was traveling before the accident, and is also not the Barrier Equivalent Velocity. The Vetronix CDR Tool will read and interpret both acceleration in G's and Delta-V in mph. RCM's in Ford vehicles that can be read by the Vetronix CDR tool are listed in the Vetronix Help Files.

Important

If there is any question that the restraint system did not perform as it was designed to perform, please read the system only through the diagnostic link connector. The Vetronix CDR kit provides an RCM interface cable to plug directly into the restraint control module. The Vetronix CDR RCM Interface Cable connects only power, ground, and memory read pins to the relevant vehicle restraint control module. The other RCM pins normally connect to inputs, such as sensors, and outputs, such as airbags, are not connected when you use the RCM Interface Cable to plug directly into the module. Since the vehicle restraint control module is constantly monitoring airbag system readiness, it will detect that the sensors and airbags are not connected. The restraint control module may record a new diagnostic trouble code into memory for each device that is not connected. These new diagnostic trouble codes may record over previously written diagnostic trouble codes present prior to the accident and spoil evidence necessary to determine if the restraint system performed in the accident as it was designed to perform. Not only could this prevent Ford from being able to determine if the system performed as it was designed to perform, but, regardless of innocent inadvertence, you could raise issues of evidence spoliation in any litigation that may arise out of the accident. If you cannot read the module via the diagnostic link connector, and if you suspect improper system performance, contact Ford Motor Company and request their assistance to read the module with a proper vehicle simulator attached. If you choose to read via the module connector, Ford recommends that you do so in the vehicle and that you leave the second large connector plugged into the vehicle wiring harness to minimize the number of new diagnostic trouble codes created.

While data stored in RCM's is accurate, accident reconstructionists must be aware of the limitations of the data recorded in Ford's control modules and should compare the recorded data with the physical evidence at the accident scene using professional accident reconstruction techniques (i.e. vehicle crush characteristics, skid marks, etc) before making any assumptions about the import and validity of the data recorded in the module with respect to the crash event being analyzed. The following describes specific limitations that must be considered when analyzing recorded data. Investigators should obtain permission of the vehicle owner prior to reading any data.

1. There may be no deceleration data recorded in the module.

Loss of power (cut wires, damaged battery, crushed fuse box) to the module during or immediately after the crash may prevent the crash data from being recorded. A backup power supply within the module has sufficient power to continue to analyze the deceleration data and deploy restraint devices if needed, but there is no backup power for recording.

If the deceleration input does not create a Delta-V above 4 mph within 100 milliseconds, there may not be any data recorded.

2. In unusual circumstances, deceleration data stored in the module may be from a crash other than the one you are currently analyzing.

The module will record data from some non-deploy events. If, after the module has recorded data from a non-deploy event, and there is a subsequent event in which there is a loss of power and no new recording is made for that subsequent event, the deceleration data in the module's memory may be from the prior event. If the new, subsequent event is a deploy event and recording has occurred, the deployment times should be recorded. If there are no deployment times recorded, but airbags or other restraint devices are observed to have deployed, the recorded data that you read are most likely from a prior event.

Once an airbag or other restraint device has been commanded to deploy, the data recorded in connection with that deployment are "locked", and subsequent crashes cannot be recorded. If a vehicle is being repaired, the RCM should be replaced after any crash in which restraint devices deploy. Early printed shop manuals refer to re-using modules by clearing the "crash data memory full" code, but this is no longer true and the latest on-line electronic shop manual directs that modules be replaced.

Crashes that involve multiple impacts will record only one of the impacts. If there is a deployment, the deployment event will be recorded and locked. If no restraint device is commanded to deploy, the recorded data are not "locked", and subsequent impacts may record over any previously recorded data. Further analysis will be required to determine which of the events was actually recorded.

3. The computed longitudinal and lateral Delta-V's may understate the total Delta-V.

The memory in the 2000 Taurus module records 40 acceleration data points at 2 ms intervals, for a total recording length of 80 milliseconds. Many real-world crashes can last longer than the memory has the capacity to record. Therefore, the actual Delta-V of the event may be higher than the Delta-V calculated and displayed by the Vetronix CDR System output. Review the end of the longitudinal acceleration/deceleration pulse - if it has not settled to zero G's by the end of the recording, the Delta-V is most likely understated. If there is a clear decaying trend line you may choose, at your own risk, to estimate the total Delta-V by extrapolating the decay trend to zero and calculating the additional Delta-V not captured.

Under some circumstances where power is interrupted, during the recording of data, or the module re-sets during the recording of data, a partial recording may occur. This will be shown as "no data" in the data table and will not be plotted on the graph of acceleration.

4. This module records longitudinal acceleration/deceleration of the vehicle and separately records the lateral acceleration/deceleration. You must combine and integrate the longitudinal and lateral recordings to get a resultant total change in velocity (Delta-V).

5. Vertical acceleration/decelerations are not recorded. Vehicle spin about a point not centered on the Restraints Control Module sensor may add or subtract from bulk vehicle motion.

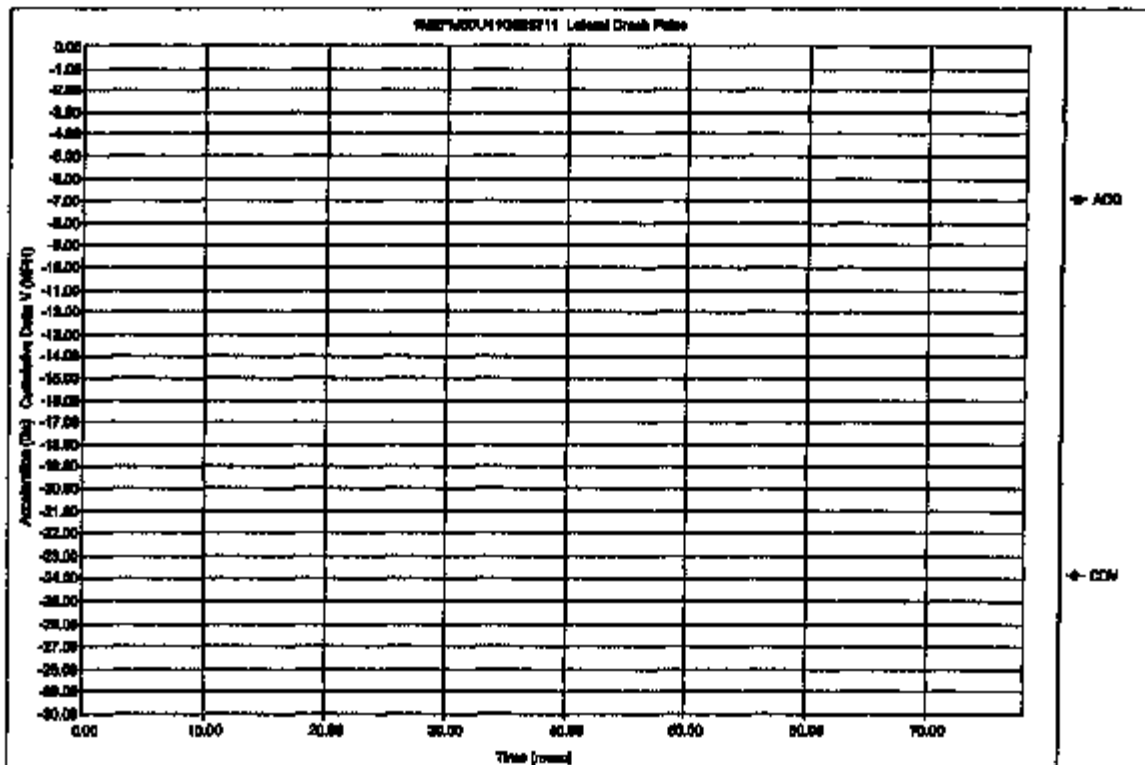
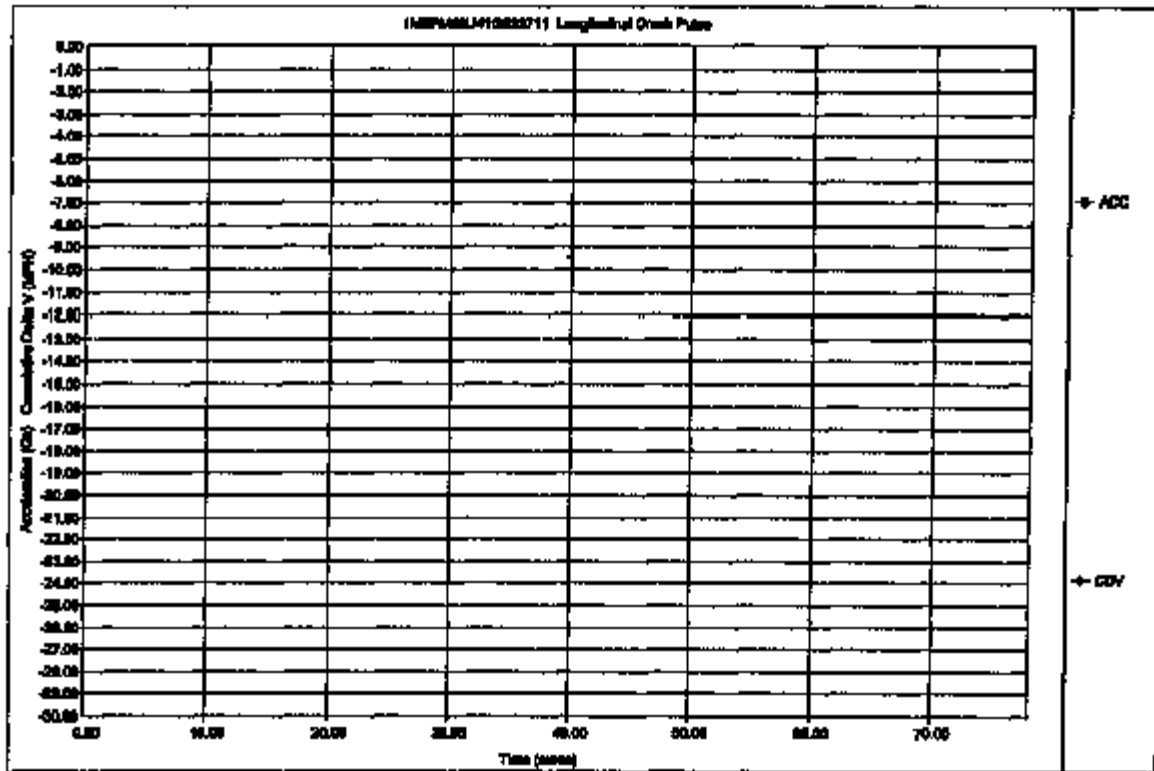
6. This module may not record any lateral or longitudinal acceleration/deceleration in a side-impact event. If the side impact generates a longitudinal deceleration component sufficient to wake up the frontal deployment algorithm, there may be a recording of both longitudinal and lateral deceleration.

Any Delta-V determined by using data read from the air bag module should be verified with physical evidence from the crash (such as vehicle crush, skid marks) and assumed accident sequence. Multiple impacts, angular collisions, side impacts, vehicle spin, etc should be considered in addition to the data read from the air bag module.

System Status At Non-Deployment

Data Validity Check	Valid
EDR Model Version	141
Time From Side Sairing Decision to Left (Driver) Side Bag Deployment (msec)	Not Deployed
Time From Side Sairing Decision to Right (Passenger) Side Bag Deployment (msec)	Not Deployed
Diagnostic Codes Active When Event Occurred	0
Time From Algorithm Wakeup to Preinflation (msec)	0
Time From Algorithm Wakeup to First Stage - Unbelted (msec)	0
Time From Algorithm Wakeup to First Stage - Belted (msec)	0
Time From Algorithm Wakeup to Second Stage (msec)	0
Driver Seat Belt Buckle	Engaged
Passenger Seat Belt Buckle	Not Engaged
Driver Seat Track In Forward Position	No
Runtime (msec)	0
Number of Invalid Times in recording	0

Parameter	Driver	Passenger
Time From Algorithm Wakeup to Preinflation Deployment Attempt (msec)	Not Deployed	Not Deployed
Time From Algorithm Wakeup to First Stage Deployment Attempt (msec)	Not Deployed	Not Deployed
Time From Algorithm Wakeup to Second Stage Deployment Attempt (msec)	Not Deployed	Not Deployed



Crash Pulse Data

Milliseconds	Long. Acceleration (Gs)	Long. Cumulative Delta V (MPH)	Lat. Acceleration (Gs)	Lat. Cumulative Delta V (MPH)
0	No Data	No Data	No Data	No Data
2	No Data	No Data	No Data	No Data
4	No Data	No Data	No Data	No Data
6	No Data	No Data	No Data	No Data
8	No Data	No Data	No Data	No Data
10	No Data	No Data	No Data	No Data
12	No Data	No Data	No Data	No Data
14	No Data	No Data	No Data	No Data
16	No Data	No Data	No Data	No Data
18	No Data	No Data	No Data	No Data
20	No Data	No Data	No Data	No Data
22	No Data	No Data	No Data	No Data
24	No Data	No Data	No Data	No Data
26	No Data	No Data	No Data	No Data
28	No Data	No Data	No Data	No Data
30	No Data	No Data	No Data	No Data
32	No Data	No Data	No Data	No Data
34	No Data	No Data	No Data	No Data
36	No Data	No Data	No Data	No Data
38	No Data	No Data	No Data	No Data
40	No Data	No Data	No Data	No Data
42	No Data	No Data	No Data	No Data
44	No Data	No Data	No Data	No Data
46	No Data	No Data	No Data	No Data
48	No Data	No Data	No Data	No Data
50	No Data	No Data	No Data	No Data
52	No Data	No Data	No Data	No Data
54	No Data	No Data	No Data	No Data
56	No Data	No Data	No Data	No Data
58	No Data	No Data	No Data	No Data
60	No Data	No Data	No Data	No Data
62	No Data	No Data	No Data	No Data
64	No Data	No Data	No Data	No Data
66	No Data	No Data	No Data	No Data
68	No Data	No Data	No Data	No Data
70	No Data	No Data	No Data	No Data
72	No Data	No Data	No Data	No Data
74	No Data	No Data	No Data	No Data
76	No Data	No Data	No Data	No Data
78	No Data	No Data	No Data	No Data

Hexadecimal Data

This page displays all the data retrieved from the air bag module. It contains data that is not converted by this program.

```

0800: 11 4A 40 76 14 FB FF FF FF FF 0B 24 0F 2D 3A 57
0810: C8 FF 00 FF 52 60 52 60 60 52 B3 20 3C 78 D6 A0
0820: 08 03 28 37 5F 0F 0F 0A F5 0A B7 B4 A1 5E C9 95
0830: 03 0C 1B 1E 00 FF 3C 3C 80 06 28 64 64 00 0C 01
0840: 5A 96 50 FF FF FF EF DF D5 E7 FF 72 4E 13 25 B1
0850: EC 14 09 0F 01 FF FF 74 7F FF CD 44 08 FF FF 95
0860: FF FF FF FF FF FF FF FF FF FF FF FF FF FF FF
0870: 05 3B 28 00 6A 00 8F FF 59 46 31 41 00 04 FF 00
0880: FF FF 00 FF FF 00 FF FF 00 FF FF 00 FF FF 00 FF
0890: FF FF 00 FF FF 00 FF FF 00 FF FF 00 FF FF 00 FF
08A0: 00 00 00 00 00 00 00 00 00 00 00 FF FF FF FF FF
08B0: 02 FF 81 38 00 8D 01 FF FF FF FF FF 32 03 F1 40
08C0: FF 13 01 F1 40 32 01 F1 41 08 51 19 86 42 FF FE
08D0: 01 0E DC 80 02 58 16 87 1F BE 01 0A 00 8C 01 04
08E0: 00 F0 01 36 00 A0 01 54 00 3F 02 30 02 C7 02 BA
08F0: 05 14 07 08 01 2C 03 CA 04 CE 06 40 73 33 00 A0
0900: 3F FF 00 03 00 4B 01 CC 00 03 0F FF 00 14 00 78
0910: 00 A0 00 6E 0A 16 FF 01 00 00 00 7F 0F 0C 0F 02
0920: 03 5A 32 46 05 50 02 02 FA 1E 08 0C 0A 1C 02 23
0930: 09 06 28 32 16 20 16 1F 5F FF FF 02 FF FF FF 11
0940: FF FF FF FF FF FF FF FF FF FF FF FF FF FF FF
0950: 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00
0960: 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00
0970: 00 00 00 90 A3 80 B1 B0 B0 B0 B1 B0 B0 AF AG AB
0980: B9 B7 AA A5 B0 AB B0 C2 B7 AB A5 A9 AD B0 B7 BA
0990: B1 BE B7 B0 AD A4 A4 B1 B6 B7 B7 B3 AF AB 00 A0
09A0: A0 A1 A1 A1 A1 A1 A2 A1 A0 A3 A3 A2 A4 A4 A1 A1
09B0: A3 A1 A3 A2 A2 A2 A3 A1 A3 A3 A3 A0 A2 A2 A2
09C0: A2 A2 A2 A2 A2 A2 00 80 80 80 81 81 81 80 82 80
09D0: 82 7F 7F 80 7E 7F 7E 7F 81 7F 7F 81 80 80 81 80
09E0: 80 82 80 80 80 7F 81 80 80 80 80 7F 80 7F 00 00
09F0: 00 00 00 00 00 00 00 FF FF FC FF FF FF FF FF 05
    
```

Comments

Vogt RCM removed from Sabte YF1A-14B321-AE 212511950429 1/17/2001 made in Canada D186ARM

PE03-010

Ford

10/22/03

Attachment

E

Book 2 of 24

From: Lovelace, Maria (M.E.)
Sent: Monday, May 05, 2003 1:40 PM
To: Dionis, Anthony (A.J.)
Cc: Bush, Tracy (T.L.)
Subject: FW: fgenumaster-mcmillan.xls #0

Tony

can you please look into this request? Thanks

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

From: Bush, Tracy (T.L.)
Sent: Monday, May 05, 2003 1:06 PM
To: Lovelace, Maria (M.E.)
Cc: Bersuder, Lee (L.C.); Bush, Tracy (T.L.)
Subject: fgenumaster-mcmillan.xls

Maria,

Per Lee's away message, I am sending this to you. Thank you.

FQE Assignment Template

DATE ISSUED: 5/5/2003

Don Christoff	Florida
Tony Colarossi	Co. Garages
Dave Cox	Texas
Tony Dionisi	<input checked="" type="checkbox"/> Colorado
John Domka	Michigan
Dan Hammack	Texas
Mark Hayduk	Penna.
Tom Hecker	Minnesota
Brian Howe	Nevada
Gordie Kaitz	California
Dan Myers	Iowa
Tom Peeler	Georgia
Lynn Sorensen	Texas
Ron Trower	Florida
ALL	

Model Year: 2001
 Line: Sable
 Mileage range: 14000
 Part number: N/A
 # of units to be checked: 1
 Torque specs: N/A
 Tolerances: N/A
 Engineer's name: Tony Dionisi
 Phone number: 313-594-1624
 Email address: Tbush3@ford.com

DUE DATE

Problem description: Customer was hit on front driver side at approx. 36 mph and airbag did not deploy.

What specific information are you requesting: Requesting inspection of airbag system.

Any other information that will insure your assignment is a success: Photos and report.

Vehicle information
 Customer Name: Sean McMillan | VIN: 1MEHM55S91G608279
 Additional info: Please notify me when you will be able to inspect the vehicle so the customer can have vehicle towed to dealer from body shop.
 Dealer: Sill-Terhar Motors, 150 Alter Street, Broomfield, CO | Ph: (303) 469-1801 | Contact: Tom Rasmussen

INTERNET CONNECTED AND REMOTE SERVICE AVAILABLE
Ford Customer Service 24/7

Assignment No. _____

From: Dioniel, Anthony (A.J.)
Sent: Tuesday, May 06, 2003 6:27 PM
To: Lovelace, Maria (M.E.)
Cc: Bush, Tracy (T.L.); Dioniel, Anthony (A.J.)
Subject: RE: fgenumaster-mcmillan.xls #1

Maria, FYI. I have spoken to Tracy about this unit. I plan on inspecting unit at John Elway Ford Boulder on Friday (5/9/03).

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

From: Lovelace, Maria (M.E.)
Sent: Monday, May 05, 2003 1:40 PM
To: Dioniel, Anthony (A.J.)
Cc: Bush, Tracy (T.L.)
Subject: FW: fgenumaster-mcmillan.xls

Tony
can you please look into this request? Thanks

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

From: Bush, Tracy (T.L.)
Sent: Monday, May 05, 2003 1:06 PM
To: Lovelace, Maria (M.E.)
Cc: Bersuder, Lee (L.C.); Bush, Tracy (T.L.)
Subject: fgenumaster-mcmillan.xls

Maria,

Per Lee's away message, I am sending this to you. Thank you.

From: Dionisi, Anthony (A.J.)
Sent: Tuesday, May 06, 2003 5:52 PM
To: Ruth, Richard (R.R.)
Cc: Dionisi, Anthony (A.J.)
Subject: LPA Assignment - 2001 Sable #2

Going to inspect a 2001 Sable that was involved in an accident where air bags did not deploy. I was looking at the 2001 Shop Manual to see what the specs were for air bag system items (ohms/volts readings for normal range from Air Bag Electronic Crash Sensors Module Parameter Identification Table). Shop Manual does not provide information (I have used tables from truck shop manuals before to make sure air bag system checks out on SD/Excursion units). Am I looking in the wrong area? Does the system do a self test and if it recognizes something outside normal range it sets a code and therefore no need for a table? Appreciate your comments. I will be replacing the ECS/RCM on this unit and returning it for copying data/analysis (per my conversation with Tracy Bush).

Tony Dionisi
Ford Motor Company
Service Engineering Operations - FCSD
Denver Field Quality Engineer
Office: 303-346-4788
Cell: 303-949-9865
Fax: 303-346-4798
adionisi@ford.com

From: Ruth, Richard (R.R.)
Sent: Tuesday, May 06, 2003 5:52 PM
To: Dionisi, Anthony (A.J.)
Subject: Out of Office AutoReply: LPA Assignment - 2001 Sable #3

I am out of the office in New York giving a deposition from Tuesday midmorning through Thursday (slight chance it will end early and I'll be back Thursday) . I will not be able to receive or reply to e-mail. Direct urgent matters that need attention in the office to Bill Graczyk BGRACZYK.

If you need me personally urgently, please page me at 313-795-4880 or text page me by sending an e-mail to 3137954880@alphapage.airtouch.com.

If you need help back in the office send this to DMEHALL and ask her to forward it to the most appropriate engineer

From: Dionisi, Anthony (A.J.)
Sent: Tuesday, May 06, 2003 5:57 PM
To: Mahall, Dorothy (D.A.)
Cc: Dionisi, Anthony (A.J.)
Subject: FW: LPA Assignment - 2001 Sable #4

Dorothy, from [REDACTED] out of office reply, I decided to send this to you per his comments. Can you forward this to someone who can answer my question. Appreciate your help on this. Thanks.

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

From: Dionisi, Anthony (A.J.)
Sent: Tuesday, May 06, 2003 5:52 PM
To: Ruth, Richard (R.R.)
Cc: Dionisi, Anthony (A.J.)
Subject: LPA Assignment - 2001 Sable

Going to inspect a 2001 Sable that was involved in an accident where air bags did not deploy. I was looking at the 2001 Shop Manual to see what the specs were for air bag system items (ohms/volts readings for normal range from Air Bag Electronic Crash Sensors Module Parameter Identification Table). Shop Manual does not provide information (I have used tables from truck shop manuals before to make sure air bag system checks out on SD/Excursion units). Am I looking in the wrong area? Does the system do a self test and if it recognizes something outside normal range it sets a code and therefore no need for a table? Appreciate your comments. I will be replacing the ECS/RCM on this unit and returning it for copying data/analysis (per my conversation with Tracy Bush).

Tony Dionisi
Ford Motor Company
Service Engineering Operations - FCSD
Denver Field Quality Engineer
Office: 303-346-4788
Cell: 303-949-9885
Fax: 303-346-4798
adionisi@ford.com

From: Bacna, Paul (P.R.)
Sent: Wednesday, May 07, 2003 9:29 AM
To: Mehall, Dorothy (D.A.); Russo, Denise (D.M.)
Cc: Dionisi, Anthony (A.J.)
Subject: RE: LPA Assignment - 2001 Sable #5

Rick and Dorothy,

I spoke to Tony and he is all set.

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

From: Mehall, Dorothy (D.A.)
Sent: Wednesday, May 07, 2003 9:14 AM
To: Bacna, Paul (P.R.)
Subject: FW: LPA Assignment - 2001 Sable

Hope you can help.

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

From: Dionisi, Anthony (A.J.)
Sent: Tuesday, May 06, 2003 5:57 PM
To: Mehall, Dorothy (D.A.)
Cc: Dionisi, Anthony (A.J.)
Subject: FW: LPA Assignment - 2001 Sable

Dorothy, from [REDACTED] out of office reply, I decided to send this to you per his comments. Can you forward this to someone who can answer my question. Appreciate your help on this. Thanks.

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

From: Dionisi, Anthony (A.J.)
Sent: Tuesday, May 06, 2003 5:52 PM
To: Ruth, Richard (R.R.)
Cc: Dionisi, Anthony (A.J.)
Subject: LPA Assignment - 2001 Sable

Going to inspect a 2001 Sable that was involved in an accident where air bags did not deploy. I was looking at the 2001 Shop Manual to see what the specs were for air bag system items (ohms/volts readings for normal range from Air Bag Electronic Crash Sensors Module Parameter Identification Table). Shop Manual does not provide information (I have used tables from truck shop manuals before to make sure air bag system checks out on SD/Excursion units). Am I looking in the wrong area? Does the system do a self test and if it recognizes something outside normal range it sets a code and therefore no need for a table? Appreciate your comments. I will be replacing the ECS/RCM on this unit and returning it for copying data/analysis (per my conversation with Tracy Bush).

Tony Dionisi
Ford Motor Company
Service Engineering Operations - FCSD
Denver Field Quality Engineer
Office: 303-346-4788
Cell: 303-849-9865
Fax: 303-346-4798
adionisi@ford.com

ERG-010 1058

From: Lovelace, Maria (M.E.)
Sent: Wednesday, May 07, 2003 10:01 AM
To: Dionisi, Anthony (A.J.)
Subject: RE: fgenumaster-mcmillan.xls #8

thanks

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

From: Dionisi, Anthony (A.J.)
Sent: Tuesday, May 06, 2003 5:27 PM
To: Lovelace, Maria (M.E.)
Cc: Bush, Tracy (T.L.); Dionisi, Anthony (A.J.)
Subject: RE: fgenumaster-mcmillan.xls

Maria, FYI. I have spoken to Tracy about this unit. I plan on inspecting unit at John Elway Ford Boulder on Friday (5/9/03).

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

From: Lovelace, Maria (M.E.)
Sent: Monday, May 05, 2003 1:40 PM
To: Dionisi, Anthony (A.J.)
Cc: Bush, Tracy (T.L.)
Subject: FW: fgenumaster-mcmillan.xls

Tony

can you please look into this request? Thanks

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

From: Bush, Tracy (T.L.)
Sent: Monday, May 05, 2003 1:06 PM
To: Lovelace, Maria (M.E.)
Cc: Bersuder, Lee (L.C.); Bush, Tracy (T.L.)
Subject: fgenumaster-mcmillan.xls

Maria,

Per Lee's away message, I am sending this to you. Thank you.

From: Bush, Tracy (T.L.)
Sent: Wednesday, May 07, 2003 1:38 PM
To: Dionisi, Anthony (A.J.)
Subject: FW: File 1M1G608279 INVOICE REPORT FOR VIN: 1MEHM55S91G608279 #7



Invoice
HM55S91G608279.

Tony,

The 2001 Sable for [REDACTED] does have side airbags. The invoice is attached.

Regards,

Tracy L. Bush
Legal Analyst
Ford Consumer Affairs
Phone: (313) 594-1624
Fax: (313) 845-5669

GO WINGS!

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

From: CuDL Help Desk [mailto:CuDLHelp@ford.com]
Sent: Wednesday, May 07, 2003 12:37 PM
To: TBUSH3@FORD.COM
Subject: File 1M1G608279 INVOICE REPORT FOR VIN: 1MEHM55S91G608279

THIS IS THE INVOICE REPORT FOR THE REQUESTED VIN: 1MEHM55S91G608279

DEALER 55A 100 | VIN 1N6EEM55891G608279

	ADJUSTED RETAIL PRICE	AMOUNT
2001 SABLE LS PREMIUM 4-DR SED	21585.00	19937.00
TS SILVER FROST C/C METALLIC		
JW DARK CHARCOAL LEATHER SEATBELTS		
99B .3.0L 4V 6-CYLINDER ENGINE	NC	NC
44L .AUTOMATIC OVERDRIVE TRANS	NC	NC
T22 .P215/60R16 ALL-SEASON TIRES	NC	NC
5-PASS W/FLR CONSOLE FLR SHFT		
21J DUAL 6-WAY POWER SEATS	350.00	312.00
53A AUDIO GROUP	670.00	597.00
.FORD MACH AUDIO SYSTEM		
.CD CHANGER (6 DISC)		
85B SECURE GROUP	995.00	886.00
.ANTI-LOCK BRAKING SYSTEM		
.TRACTION CONTROL		
.SIDE IMPACT AIRBAGS		
J LEATHER SEATING	NC	NC
TOTAL VEHICLE & OPTIONS	23600.00	21732.00
DESTINATION & DELIVERY	600.00	600.00
TOTAL FOR VEHICLE	24200.00	

10 U.S. GAL GAS FACTORY PRICED DORA 22.00
 BATCH-ID M681013551 D 6C XV
 SCHEDULE-B LEVEL 00000
 PRICE LEVEL 120060M55 VIN: 1N6EEM55891G608279
 KEY CODES FE/FA 0095X FB
 SHIPPING WEIGHT 3231 LBS.

THIS INVOICE MAY NOT REFLECT THE FINAL COST OF THE VEHICLE IN VIEW OF THE POSSIBILITY OF FUTURE REBATES, ALLOWANCES, DISCOUNTS AND INCENTIVE AWARDS FROM FORD MOTOR COMPANY TO THE DEALER.

ROAD/MDA ASSESSMENT	INVOICE TOTAL	LESS: FORD CREDIT ADVANTAGE	LESS: APPROV. FINANCING COSTS/REBATE ACCOUNT	LESS: MODEL YEAR INFLATION & FM COST	A PLAN
215.00	22,569.00	710.00	295.00	21,564.00	21,365.00
710.00	62.00	1795.00	.00	648.00	19642.00

SOLD TO	55100	PLT RLSE DTE			
		CO	TS	STATE	10/06/00
SHIP TO (IF OTHER THAN ABOVE)		CRD INSTR	ISSUE DATE	ISSUE TYPE	ISSUE AMT
		09/28/00	55-K012	JW	09
		SHIP THROUGH			

INVOICE & UNIT IDENTIFICATION NO.	FINAL ASSEMBLY POINT	FINAL COMPANY AND/OR BANK	
1N6EEM55891G608279	CHICAGO	FORD MOTOR CREDIT	000001
1G608279 1M X55 20001011 000928 M681 D 120 55A100			2 22569.00 KUI

THIS INVOICE TO BE USED FOR THE BILLING OF VEHICLES ONLY

DEALER'S COPY

ER03-610 1000

From: Dionisi, Anthony (A.J.)
Sent: Wednesday, May 07, 2003 10:04 PM
To: Bacina, Paul (P.R.)
Cc: Mehall, Dorothy (D.A.); Russo, Denise (D.M.); Dionisi, Anthony (A.J.)
Subject: RE: LPA Assignment - 2001 Sable #8

Thanks for your help on this.

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

From: Bacina, Paul (P.R.)
Sent: Wednesday, May 07, 2003 9:29 AM
To: Mehall, Dorothy (D.A.); Russo, Denise (D.M.)
Cc: Dionisi, Anthony (A.J.)
Subject: RE: LPA Assignment - 2001 Sable

Rick and Dorothy,

I spoke to Tony and he is all set.

Paul Bacina, 313-59-43901

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

From: Mehall, Dorothy (D.A.)
Sent: Wednesday, May 07, 2003 9:14 AM
To: Bacina, Paul (P.R.)
Subject: FW: LPA Assignment - 2001 Sable

Hope you can help.

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

From: Dionisi, Anthony (A.J.)
Sent: Tuesday, May 06, 2003 5:57 PM
To: Mehall, Dorothy (D.A.)
Cc: Dionisi, Anthony (A.J.)
Subject: FW: LPA Assignment - 2001 Sable

Dorothy, from [REDACTED] out of office reply, I decided to send this to you per his comments. Can you forward this to someone who can answer my question. Appreciate your help on this. Thanks.

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

From: Dionisi, Anthony (A.J.)
Sent: Tuesday, May 06, 2003 5:52 PM
To: Ruth, Richard (R.R.)
Cc: Dionisi, Anthony (A.J.)
Subject: LPA Assignment - 2001 Sable

Going to inspect a 2001 Sable that was involved in an accident where air bags did not deploy. I was looking at the 2001 Shop Manual to see what the specs were for air bag system items (ohms/volts readings for normal range from Air Bag Electronic Crash Sensors Module Parameter Identification Table). Shop Manual does not provide information (I have used tables from truck shop manuals before to make sure air bag system checks out on SD/Excursion units). Am I looking in the wrong area? Does the system do a self test and if it recognizes something outside normal range it sets a code and therefore no need for a table? Appreciate your comments. I will be replacing the ECS/RCM on this unit and returning it for copying data/analysis (per my conversation with [REDACTED]).

Tony Dionisi

EA03-010 1000

Ford Motor Company
Service Engineering Operations - FCSD
Denver Field Quality Engineer
Office: 303-346-4788
Cell: 303-949-9865
Fax: 303-346-4798
adionisi@ford.com

From: Ron Brown [ron.brown.cosx@statefarm.com]
Sent: Monday, May 12, 2003 10:10 AM
To: Dionisi, Anthony (A.J.)
Subject: 06-5609-932 2001 Mercury Sable #9

Tony, please send the pictures.

Thanks
Ron Brown

From: Dionisi, Anthony (A.J.)
Sent: Monday, May 12, 2003 4:54 PM
To: Ron Brown
Cc: 'adlonisi@ford.com'
Subject: RE: 06-5609-932 2001 Mercury Sable #10

Here are the photos:

—Original Message—

From: Ron Brown [mailto:ron.brown.cosx@statefarm.com]
Sent: Monday, May 12, 2003 10:10 AM
To: 'adlonisi@ford.com'
Subject: 06-5609-932 2001 Mercury Sable

Tony, please send the pictures.

Thanks
Ron Brown



ER83-818 1984

ER03-010 1885

From: Dionisi, Anthony (A.J.)
Sent: Monday, May 12, 2003 4:55 PM
To: Tbush3@ford.com; Lovelace, Maria (M.E.)
Cc: Ruth, Richard (R.R.); Bacina, Paul (P.R.); Dionisi, Anthony (A.J.)
Subject: LPA Assignment - 2001 Sable - Check Airbag System #1

Attached for your review is the report/photos on 2001 Sable Airbag System:

LPA Request:



fcenumaster-mcmM
an.xls

Investigation Report:



LPA Assignment -
2001 Sable - ...

Vehicle Invoice:



Invoice
:HM55591G608279.

Vehicle History Per AWS:



Claims List
Report.htm

Photos:



1G608279a.jpg



1G608279b.jpg



1G608279c.jpg



1G608279d.jpg



1G608279e.jpg



1G608279f.jpg



1G608279g.jpg



1G608279h.jpg



1G608279i.jpg



1G608279j.jpg



1G608279k.jpg



1G608279l.jpg



1G608279m.jpg



1G608279n.jpg



1G608279o.jpg



1G608279p.jpg



1G608279q.jpg



1G608279r.jpg



1G608279s.jpg



1G608279t.jpg



1G608279u.jpg



1G608279v.jpg



1G608279w.jpg



1G608279x.jpg



1G608279y.jpg



1G608279z.jpg



1G608279aa.jpg



1G608279bb.jpg



1G608279cc.jpg

The RCM is being sent to [REDACTED] for copying/reviewing module information (shipped Airborne Express -
airbill # 4358964061). Please return RCM to the following address once you are finished with it and I will return
it to the customer through the dealership. Return RCM to:

[REDACTED]

If you have any other questions or comments, please let me know.

Tony Dionisi
Ford Motor Company
Service Engineering Operations - FCSD
Denver Field Quality Engineer
Office: 303-346-4788
Cell: 303-949-9885
Fax: 303-346-4798
adionisi@ford.com

FQE Assignment Template

DATE ISSUED: 5/5/2003

Model Year 2001
Model Line Sable
Mileage range 14000
Part number N/A
of units to be checked 1
Torque specs N/A
Tolerances N/A
Engineer's name Tony Dionel
Phone number 313-584-1624
Email address Tpush3@ford.com

Don Christoff
 Tony Colarossi
 Dave Cox
 Tony Dionel
 John Domka
 Dan Hammack
 Mark Hayduk

Tom Hacker
 Brian Howe
 Gordie Kaltz
 Dan Myers
 Tom Peeler
 Lynn Sorensen
 Ron Trower
 ALL

_____	Florida
_____	Co. Garages
_____	Texas
_____ X _____	Colorado
_____	Michigan
_____	Texas
_____	Panna.
_____	Minnesota
_____	Nevada
_____	California
_____	Iowa
_____	Georgia
_____	Texas
_____	Florida

DUE DATE

Problem description: Customer was hit on front driver side at approx. 35 mph and airbag did not deploy.

What specific information are you requesting: Requesting inspection of airbag system.

Any other information that will insure your assignment is a success: Photos and report.

Vehicle Information
Customer Name: Sean McMillan **VIN:** 1MEHM55581G608279
Additional Info: Please notify me when you will be able to inspect the vehicle so the customer can have vehicle towed to dealer from body shop.
Dealer: S&H-Terhar Motors, 150 Alter Street, Broomfield, CO **Ph:** (303) 469-1801 **Contact:** Tom Rasmussen

FORWARDED TO: CONSUMER CENTER
Ford Customer Service

Assignment No. _____

LPA Assignment – 2001 Sable – Check Airbag System

Customer: [REDACTED]
VIN # 1MEHM55S91G608279
Vehicle: 2001 Sable with side impact airbags
Mileage: 15,726 miles
R.O. #: 378167

Problem Description: Customer was hit on front driver side at approx. 35 mph and airbag did not deploy.

What specific information are you requesting: Requesting inspection of airbag system.

Dealer: Inspection took place at John Elway Ford – Boulder. Al Free – Service Manager. Phone # 303-939-8600.

Outside person present during inspection: Ron Brown (Claim Specialist – Vehicle Inspector) – State Farm Insurance Companies (phone #: 970-395-6721).

Vehicle Inspection: Accident occurred on 4-9-03. Another vehicle hit customer unit mainly at LF corner of vehicle. Customer was traveling at a slow speed and trying to make LH turn onto another road when other vehicle contacted customer vehicle (other vehicle going at approx. 30-35 mph). FQE and technician checked out customer unit airbag system and noted the following:

- (1) Vehicle has not yet been repaired. Unit towed to dealer for inspection. Damage mainly to LF area of unit (see photos).
- (2) Initial check for DTC's: using NGS, able to obtain a U2077 code. Code not listed in shop manual. Using WDS – indicated RCM passed, but ABS and EATC modules failed due to lack of communications (probably from accident).
- (3) Tried to obtain PID data using NGS and WDS – could not obtain any data (could not communicate/can not perform). Had damage to fuse panel boxes/fuses/relays in engine area. Passenger compartment fuse box – checked fuse # 30 – OBD II connector fuse – checked ok. Even tried switching with same size fuse # 29 (which was good) – no change in communications.
- (4) Checked RCM installation – looks properly installed – three bolts holding RCM in place were tight. Able to put torque wrench on only one bolt (RH side/passenger side of RCM). Showed 125 in-lb reading (spec is 17 ft-lbs). Could not take readings on other two bolts without disassembling center console area. Bolt were tight and felt this was not necessary.
- (5) Removed RCM. Reinstalled RCM to see if there were any flash codes on I/P. Fault code 19 was present – crash data memory full. Initially technician inspected pretensioner on both front seats and felt that they did not deploy. However, after reinspection by FQE, it does show that the driver pretensioner did deploy. No passenger in car at time of accident (passenger pretensioner did not deploy).
- (6) Installed new RCM – fault code of 46 now present (driver pretensioner circuit open/driver pretensioner circuit resistance low). Still could not communicate with module or obtain any PID data using NGS or WDS. No further testing was attempted.

Vehicle history per AWS: Nothing in area of airbag system.

RCM Status: the removed RCM will be returned to R. Ruth at Ford Motor Company. Information will be copied and original RCM will be returned to FQE to customer. Included will be copy of accident report and vehicle invoice, which shows that unit was built with side impact airbags.

RCM Label:

**** Removed RCM:** YF1A-14B321-BG
09/28/2000
D186 ARM

B

212510104838

**** New RCM:** YF1A-14B321-EA
10/24/2002
D186 w/SAB

E

21231054652A



DEALER 33A 100 | VIN 1MEEM55891G608279

	SUGGESTED RETAIL PRICE	AMOUNT
2001 SABLE LS PREMIUM 4-DR SED	21585.00	19937.00
TS SILVER FROST C/C METALLIC		
JW DARK CHARCOAL LEATHER BUCKETS		
998 .3.0L 4V 6-CYLINDER ENGINE	NC	NC
44L .AUTOMATIC OVERDRIVE TRANS	NC	NC
T22 .P215/60R16 ALL-SEASON TIRES	NC	NC
5-PASS W/FLR CONSOLE FLR SEFT		
21J DUAL 6-MAY POWER SEATS	350.00	312.00
53A AUDIO GROUP	670.00	597.00
.FORD MACK AUDIO SYSTEM		
.CD CHANGER (6 DISC)		
85B SECURE GROUP	995.00	886.00
.ANTI-LOCK BRAKING SYSTEM		
.TRACTION CONTROL		
.SIDE IMPACT AIRBAGS		
J LEATHER SEATING	NC	NC
TOTAL VEHICLE & OPTIONS	23600.00	21732.00
DESTINATION & DELIVERY	600.00	600.00
TOTAL FOR VEHICLE	24200.00	

10 U.S. GAL GAS FACTORY 22.00
 PRICED DORA
 BATCH-ID M581013551 D 6C XU
 SCHEDULE-B LEVEL 00000
 PRICE LEVEL 120060M55 VIN: 1MEEM55891G608279
 KEY CODES FE/FA 0098X FE
 SHIPPING WEIGHT 3231 LBS.

THIS INVOICE MAY NOT REFLECT THE FINAL COST OF THE VEHICLE IN VIEW OF THE POSSIBILITY OF FUTURE REBATES, ALLOWANCES, DISCOUNTS AND INCENTIVE AWARDS FROM FORD MOTOR COMPANY TO THE DEALER.

FDA/FLM/A ASSESSMENT	INVOICE TOTAL	LESS: OFFER FOR BIRTH ACCOUNT	LESS: OFFER CREDIT FOR DEALER ACCOUNT	FINANCING FEE/REGISTRATION FEE/DOC	A PLAN
215.00	22,569.00	710.00	295.00	21,564.00	21,365.00
710.00	62.00	1795.00	.00	648.00	19642.00

SOLD TO South Pointe Lincoln Mercury 55A100
 945 Motor City Drive
 Colorado Springs CO 80906

PLT RISE DTE
 10/06/00
 CK08

SHIP TO (IF OTHER THAN ABOVE) 55100
 DATE INV. PREPARED 09/28/00
 ITEM NUMBER 55-A012
 USEY YOUNG 09

INVOICE & UNIT IDENTIFICATION NO. 1MEEM55891G608279
 FINAL ASSEMBLY POINT CHICAGO
 FINAL COMPANY AND/OR BANK FORD MOTOR CREDIT 000001
 1G608279 1M M55 20001011 000928 M681 D 120 55A100 2 22569.00 KUI

THIS INVOICE TO BE USED FOR THE BILLING OF VEHICLES ONLY

DEALER'S COPY

ER03-010 1072

STANDARD CLAIMS LIST

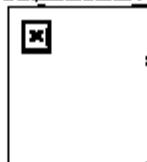
AWS Online Report

Run Date: 12-MAY-2003

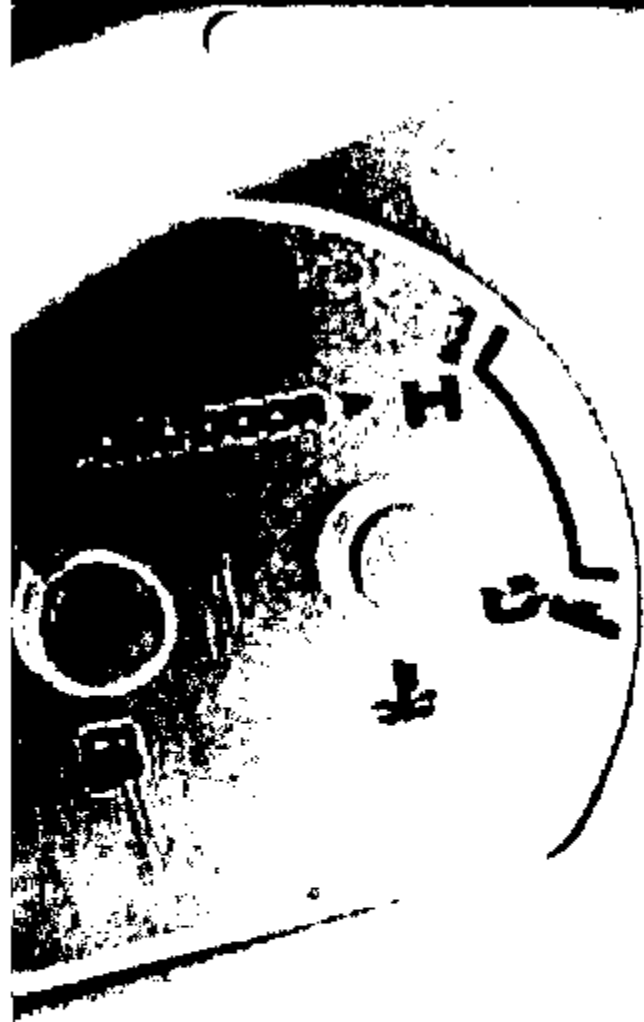
Note: All Costs are in US Dollars

VIN	AWS VL	WERS VL	MKT DER	BODY CAB	VER SERIES	DRIVE TYPE	PLANT CD	TRANS CD	ENG COD	PROD DATE	WARR DATE	SELLING DEALER	SELL CNT	TIS	QRT	WCC	PREF	BA
1MEHM55S91G608279	DM	C/DD	C/M	C/FA	C/GB	C/A	AD	C/DX	C/LD	06-10-00	31-10-01	355299	USA 0	*	7A01	BXT	36	
AWS Claim Key:	4326234	Doc #:	083680A	Trx Code:	1	Labor Hrs:	.5	Labor Cost:	32.9	Material Cost:	78.15	Ts						
Dtr Cd-Sub Cd:	10354*	Name:	SOUTH POINTE LINCOLN MERCURY		Ph:	719-5779000	St:	CO	City:	USA	Reg Cd:	NA	Exp Date:	28-8				
Cost Comments:	DRIVER STATES WONT CRANK TO START AFTER PARKED																	
Tech Comments:	TEST BATTERY FAILED, REPLACE BATTERY RETEST OK																	
1MEHM55S91G608279	DM	C/DD	C/M	C/FA	C/GB	C/A	AD	C/DX	C/LD	06-10-00	31-10-01	355299	USA 15	*	*	*		
AWS Claim Key:	12481937	Doc #:	09759661	Trx Code:	02840	Labor Hrs:	.1	Labor Cost:	7.57	Material Cost:	0	Ts						
Dtr Cd-Sub Cd:	10383*	Name:	SILL-TERHAR LINCOLN MERCURY		Ph:	303-4691801	St:	CO	City:	USA	Reg Cd:	NA	Exp Date:	10-1				
Cost Comments:	02840 BRAKE PEDAL																	
Tech Comments:	02840 RECALL 02840 RECALL																	

Any comments? You can contact



webmaster



LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279b.jpg
Odometer reading

ENG-010-1879



LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279c.jpg

EMD



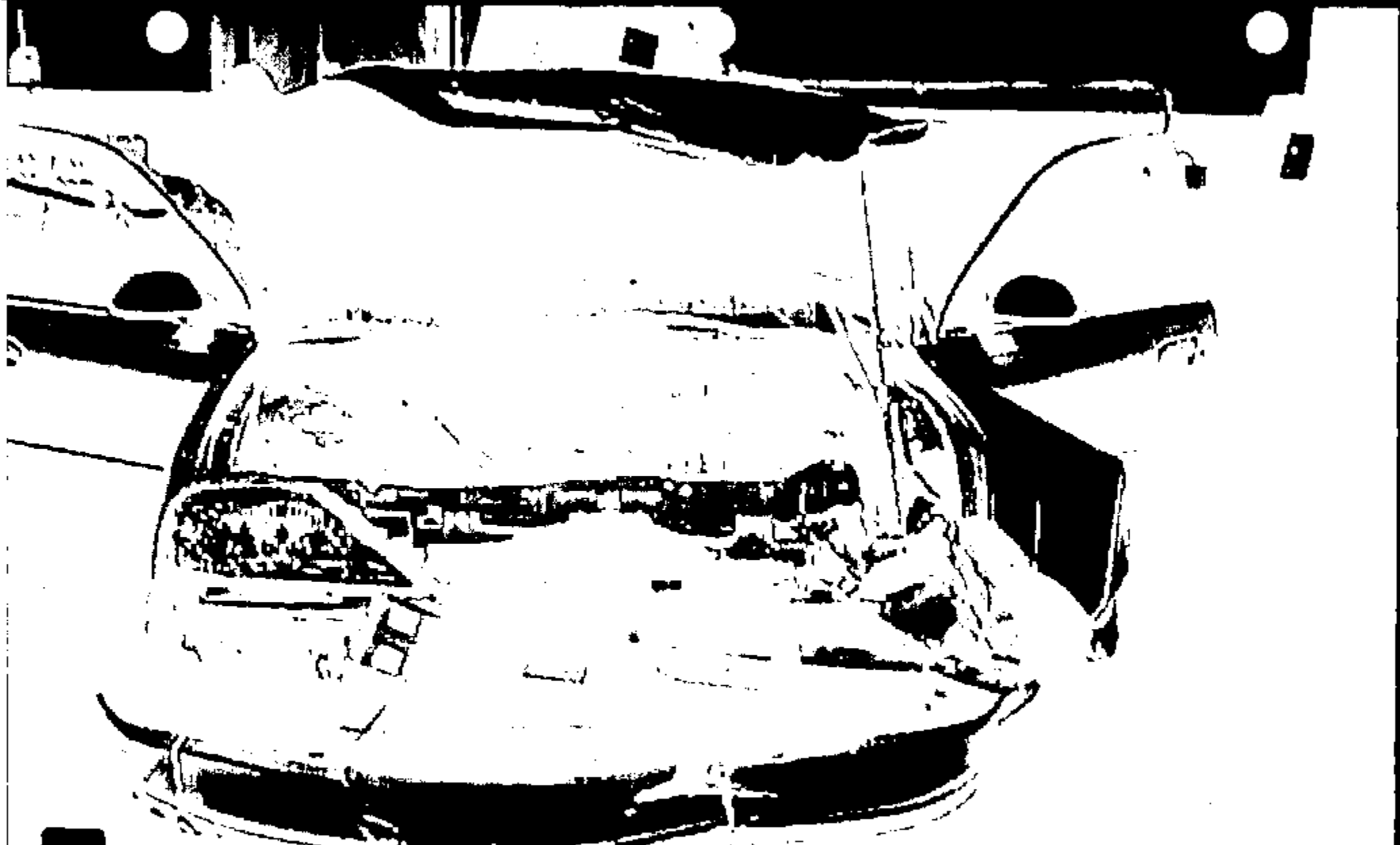
EMR-010 1077

LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608230d.jpg



EM83-010 1878

LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279e.jpg



EMR-010 1079

1P01E57A

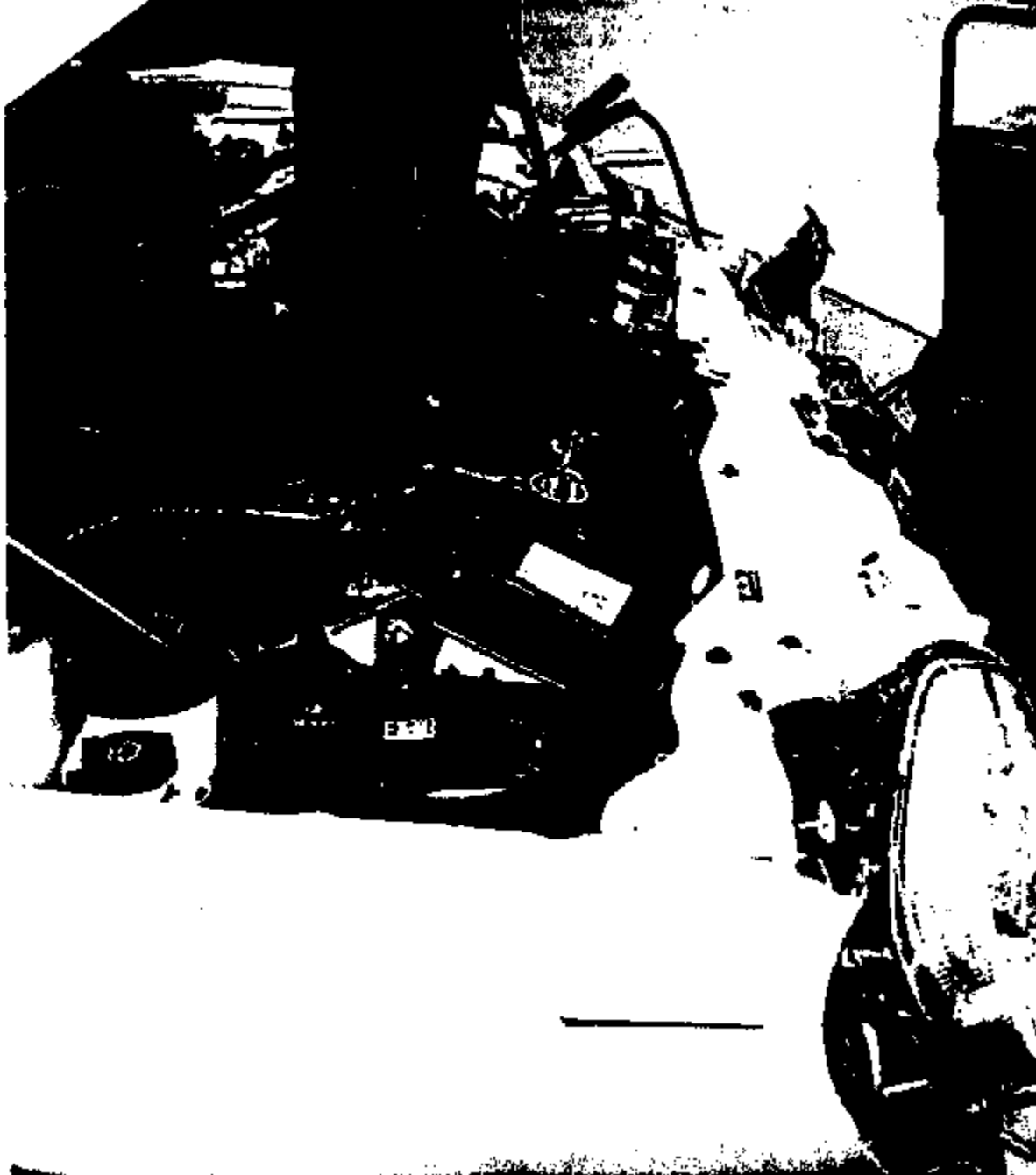
LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279g.jpg

LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279n.jpg



EM03-010 1080

LPA Investigation
Tony Dionisi Denver FOE
05-12-2008
16808278



LPA Investigation
Tony Dionisi - Denver FOE
05-12-2003
IG608279.jpg

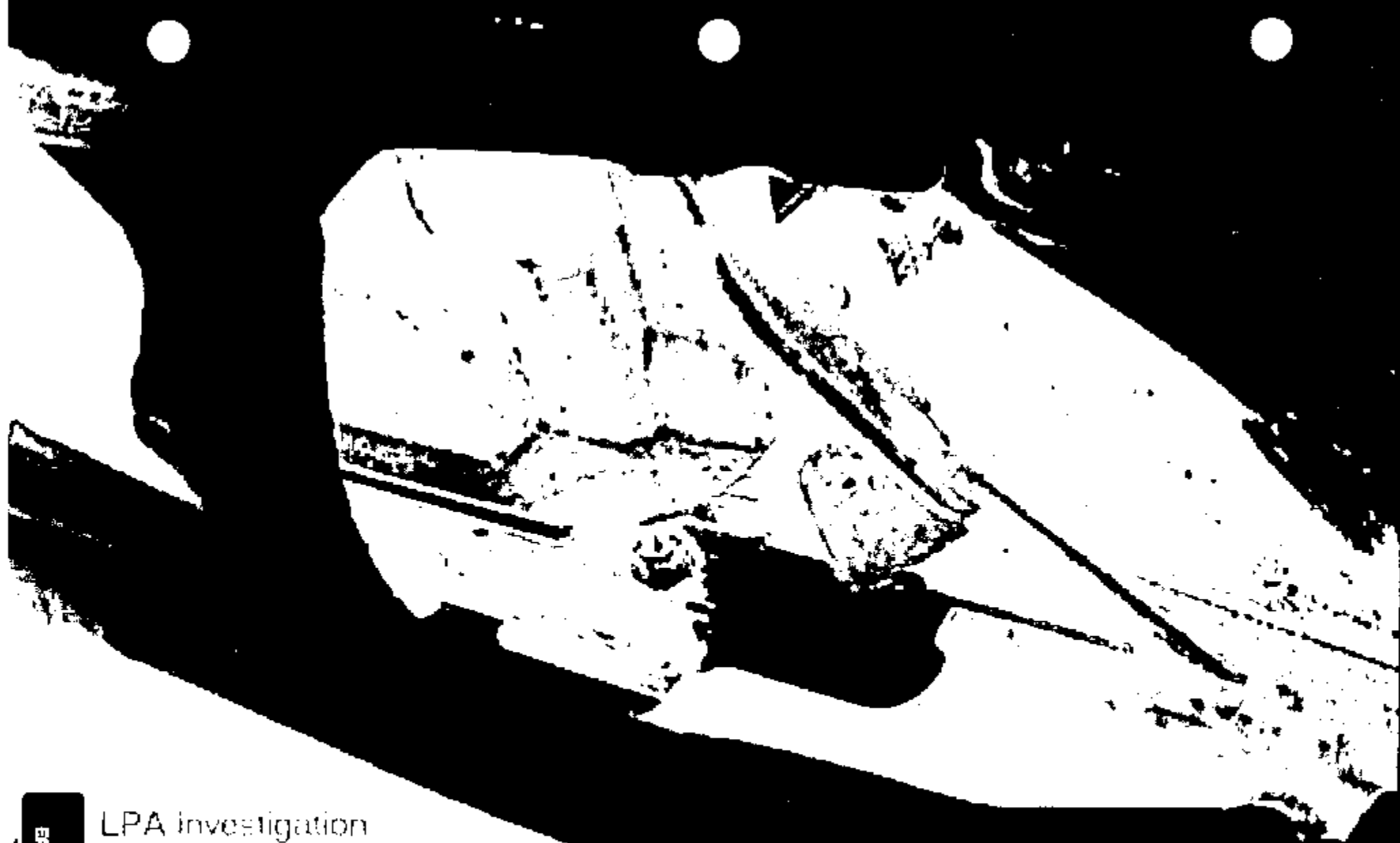
EM03-010 1002





05-12-2003 18:13

LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279k.jpg
Front crash sensor area.



ERR3-010 1884

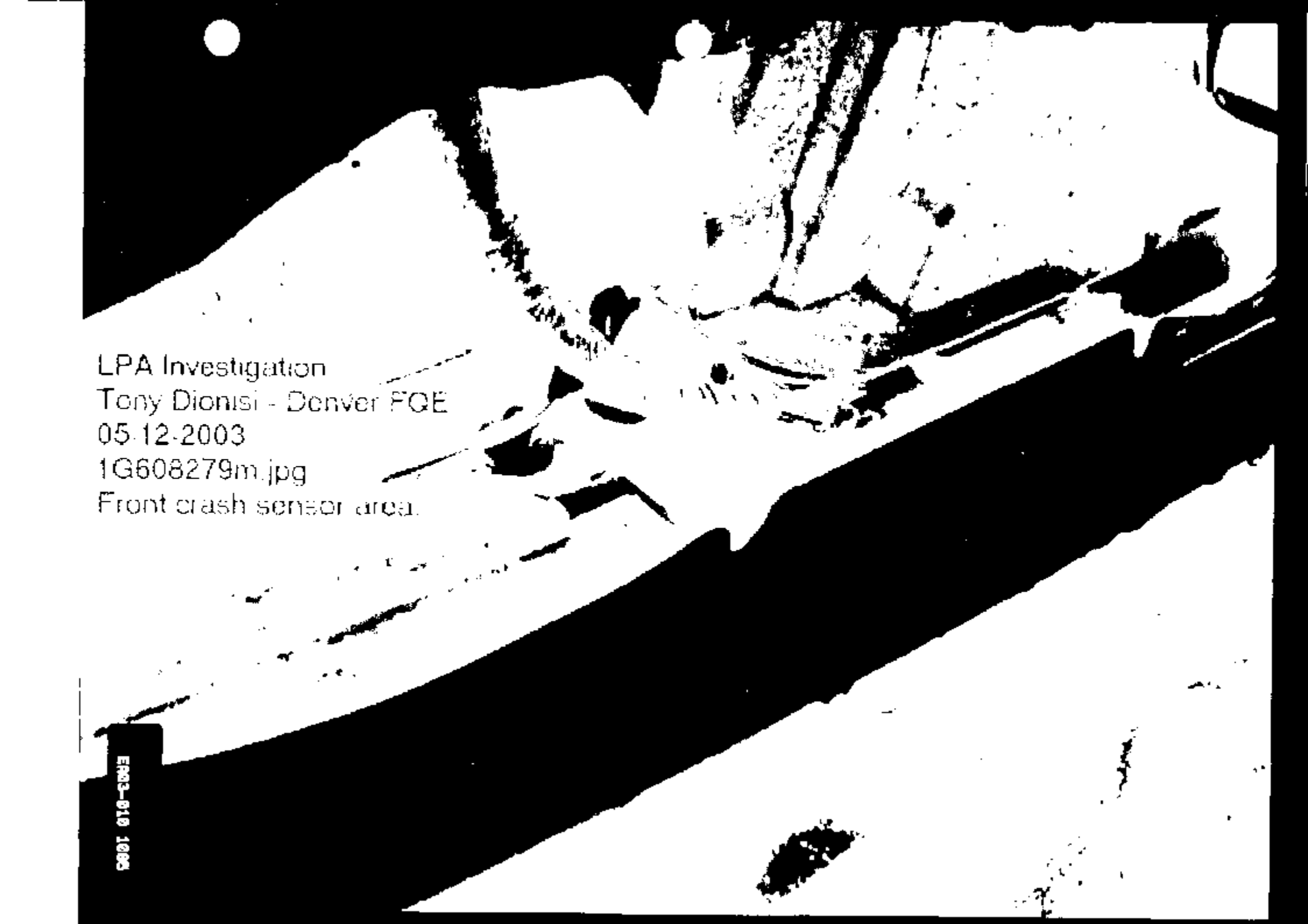
LPA Investigation

Tony Dionis - Denver FQE

05-12-2003

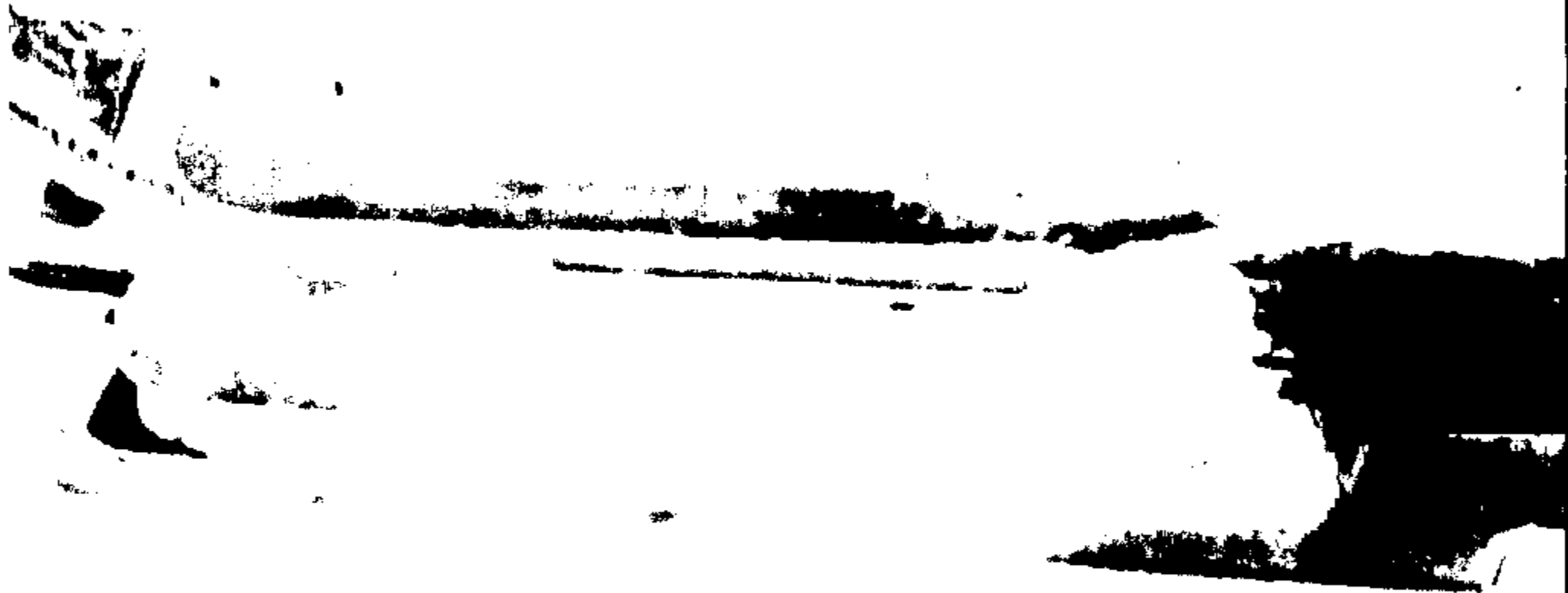
1G6082791.jpg

Front crash sensor area

A high-contrast, black and white photograph showing the front interior of a vehicle, specifically the area around the dashboard and steering wheel. The image is heavily processed, with most areas being either solid black or solid white, obscuring fine details. The steering wheel is visible in the center, and the dashboard area is to its right. The overall appearance is that of a technical or forensic photograph.

LPA Investigation
Tony Dionisi - Denver FGE
05-12-2003
1G608279m.jpg
Front crash sensor area.

ENR3-010 1006



LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279n.jpg
Front crash sensor area.

0001 010-0000 1000

LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279o.jpg
Front crash sensor area



EMCS-018 1887



ERG-010 1088

Investigation
Denver COE
10
up ipg
crab sensor area



LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G606279q.jpg
Fuse panel - engine compartment.



LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279r.jpg
Fuse panel - engine compartment.

ENR-018 1890



ENG-010 1001

LPA Investigation

Tony Dionisi - Denver FQE

05-12-2003

1G608279s.jpg

Inside unit.



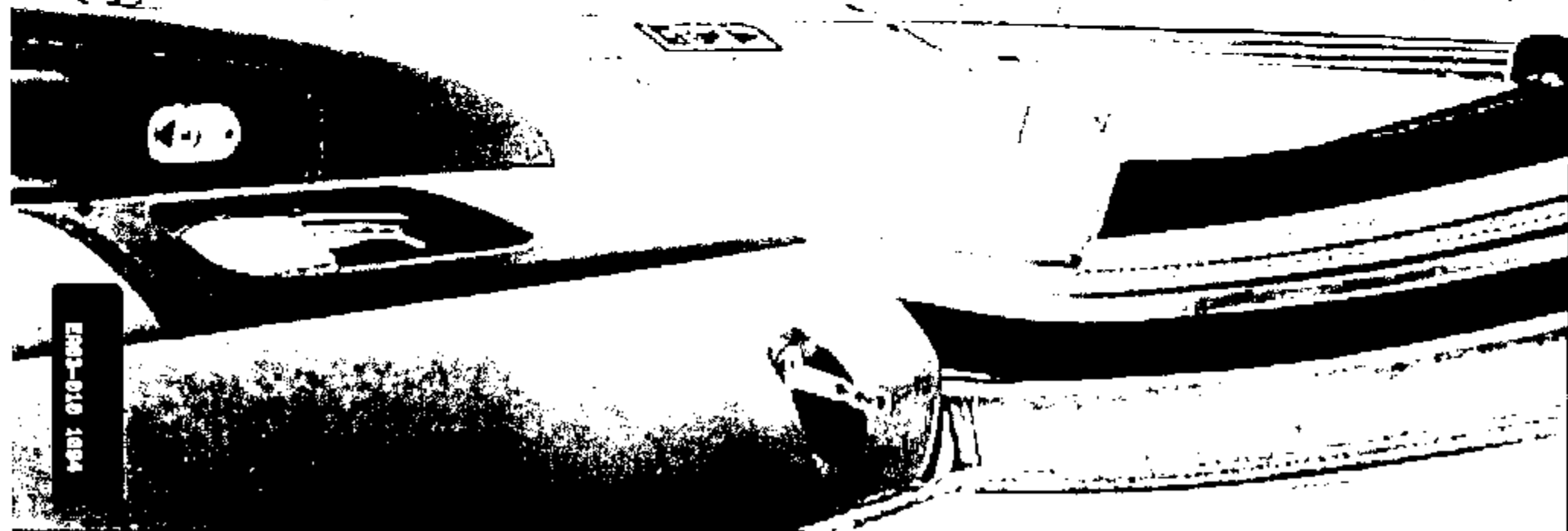
AIRBAG

LPA investigation
Tony Dionis - Denver FGE
05 12 2003
1G6082791.jpg
Denver seat side airbag

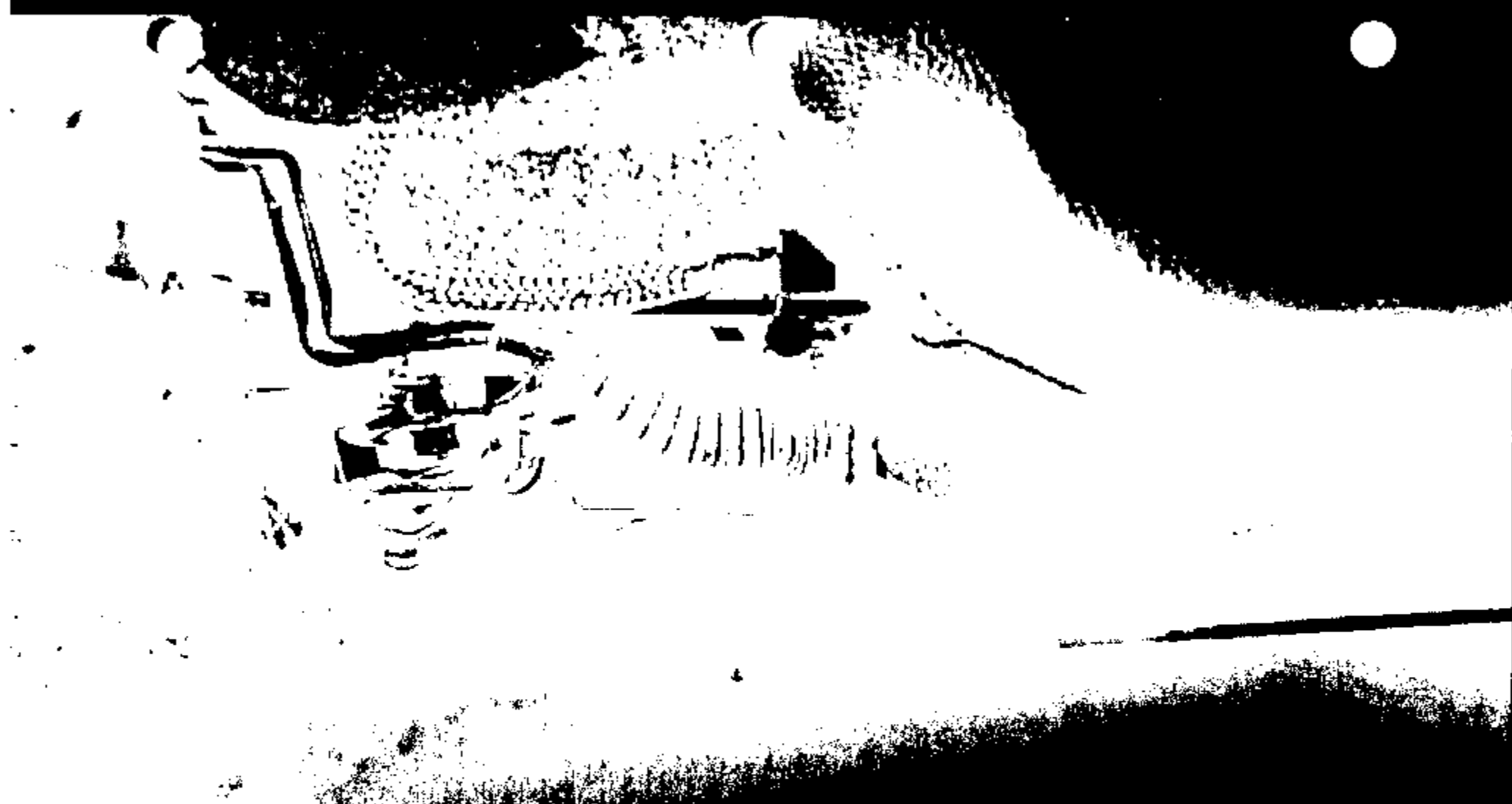
LPA Investigation
Tony Dionisi - Denver FQE
05 12 2003
1G608279u.jpg
RH side - inside.
Bumper material.

ER03-010 1003

LPA Investigation
Tony Dionigi - Denver FOE
05-12-2003
1G608279v.jpg
Pass. seat side airbag.



LPA Invel Jation
Tony Dionisi - Denver FQE
05 12 2003
1G608279w.jpg
Driver seat pretensioner.



LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G606279x.jpg
Driver seat pretensioner.
View from back of seat.

0001 010 1000

LPA Investigation

Tony Dionisi - Denver FQE

05-12-2003

1G608279y.jpg

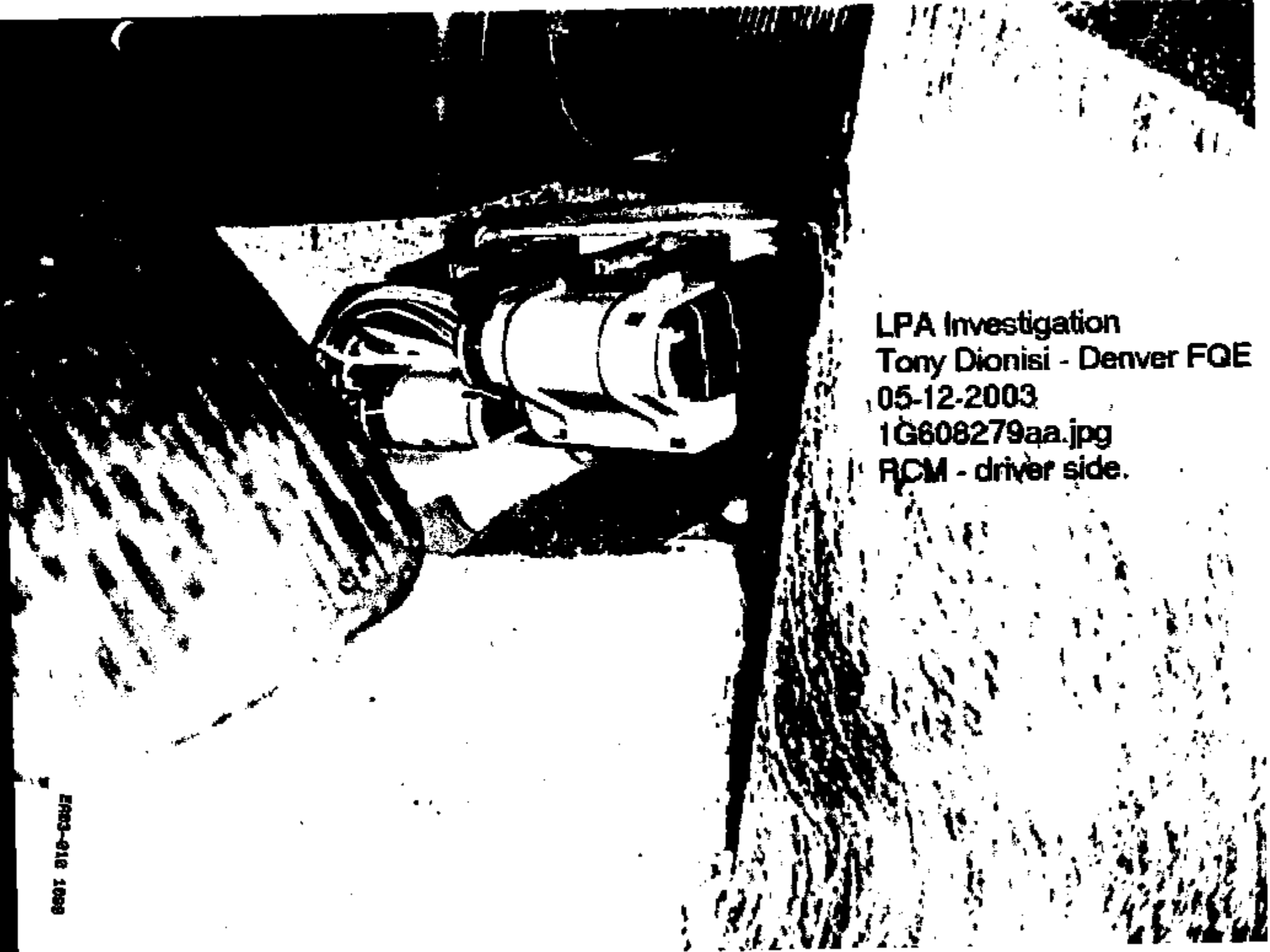
Pass. seat pretensioner.



1001 010-0000

ENG-010 1025

LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279z.jpg
Pass. seat prep
View from



LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279aa.jpg
RCM - driver side.

LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279bb.jpg
RCM.

EPCC-610 1100



MADE IN CANADA

2

09/20/2000
D188 AFM

DISASSEMBLY OF THIS PRODUCT IS PROHIBITED
BY AUTHORITY OF THE FEDERAL GOVERNMENT
DANGER OF INJURY OR DEATH IF DISASSEMBLED



EMC-018 1101

LPA Investigation
Tony Dionisi - Denver FQE
05 12 2003
*G608279cc.jpg
RCM Inpd.

From: Ruth, Richard (R.R.)
Sent: Thursday, May 15, 2003 10:33 AM
To: Dionisi, Anthony (A.J.); Bush, Tracy (T.L.)
Cc: Trzeclak, Robert (R.T.); 'sbinder@autoliv.com'; Amlin, Mike (M.J.); Bauch, David (D.J.); Clark, Todd (T.N.); Bacina, Paul (P.R.)
Subject: 2001 Sable 1MEHM55S91G808279 airbag nondeployment #12

This is a dealer request for consumer affairs review where the customer thought the airbag should have deployed but it did not.

I received the RCM from FQE Tony Dionissi for further analysis and read it out in our lab this morning. It is my judgment that the airbag system performed appropriately for this crash. This did approach the threshold for deployment and I can understand why a lay customer would be questioning the system performance.

There was a crash severity recording showing a 19.2mph longitudinal Delta-V and a 6.7 mph lateral Delta-V,



01Taurus608279na
port.xls



01
Taurus608279.hex

for a resultant total Delta V of about 20.4mph.

The driver buckle switch indicates a tongue was in the buckle and the driver seat belt pretensioner deployed at 13ms into the crash sequence. The unbelted airbag threshold was reached but the belted airbag threshold was not reached. The crash pulse was back loaded (more severe after 50ms), and our system appropriately biases against deployment this late in the sequence so as to reduce the risk of injury to potentially out of position occupants. If this pulse had been front loaded, they would have been more likely to get an airbag.

Steve Binder, FYI, please look at DTC's and confirm there is nothing that would inhibit deployment, but this one looks good to me.

I notice that the owner was transported to the hospital in their own ambulance company's ambulance, but there is no indication of what injuries were incurred. Tony, please contact me if they were serious, but I'm presuming they were not or else Tracy would have kicked this to OGC.

Module is being returned to Tony Dionissi, if customer does not want it send it back to me as a teaching example with photos of car if possible.

Customer name is [REDACTED]
John Elway Ford, Boulder CO

With a passion for flexibility and responsiveness,

Nick Ruth

Manager, Design Analysis
Vehicle Dynamics and Interior Department
604 Parklane Towers West,
3 Parklane Boulevard, Dearborn, MI 48126
Phone (313) 322-7059, Fax (313) 337-8258,
e-mail: ruth@ford.com

2000 Taurus/Sable EDR Report - Summary Page

Investigation Data

File Name:	01 Taurus608279.hex	File Save Date:	15-May-2003
File Read-out Date:	N/A	Report Date:	15-May-2003
Report Version:	1.5		

EDR Control Module Data

Data Validity Check:	Valid	EDR Model Version:	141
Time From Side Safety Decision to Left (Driver) Side Bag Deployment:			Not Deployed
Time From Side Safety Decision to Right (Passenger) Side Bag Deployment:			Not Deployed
Passenger Airbag Switch Position During Event:			N/A
Diagnostic Codes Active When Event Occurred:			0

Algorithm Times

Actual initiation depends on restraint system status (below).

	ms
Time From Algorithm Wakeup to Pretensioner:	13
Time From Algorithm Wakeup to First Stage - Unbelted:	19
Time From Algorithm Wakeup to First Stage - Belted:	0
Time From Algorithm Wakeup to Second Stage:	0

Restraint System Status

Driver Seat Belt Buckle:	Engaged
Passenger Seat Belt Buckle:	Not Engaged
Driver Seat Track In Forward Position:	No
Passenger Seat Weight Switch Position:	N/A

Deployment Initiation Attempt Times

	Driver	Passenger
Time From Algorithm Wakeup to Pretensioner Deployment Attempt:	13	Unbelted
Time From Algorithm Wakeup to First Stage Deployment Attempt:	Not Deployed	Not Deployed
Time From Algorithm Wakeup to Second Stage Deployment Attempt:	Not Deployed	Not Deployed

Notes

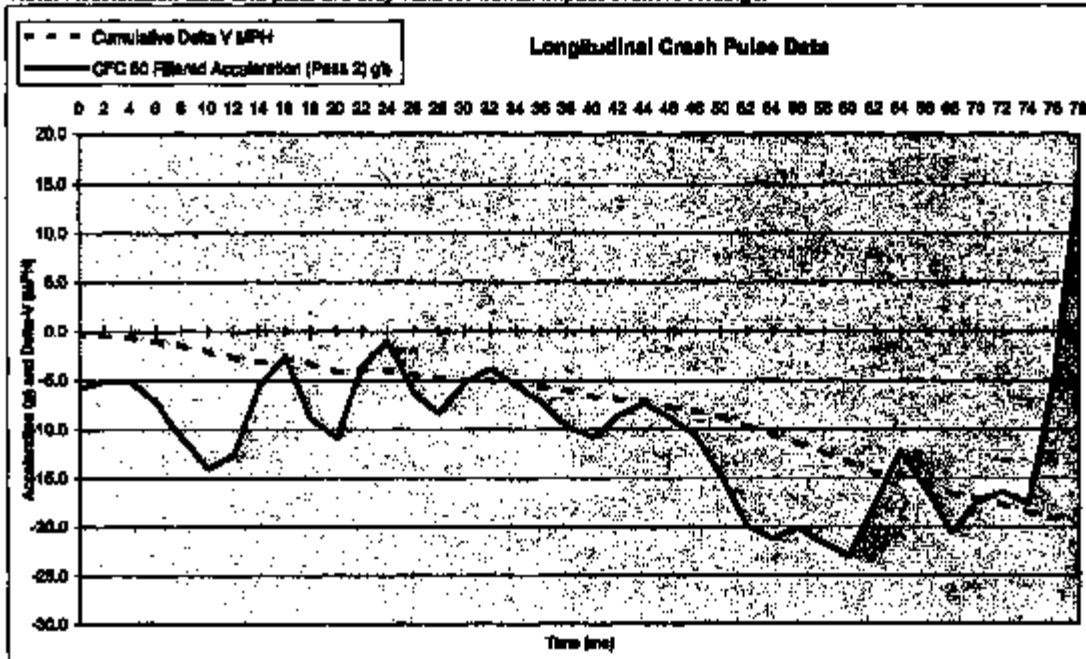
1. Read-out date is set by the PC interface tool.
2. Features and data parameters which are not available on the module are marked "N/A".
3. CFC 60 is a Butterworth 4-pole phaseless digital filter. (See SAE J211 Part 1 Appendix C dated March 1995.)
4. Total and maximum Delta-V results are not available from truncated/incomplete crash pulses.
5. Algorithm wakeup (0 ms) is not the first moment of vehicle contact or impact.
6. The Excel "Analysis ToolPak" Add-in must be enabled for this spreadsheet to operate properly.
7. Acceleration data and plots are only valid for frontal impact event recordings.

2000 Taurus/Sable EDR Report - Charts

Longitudinal Cumulative Delta-V

Time (ms)	0	10	20	30	40	50	60	70	78
Delta-V (MPH)	-0.3	-2.1	-4.3	-6.0	-8.7	-9.7	-12.4	-17.1	-18.1

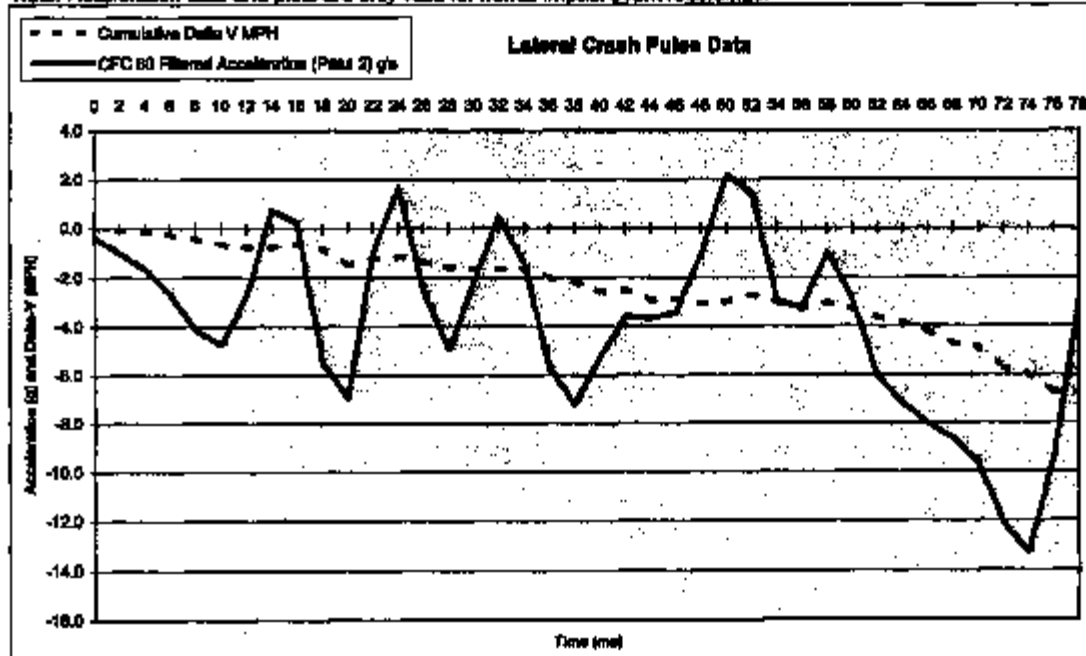
Note: Acceleration data and plots are only valid for frontal impact event recordings.



Lateral Cumulative Delta-V

Time (ms)	0	10	20	30	40	50	60	70	78
Delta-V (MPH)	0.0	-0.6	-1.5	-1.7	-2.6	-3.0	-3.3	-4.9	-6.7

Note: Acceleration data and plots are only valid for frontal impact event recordings.



File Name: 01 Taurus00278.hex

EA23-010 1104

2000 Taurus/Sable EDR Report - Memory Dump

Hexidecimal Module Memory Dump

Address	D0	01	02	03	04	05	06	07	08	09	0A	0B	0C	0D	0E	0F
0800	11	4A	40	76	14	7B	7F	7F	7F	7F	0E	24	0F	2D	3A	57
0810	C8	7F	00	7F	52	60	52	60	60	52	23	20	3C	78	D6	A0
0820	08	03	28	37	5F	0F	0F	0A	F5	0A	B7	84	A1	5E	C9	95
0830	03	0C	1B	1E	00	7F	3C	3C	80	0E	2B	64	64	00	0C	01
0840	5A	96	50	7F	7F	7F	2F	D9	D5	E7	7F	72	4E	13	25	B1
0850	EC	14	09	07	01	7F	7F	74	7F	7F	CD	44	00	7F	7F	0D
0860	0C	22	05	37	16	49	D0	0C	12	D5	27	24	1E	23	7F	7F
0870	05	3B	28	00	6A	00	8F	7F	59	46	31	41	02	06	7F	15
0880	00	7F	00	22	FD	00	22	FC	00	22	7F	00	21	7F	00	7F
0890	02	F6	80	2B	F7	7F	7F	7F	00	7F	7F	00	7F	7F	00	7F
08A0	05	00	00	00	06	08	00	00	00	00	7F	7F	7F	7F	7F	7F
08B0	02	7F	81	38	00	8D	01	7F	7F	7F	7F	7F	37	01	86	D7
08C0	7F	14	01	86	DC	23	01	86	DC	08	51	01	04	83	7F	7F
08D0	01	0E	0C	80	02	58	16	87	1F	8E	D1	0A	00	8C	01	04
08E0	00	F0	01	36	00	AD	01	54	00	3F	02	30	02	C7	02	8A
08F0	05	14	07	08	01	2C	03	CA	04	0E	06	40	73	33	00	A0
0900	3F	7F	00	83	00	4E	01	CC	00	03	0F	7F	00	14	00	78
0910	00	AD	00	6E	0A	16	7F	01	00	00	00	7F	09	0C	0F	02
0920	03	5A	32	46	05	50	02	02	FA	1E	08	0C	0A	1C	02	23
0930	09	06	28	32	16	20	16	1F	5F	7F	7F	02	7F	7F	7F	11
0940	7F	7F	7F	7F	7F	7F	7F	7F	7F	7F	7F	7F	7F	7F	7F	7F
0950	13	00	00	00	0D	00	00	09	00	00	0A	12	0C	15	15	3B
0960	09	0C	0E	0F	0D	13	07	16	00	00	00	17	1A	1B	10	00
0970	00	00	8C	90	A2	7F	B1	AE	AF	A4	9E	91	62	9F	B3	DD
0980	D3	CD	C4	A7	C2	E2	D4	C1	E1	B0	A0	C9	B7	93	BF	CF
0990	AD	9C	C5	B5	BA	B1	C6	9A	C7	B0	B4	BC	BE	AE	AA	96
09A0	97	9A	92	AD	87	88	8D	AF	8E	77	AF	9F	8F	93	93	A4
09B0	8B	9A	92	83	95	99	87	91	89	73	79	7B	79	74	70	9E
09C0	7F	69	8A	87	70	82	D4	7F	7C	7C	7A	77	75	79	7E	85
09D0	78	60	8A	84	7E	75	7B	8D	81	60	77	6C	84	6C	81	77
09E0	82	8C	72	71	8C	72	6F	78	6C	68	79	57	75	5B	7F	00
09F0	00	00	00	00	00	00	00	7F	7F	9F	00	7F	7F	7F	7F	04

File name: 01 Taurus808278.hex

EA93-018 1105

Sample Number	Time (ms)	Raw Data					CFC 60 Filtered Acceleration		Raw Data					CFC 60 Filtered Acceleration	
		AD Counts	AD Counts	g's	MPH	g's	g's	g's	AD Counts	AD Counts	g's	MPH	g's	g's	
1	0	160	-12	-8.00	-0.25	-8.00	-8.81	127	0	0.00	0.00	0.00	-8.80		
2	2	161	-11	-5.50	-0.50	-8.85	-5.02	124	-3	-1.50	-0.07	-0.44	-1.82		
3	4	164	-6	-4.00	-0.80	-8.12	-5.08	124	-3	-1.80	-0.13	-1.21	-1.87		
4	8	148	-16	-6.00	-1.00	-8.20	-7.25	122	-8	-2.60	-0.24	-1.87	-2.68		
5	6	141	-21	-10.00	-1.40	-8.04	-10.80	118	-8	-4.00	-0.42	-2.25	-4.14		
6	10	135	-27	-13.00	-2.00	-11.85	-13.68	117	-10	-5.00	-0.64	-4.20	-4.78		
7	12	136	-25	-13.00	-2.50	-13.41	-12.57	121	-9	-3.00	-0.77	-4.40	-2.76		
8	14	141	-21	-10.00	-3.12	-12.87	-8.68	120	-1	-0.60	-0.79	-2.80	0.74		
9	16	178	13	8.00	-2.83	-5.78	-2.89	153	6	3.00	-0.86	0.47	0.22		
10	18	142	-20	-10.00	-3.27	-8.04	-8.80	120	-7	-3.50	-0.81	1.04	-5.45		
11	20	118	-45	-21.00	-4.22	-8.21	-10.80	99	-31	-10.00	-1.49	-6.78	-8.82		
12	22	176	13	8.88	-3.93	-13.80	-3.65	138	11	6.60	-1.25	-5.88	-8.88		
13	24	160	-5	-1.88	-4.00	-1.41	-0.88	182	8	2.80	-1.14	0.88	1.88		
14	26	143	-16	-6.68	-4.41	0.68	-8.28	117	-10	-6.00	-1.38	3.08	-2.61		
15	28	147	-16	-7.90	-4.74	-7.82	-9.38	117	-10	-6.00	-1.88	-3.88	-4.63		
16	30	148	-13	-8.88	-5.03	-8.18	-5.22	123	-4	-2.00	-1.67	-6.61	-2.18		
17	32	164	2	1.00	-4.98	-4.37	-3.87	128	1	0.80	-1.85	-1.87	0.47		
18	34	138	-23	-11.88	-5.48	-3.11	-5.48	129	2	1.00	-1.80	0.94	-1.44		
19	36	184	-8	-4.08	-6.88	-8.88	-7.28	108	-18	-9.50	-2.03	-1.71	-5.88		
20	38	148	-18	-8.08	-6.82	-7.82	-8.86	118	-8	-4.00	-2.28	-8.88	-7.28		
21	40	131	-31	-10.88	-8.78	-8.22	-10.88	108	-18	-9.50	-2.81	-7.81	-5.28		
22	42	148	-13	-6.88	-6.88	-12.08	-6.84	132	8	2.80	-2.80	-4.88	-1.87		
23	44	183	-8	-4.88	-7.18	-8.18	-7.23	108	-18	-9.50	-2.82	-2.80	-3.88		
24	46	135	-27	-18.88	-7.77	-8.44	-8.78	129	2	1.00	-2.86	-3.70	-1.43		
25	48	148	-17	-8.88	-8.18	-10.31	-10.71	118	-8	-4.00	-3.08	-2.88	-1.08		
26	50	137	-26	-12.88	-8.68	-11.48	-14.78	130	3	1.80	-2.88	-0.88	2.18		
27	52	118	-47	-23.88	-9.73	-14.91	-10.83	140	13	6.80	-2.70	2.08	1.37		
28	54	121	-41	-20.88	-10.88	-21.43	-21.28	114	-18	-6.80	-2.88	2.81	-2.84		
29	56	123	-38	-19.88	-11.48	-22.06	-20.14	113	-14	-7.20	-3.20	-4.28	-3.24		
30	58	121	-41	-20.88	-12.38	-18.78	-21.73	140	13	6.80	-3.81	-4.54	-8.87		
31	60	118	-48	-23.88	-13.38	-20.67	-23.08	114	-18	-6.80	-3.28	0.67	-2.88		
32	62	112	-60	-25.88	-14.48	-23.48	-17.88	111	-16	-6.00	-3.84	-3.45	-8.07		
33	64	158	-4	-2.00	-14.88	-18.44	-12.21	120	-7	-3.80	-3.80	-7.78	-7.18		
34	66	127	-26	-17.88	-15.38	-9.84	-18.16	108	-18	-9.50	-4.22	-8.58	-8.04		
35	68	186	-67	-38.88	-16.88	-16.88	-20.88	104	-28	-11.80	-4.72	-8.83	-8.88		
36	70	138	-24	-12.88	-17.12	-23.88	-17.38	121	-6	-3.00	-4.88	-9.27	-8.86		
37	72	136	-27	-13.88	-17.72	-16.88	-18.41	87	-40	-30.00	-5.75	-8.63	-12.12		
38	74	125	-37	-18.88	-18.58	-12.78	-17.71	117	-18	-6.80	-6.86	-12.48	-13.82		
39	76	130	-32	-18.88	-19.23	-18.81	-4.89	91	-38	-18.00	-8.74	-12.43	-8.40		
40	78	212	80	28.00	-18.18	-8.35	18.18	127	0	0.00	-8.74	-8.88	-2.88		

Other Parameters from data file	
X Zero Point (counts)	162
RunTime (msec)	140
Y Zero Point (counts)	127
Driver Buckle (1 = buckled)	1
Passenger Buckle (1 = buckled)	0
Driver Seat Position (1 = forward)	0
CFC Initial Status (1 = ON)	1
Driver/Passenger coupled (1=yes)	1

User configurable parameters	
g's per AD count	0.6
Sample Rate (Hz)	600
Channel Frequency Class (Hz)	80

Computed values	
MPH Conversion Factor (K)	0.043600
Sample Period (seconds)	0.002
CFC Filter Wt:	783.188
CFC Filter Wt:	0.898611
CFC Filter Factor a0:	0.291000
CFC Filter Factor a1:	0.553212
CFC Filter Factor a2:	0.291806
CFC Filter Factor b1:	0.005183
CFC Filter Factor b2:	-0.17158
Number of Invalid Lines in recording:	0

CFC 60 Filter Formulas
 Pass 1: $y(k) = (a0 * y(k)) + (a1 * y(k-1)) + (a2 * y(k-2)) + (b1 * y(k-1)) + (b2 * y(k-2))$
 Pass 2: $z(k) = (a0 * y(k)) + (a1 * y(k-1)) + (a2 * y(k-2)) + (b1 * z(k-1)) + (b2 * z(k-2))$
 For longitudinal x is column E, y is column G, and z is column H.
 For lateral x is column L, y is column N, and z is column O.
 When no valid value for a parameter is available, zero is used. This is accomplished through hidden rows (4, 5, 46, 47) on this sheet.

EPC-918 1188

From: Dionisi, Anthony (A.J.)
Sent: Thursday, May 15, 2003 5:20 PM
To: Ruth, Richard (R.R.)
Cc: Dionisi, Anthony (A.J.)
Subject: RE: 2001 Sable 1MEHM55S91G608279 airbag nondeployment #13

I noticed toward the end of your note that you mention "photos of car if possible" - you did receive my note with photos? Do you want additional photos?

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

From: Ruth, Richard (R.R.)
Sent: Thursday, May 15, 2003 10:33 AM
To: Dionisi, Anthony (A.J.); Bush, Tracy (T.L.)
Cc: Trzeciak, Robert (R.T.); 'sbinder@autoliv.com'; Amin, Mike (M.J.); Bauch, David (D.J.); Clark, Todd (T.N.); Bacha, Paul (P.R.)
Subject: 2001 Sable 1MEHM55S91G608279 airbag nondeployment

This is a dealer request for consumer affairs review where the customer thought the airbag should have deployed but it did not.

I received the RCM from FQE Tony Dionisi for further analysis and read it out in our lab this morning. It is my judgment that the airbag system performed appropriately for this crash. This did approach the threshold for deployment and I can understand why a lay customer would be questioning the system performance.

There was a crash severity recording showing a 19.2mph longitudinal Delta-V and a 6.7 mph lateral Delta-V, for a resultant total Delta V of about 20.4mph. << File: 01Taurus608279report.xls >> << File: 01Taurus608279.hex >>

The driver buckle switch indicates a tongue was in the buckle and the driver seat belt pretensioner deployed at 13ms into the crash sequence. The unbelted airbag threshold was reached but the belted airbag threshold was not reached. The crash pulse was back loaded (more severe after 50ms), and our system appropriately biases against deployment this late in the sequence so as to reduce the risk of injury to potentially out of position occupants. If this pulse had been front loaded, they would have been more likely to get an airbag.

Steve Binder, FYI, please look at DTC's and confirm there is nothing that would inhibit deployment, but this one looks good to me.

I notice that the owner was transported to the hospital in their own ambulance company's ambulance, but there is no indication of what injuries were incurred. Tony, please contact me if they were serious, but I'm presuming they were not or else Tracy would have kicked this to OGC.

Module is being returned to Tony Dionisi, if customer does not want it send it back to me as a teaching example with photos of car if possible.

Customer name is [REDACTED]
John Elway Ford, Boulder CO

With a passion for flexibility and responsiveness,

Rick Ruth

Manager, Design Analysis
Vehicle Dynamics and Interior Department
804 Parklane Towers West,
3 Parklane Boulevard, Dearborn, MI 48128
Phone (313) 322-7069, Fax (313) 337-8250,
E-mail: ruth@ford.com

From: Ruth, Richard (R.R.)
Sent: Thursday, May 15, 2003 5:23 PM
To: Dionisi, Anthony (A.J.)
Subject: RE: 2001 Sable 1MEHM55S91G608279 airbag nondeployment #14

I got your note with 3 attached files but to my knowledge none were photos even though the text implied they were.

With a passion for flexibility and responsiveness,

Rick Ruth

Manager, Design Analysis
Vehicle Dynamics and Interior Department
604 Parklane Towers West,
3 Parklane Boulevard, Dearborn, MI 48126
Phone (313) 322-7059, Fax (313) 337-8256,
e-mail: ruth@ford.com

—Original Message—

From: Dionisi, Anthony (A.J.)
Sent: Thursday, May 15, 2003 5:20 PM
To: Ruth, Richard (R.R.)
Cc: Dionisi, Anthony (A.J.)
Subject: RE: 2001 Sable 1MEHM55S91G608279 airbag nondeployment

I noticed toward the end of your note that you mention "photos of car if possible" - you did receive my note with photos? Do you want additional photos?

—Original Message—

From: Ruth, Richard (R.R.)
Sent: Thursday, May 15, 2003 10:33 AM
To: Dionisi, Anthony (A.J.); Bush, Tracy (T.L.)
Cc: Trzeciak, Robert (R.T.); 'sbinder@autoliv.com'; Amin, Mika (M.J.); Bauch, David (D.J.); Clark, Todd (T.N.); Bedna, Paul (P.R.)
Subject: 2001 Sable 1MEHM55S91G608279 airbag nondeployment

This is a dealer request for consumer affairs review where the customer thought the airbag should have deployed but it did not.

I received the RCM from FQE Tony Dionisi for further analysis and read it out in our lab this morning. It is my judgment that the airbag system performed appropriately for this crash. This did approach the threshold for deployment and I can understand why a lay customer would be questioning the system performance.

There was a crash severity recording showing a 19.2mph longitudinal Delta-V and a 6.7 mph lateral Delta-V, for a resultant total Delta V of about 20.4mph. << File: 01Taurus608279report.xls >> << File: 01Taurus608279.hex >>

The driver buckle switch indicates a tongue was in the buckle and the driver seat belt pretensioner deployed at 13ms into the crash sequence. The unbelted airbag threshold was reached but the belted airbag threshold was not reached. The crash pulse was back loaded (more severe after 50ms), and our system appropriately biases against deployment this late in the sequence so as to reduce the risk of injury to potentially out of position occupants. If this pulse had been front loaded, they would have been more likely to get an airbag.

Steve Binder, FYI, please look at DTC's and confirm there is nothing that would inhibit deployment, but this one looks good to me.

notice that the owner was transported to the hospital in their own ambulance company's ambulance, but there is no indication of what injuries were incurred. Tony, please contact me if they were serious, but I'm presuming they were not or else Tracy would have kicked this to OGC.

ERG3-818 1188

Module is being returned to Tony Dionissi, if customer does not want it send it back to me as a teaching example with photos of car if possible.

Customer name is [REDACTED]
John Elway Ford, Boulder CO

With a passion for flexibility and responsiveness,

Nick Routh

Manager, Design Analysis
Vehicle Dynamics and Interior Department
604 Parklane Towers West,
3 Parklane Boulevard, Dearborn, MI 48126
Phone (313) 322-7059, Fax (313) 337-8258,
e-mail: routh@ford.com

From: Dionisi, Anthony (A.J.)
Sent: Thursday, May 15, 2003 5:32 PM
To: Bueh, Tracy (T.L.); Lovelace, Maria (M.E.)
Cc: Bacina, Paul (P.R.); Dionisi, Anthony (A.J.)
Subject: RE: LPA Assignment - 2001 Sable - Check Airbag System #15

When I sent my report on Monday (see below), I included 29 photos - please let me know if you received the photos. If you did not, I will resend. [REDACTED] did not receive photos. My copy of note has photos attached.

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

From: Dionisi, Anthony (A.J.)
Sent: Monday, May 12, 2003 4:55 PM
To: Tbush3@ford.com; Lovelace, Maria (M.E.)
Cc: Ruth, Richard (R.R.); Bacina, Paul (P.R.); Dionisi, Anthony (A.J.)
Subject: LPA Assignment - 2001 Sable - Check Airbag System

Attached for your review is the report/photos on 2001 Sable Airbag System:

LPA Request:

<< File: fqenumaster-mcmillan.xls >>

Investigation Report:

<< File: LPA Assignment - 2001 Sable - Check Airbag System.doc >>

Vehicle Invoice:

<< File: Invoice 1MEHM55S91G608279.PDF >>

Vehicle History Per AWS:

<< File: Claims List Report.htm >>

Photos:

<< File: 1G608279a.jpg >> << File: 1G608279b.jpg >> << File: 1G608279c.jpg >> << File:

1G608279d.jpg >>

<< File: 1G608279e.jpg >> << File: 1G608279f.jpg >> << File: 1G608279g.jpg >> << File:
1G608279h.jpg >>

<< File: 1G608279i.jpg >> << File: 1G608279j.jpg >> << File: 1G608279k.jpg >> << File:
1G608279l.jpg >>

<< File: 1G608279m.jpg >> << File: 1G608279n.jpg >> << File: 1G608279o.jpg >> << File:
1G608279p.jpg >>

<< File: 1G608279q.jpg >> << File: 1G608279r.jpg >> << File: 1G608279s.jpg >> << File:
1G608279t.jpg >>

<< File: 1G608279u.jpg >> << File: 1G608279v.jpg >> << File: 1G608279w.jpg >> << File:
1G608279x.jpg >>

<< File: 1G608279y.jpg >> << File: 1G608279z.jpg >> << File: 1G608279aa.jpg >> << File:
1G608279bb.jpg >>

<< File: 1G608279cc.jpg >>

The RCM is being sent to [REDACTED] for copying/reviewing module information (shipped Airborne Express -
airbill # 4368984081). Please return RCM to the following address once you are finished with it and I will return
it to the customer through the dealership. Return RCM to:

Tony Dionisi
2364 W. Cactus Bluff Ave.
Highlands Ranch, CO. 80129

If you have any other questions or comments, please let me know.

Tony Dionisi
Ford Motor Company
Service Engineering Operations - FCSD
Denver Field Quality Engineer
Office: 303-346-4788
Cell: 303-949-9865
Fax: 303-346-4798
dionisi@ford.com

From: Bacina, Paul (P.R.)
Sent: Friday, May 16, 2003 6:50 AM
To: Dionisi, Anthony (A.J.)
Subject: RE: LPA Assignment - 2001 Sable - Check Airbag System #16

Tony,

I received the place holders (see below) for the photos but no photos.

Paul

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

From: Dionisi, Anthony (A.J.)
Sent: Thursday, May 15, 2003 5:32 PM
To: Bush, Tracy (T.L.); Lovelace, Maria (M.E.)
Cc: Bacina, Paul (P.R.); Dionisi, Anthony (A.J.)
Subject: RE: LPA Assignment - 2001 Sable - Check Airbag System

When I sent my report on Monday (see below), I included 29 photos - please let me know if you received the photos. If you did not, I will resend. Mr. Ruth did not receive photos. My copy of note has photos attached.

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

From: Dionisi, Anthony (A.J.)
Sent: Monday, May 12, 2003 4:55 PM
To: Tbush3@ford.com; Lovelace, Maria (M.E.)
Cc: Ruth, Richard (R.R.); Bacina, Paul (P.R.); Dionisi, Anthony (A.J.)
Subject: LPA Assignment - 2001 Sable - Check Airbag System

Attached for your review is the report/photos on 2001 Sable Airbag System:

LPA Request:

<< File: fqenumaster-mcmillan.xls >>

Investigation Report:

<< File: LPA Assignment - 2001 Sable - Check Airbag System.doc >>

Vehicle Invoice:

ERG3-010 1112

<< File: Invoice 1MEHM55S91G608279.PDF >>

Vehicle History Per AWS:

<< File: Claims List Report.htm >>

Photos:

<< File: 1G608279a.jpg >> << File: 1G608279b.jpg >> << File: 1G608279c.jpg >> << File: 1G608279d.jpg >>

<< File: 1G608279e.jpg >> << File: 1G608279f.jpg >> << File: 1G608279g.jpg >> << File: 1G608279h.jpg >>

<< File: 1G608279i.jpg >> << File: 1G608279j.jpg >> << File: 1G608279k.jpg >> << File: 1G608279l.jpg >>

<< File: 1G608279m.jpg >> << File: 1G608279n.jpg >> << File: 1G608279o.jpg >> << File: 1G608279p.jpg >>

<< File: 1G608279q.jpg >> << File: 1G608279r.jpg >> << File: 1G608279s.jpg >> << File: 1G608279t.jpg >>

<< File: 1G608279u.jpg >> << File: 1G608279v.jpg >> << File: 1G608279w.jpg >> << File: 1G608279x.jpg >>

<< File: 1G608279y.jpg >> << File: 1G608279z.jpg >> << File: 1G608279aa.jpg >> << File: 1G608279bb.jpg >>

<< File: 1G608279cc.jpg >>

The RCM is being sent to Mr. Ruth for copying/reviewing module information (shipped Airborne Express - airbill # 4358984081). Please return RCM to the following address once you are finished with it and I will return it to the customer through the dealership. Return RCM to:

Tony Dionisi
2364 W. Cactus Bluff Ave.
Highlands Ranch, CO. 80129

EA83-010 1113

If you have any other questions or comments, please let me know.

Tony Dionisi
Ford Motor Company
Service Engineering Operations - FCSD
Denver Field Quality Engineer
Office: 303-346-4768
Cell: 303-949-9865
Fax: 303-346-4798
adionisi@ford.com

From: Bush, Tracy (T.L.)
Sent: Friday, May 18, 2003 9:27 AM
To: Dionisi, Anthony (A.J.); Lovelace, Maria (M.E.)
Cc: Bacina, Paul (P.R.)
Subject: RE: LPA Assignment - 2001 Sable - Check Airbag System #17

Yes, I received the photos.

Regards,

Tracy L. Bush
Legal Analyst
Ford Consumer Affairs
Phone: (313) 594-1624
Fax: (313) 845-5669

GO WINGS!

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

From: Dionisi, Anthony (A.J.)
Sent: Thursday, May 15, 2003 5:32 PM
To: Bush, Tracy (T.L.); Lovelace, Maria (M.E.)
Cc: Bacina, Paul (P.R.); Dionisi, Anthony (A.J.)
Subject: RE: LPA Assignment - 2001 Sable - Check Airbag System

When I sent my report on Monday (see below), I included 29 photos - please let me know if you received the photos. If you did not, I will resend. Mr. Ruth did not receive photos. My copy of note has photos attached.

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

From: Dionisi, Anthony (A.J.)
Sent: Monday, May 12, 2003 4:55 PM
To: Tough3@ford.com; Lovelace, Maria (M.E.)
Cc: Ruth, Richard (R.R.); Bacina, Paul (P.R.); Dionisi, Anthony (A.J.)
Subject: LPA Assignment - 2001 Sable - Check Airbag System

Attached for your review is the report/photos on 2001 Sable Airbag System:

LPA Request:

<< File: fqenumaster-mcmilian.xls >>

Investigation Report:

<< File: LPA Assignment - 2001 Sable - Check Airbag System.doc >>

ER03-016 1115

Vehicle Invoice:

<< File: Invoice 1MEHM55S91G608279.PDF >>

Vehicle History Per AWS:

<< File: Claims List Report.htm >>

Photos:

<< File: 1G608279a.jpg >> << File: 1G608279b.jpg >> << File: 1G608279c.jpg >> << File:
1G608279d.jpg >>

<< File: 1G608279e.jpg >> << File: 1G608279f.jpg >> << File: 1G608279g.jpg >> << File:
1G608279h.jpg >>

<< File: 1G608279i.jpg >> << File: 1G608279j.jpg >> << File: 1G608279k.jpg >> << File:
1G608279l.jpg >>

<< File: 1G608279m.jpg >> << File: 1G608279n.jpg >> << File: 1G608279o.jpg >> << File:
1G608279p.jpg >>

<< File: 1G608279q.jpg >> << File: 1G608279r.jpg >> << File: 1G608279s.jpg >> << File:
1G608279t.jpg >>

<< File: 1G608279u.jpg >> << File: 1G608279v.jpg >> << File: 1G608279w.jpg >> << File:
1G608279x.jpg >>

<< File: 1G608279y.jpg >> << File: 1G608279z.jpg >> << File: 1G608279aa.jpg >> << File:
1G608279bb.jpg >>

<< File: 1G608279cc.jpg >>

EA03-010 1110

The RCM is being sent to Mr. Ruth for copying/reviewing module information (shipped Airborne Express -
airbill # 4358964061). Please return RCM to the following address once you are finished with it and I will return

it to the customer through the dealership. Return RCM to:

Tony Dionisi
2364 W. Cactus Bluff Ave.
Highlands Ranch, CO. 80129

If you have any other questions or comments, please let me know.

Tony Dionisi
Ford Motor Company
Service Engineering Operations - FCSD
Denver Field Quality Engineer
Office: 303-346-4788
Cell: 303-949-9865
Fax: 303-346-4798
adionisi@ford.com

From: Dionisi, Anthony (A.J.)
Sent: Friday, May 16, 2003 9:28 AM
To: Ruth, Richard (R.R.)
Cc: Dionisi, Anthony (A.J.)
Subject: RE: LPA Assignment - 2001 Sable - Check Airbag System #18

Just checking - photos come through this time?

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

From: Dionisi, Anthony (A.J.)
Sent: Thursday, May 15, 2003 5:29 PM
To: Ruth, Richard (R.R.)
Subject: FW: LPA Assignment - 2001 Sable - Check Airbag System

Here is the note again - has 29 photos attached!

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

From: Dionisi, Anthony (A.J.)
Sent: Monday, May 12, 2003 4:55 PM
To: Tbush3@ford.com; Lovelace, Marie (M.E.)
Cc: Ruth, Richard (R.R.); Bacina, Paul (P.R.); Dionisi, Anthony (A.J.)
Subject: LPA Assignment - 2001 Sable - Check Airbag System

Attached for your review is the report/photos on 2001 Sable Airbag System:

LPA Request:

<< File: fqenumaster-mcmillan.xls >>

Investigation Report:

<< File: LPA Assignment - 2001 Sable - Check Airbag System.doc >>

Vehicle Invoice:

<< File: Invoice 1MEHM55S91G608279.PDF >>

Vehicle History Per AWS:

<< File: Claims List Report.htm >>

Photos:

<< File: 1G608279a.jpg >> << File: 1G608279b.jpg >> << File: 1G608279c.jpg >> << File: 1G608279d.jpg >>

<< File: 1G608279e.jpg >> << File: 1G608279f.jpg >> << File: 1G608279g.jpg >> << File: 1G608279h.jpg >>

<< File: 1G608279i.jpg >> << File: 1G608279j.jpg >> << File: 1G608279k.jpg >> << File: 1G608279l.jpg >>

<< File: 1G608279m.jpg >> << File: 1G608279n.jpg >> << File: 1G608279o.jpg >> << File: 1G608279p.jpg >>

<< File: 1G608279q.jpg >> << File: 1G608279r.jpg >> << File: 1G608279s.jpg >> << File: 1G608279t.jpg >>

<< File: 1G608279u.jpg >> << File: 1G608279v.jpg >> << File: 1G608279w.jpg >> << File: 1G608279x.jpg >>

<< File: 1G608279y.jpg >> << File: 1G608279z.jpg >> << File: 1G608279aa.jpg >> << File: 1G608279bb.jpg >>

<< File: 1G608279cc.jpg >>

The RCM is being sent to Mr. Ruth for copying/reviewing module information (shipped Airborne Express - airbill # 4358964061). Please return RCM to the following address once you are finished with it and I will return it to the customer through the dealership. Return RCM to:

Tony Dionisi
2364 W. Cactus Bluff Ave.
Highlands Ranch, CO. 80129

If you have any other questions or comments, please let me know.

Tony Dionisi
Ford Motor Company
Service Engineering Operations - FCSD
Denver Field Quality Engineer
Office: 303-346-4788

EA03-010 1119



From: Ruth, Richard (R.R.)
Sent: Friday, May 16, 2003 9:28 AM
To: Dionisi, Anthony (A.J.)
Subject: Out of Office AutoReply: LPA Assignment - 2001 Sable - Check Airbag System #19

I am out of the office May 16 & 19 in Washington DC without access to e mail.
Please forward anything urgent to Paul Bacina PBACINA.

If you need me personally urgently, please page me at 313-795-4880 or text page me by sending an e-mail to 3137954880@alphapage.airtouch.com.

If Paul does not respond and you need help back in the office send this to Dorothy Mehall DMEHALL and ask her to forward it to the most appropriate engineer

From: Dionisi, Anthony (A.J.)
Sent: Friday, May 16, 2003 9:51 AM
To: Dionisi, Anthony (A.J.)
Subject: FW: LPA Assignment - 2001 Sable - Check Airbag System #20

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

From: Dionisi, Anthony (A.J.)
Sent: Monday, May 12, 2003 4:55 PM
To: Tbush3@ford.com; Lovelace, Marie (M.E.)
Cc: Ruth, Richard (R.R.); Bacina, Patii (P.R.); Dionisi, Anthony (A.J.)
Subject: LPA Assignment - 2001 Sable - Check Airbag System

Attached for your review is the report/photos on 2001 Sable Airbag System:

LPA Request:



fjenumester-mcmill
an.xls

Investigation Report:



LPA Assignment -
2001 Sable - ...

Vehicle Invoice:



Invoice
:HM55591G608279.

Vehicle History Per AWS:

EA03-010 1122



Claims List
Report.htm

Photos:



1G608279a.jpg



1G608279b.jpg



1G608279c.jpg



1G608279d.jpg



1G608279e.jpg



1G608279f.jpg



1G608279g.jpg



1G608279h.jpg



1G608279i.jpg



1G608279j.jpg



1G608279k.jpg



1G608279l.jpg



1G608279m.jpg



1G608279n.jpg



1G608279o.jpg



1G608279p.jpg



1G608279q.jpg



1G608279r.jpg



1G608279s.jpg



1G608279t.jpg



1G608279u.jpg



1G608279v.jpg



1G608279w.jpg



1G608279x.jpg



1G608279y.jpg



1G608279z.jpg



1G608279aa.jpg



1G608279bb.jpg



1G608279cc.jpg

The RCM is being sent to Mr. Ruth for copying/reviewing module information (shipped Airborne Express - airbill # 4358984061). Please return RCM to the following address once you are finished with it and I will return it to the customer through the dealership. Return RCM to:

Tony Dionisi
2364 W. Cactus Bluff Ave.
Highlands Ranch, CO. 80129

If you have any other questions or comments, please let me know.

Tony Dionisi
Ford Motor Company
Service Engineering Operations - FCSD
Denver Field Quality Engineer
Office: 303-346-4788
Cell: 303-949-9885
Fax: 303-346-4798
adionisi@ford.com

EQE Assignment Template

DATE ISSUED: 5/5/2003

Model Year 2001
Model Line Sable
Mileage range 14000
Part number N/A
of units to be checked 1
Torque specs N/A
Tolerances N/A
Engineer's name Tony Dionisi
Phone number 313-594-1624
Email address Tbush3@ford.com

DUE DATE

Don Christoff	_____	Florida
Tony Colarossi	_____	Co. Garages
Dave Cox	_____	Texas
Tony Dionisi	_____ X _____	Colorado
John Domka	_____	Michigan
Dan Hammack	_____	Texas
Mark Hayduk	_____	Penna.
Tom Hecker	_____	Minnesota
Brian Howe	_____	Nevada
Gordie Kaitz	_____	California
Dan Myers	_____	Iowa
Tom Peeler	_____	Georgia
Lynn Sorensen	_____	Texas
Ron Trower	_____	Florida
ALL	_____	

Problem description: Customer was hit on front driver side at approx. 35 mph and airbag did not deploy.

What specific information are you requesting: Requesting inspection of airbag system.

Any other information that will insure your assignment is a success: Photos and report.

Vehicle information

Customer Name: Sean McMillan **VIN:** 1MEHM56S81G608279

Additional Info: Please notify me when you will be able to inspect the vehicle so the customer can have vehicle towed to dealer from body shop.

Dealer: Sill-Terhar Motors, 150 Alter Street, Broomfield, CO **Ph:** (303) 489-1801 **Contact:** Tom Rasmussen

FORWARDED TO CUSTOMER IDENTIFICATION UNIT
Customer Service Unit

Assignment No. _____

LPA Assignment – 2001 Sable – Check Airbag System

Customer: [REDACTED]
VIN # 1MEHM55891G608279
Vehicle: 2001 Sable with side impact airbags
Mileage: 15,726 miles
R.O. #: 378167

Problem Description: Customer was hit on front driver side at approx. 35 mph and airbag did not deploy.

What specific information are you requesting: Requesting inspection of airbag system.

Dealer: Inspection took place at John Elway Ford – Boulder. Al Free – Service Manager. Phone # 303-939-8600.

Outside person present during inspection: Ron Brown (Claim Specialist – Vehicle Inspector) – State Farm Insurance Companies (phone #: 970-395-6721).

Vehicle Inspection: Accident occurred on 4-9-03. Another vehicle hit customer unit mainly at LF corner of vehicle. Customer was traveling at a slow speed and trying to make LH turn onto another road when other vehicle contacted customer vehicle (other vehicle going at approx. 30-35 mph). FQE and technician checked out customer unit airbag system and noted the following:

- (1) Vehicle has not yet been repaired. Unit towed to dealer for inspection. Damage mainly to LF area of unit (see photos).
- (2) Initial check for DTC's: using NGS, able to obtain a U2077 code. Code not listed in shop manual. Using WDS – indicated RCM passed, but ABS and EATC modules failed due to lack of communications (probably from accident).
- (3) Tried to obtain PID data using NGS and WDS – could not obtain any data (could not communicate/can not perform). Had damage to fuse panel boxes/fuses/relays in engine area. Passenger compartment fuse box – checked fuse # 30 – OBD II connector fuse – checked ok. Even tried switching with same size fuse # 29 (which was good) – no change in communications.
- (4) Checked RCM installation – looks properly installed – three bolts holding RCM in place were tight. Able to put torque wrench on only one bolt (RH side/passenger side of RCM). Showed 125 in-lb reading (spec is 17 ft-lbs). Could not take readings on other two bolts without disassembling center console area. Bolt were tight and felt this was not necessary.
- (5) Removed RCM. Reinstalled RCM to see if there were any flash codes on I/P. Fault code 19 was present – crash data memory full. Initially technician inspected pretensioner on both front seats and felt that they did not deploy. However, after reinspection by FQE, it does show that the driver pretensioner did deploy. No passenger in car at time of accident (passenger pretensioner did not deploy).
- (6) Installed new RCM – fault code of 46 now present (driver pretensioner circuit open/driver pretensioner circuit resistance low). Still could not communicate with module or obtain any PID data using NGS or WDS. No further testing was attempted.

Vehicle history per AWS: Nothing in area of airbag system.

RCM Status: the removed RCM will be returned to R. Ruth at Ford Motor Company. Information will be copied and original RCM will be returned to FQE to customer. Included will be copy of accident report and vehicle invoice, which shows that unit was built with side impact airbags.

RCM Label:

**** Removed RCM:** YF1A-14B321-BG
09/28/2000
D186 ARM

B

212510104838

**** New RCM:** YF1A-14B321-EA
10/24/2002
D186 w/SAB

E

21231054652A

Tony Dionisi - Denver FQE
Cell #: 303-949-9865

STANDARD CLAIMS LIST

AWS Online Report

Run Date: 12-MAY-2003

Note: All Costs are in US Dollars

VIN	AWS VL	WERS VL	MKT DER	BODY CAB	VER SERIES	DRIVE TYPE	PLANT CD	TRANS CD	ENG COD	PROD DATE	WARR DATE	SELLING DEALER	SELL CNT	TS	QST	WCC	PRBF	BA
1MEHM55591G608279	DM	C/DD	C/M	C/FA	C/GB	C/A	AD	C/DX	C/LD	06-10-05	31-10-01	355299	USA 0	*	7A01	EXT	35	
AWS Claim Key:		4326234	Doc #:	063680A	Trx Code:	1	Labor Hrs:	.5	Labor Cost:	32.9	Material Cost:	78.15	Te					
Dir Cd-Sub Cd:		10354*	Name:	SOUTH POINTE LINCOLN MERCURY		Ph:	719-3779000	St:	CO	Ctry:	USA	Reg Cd:	NA	Repr Date:	20-S			
Cmt Comments:		DRIVER STATES WONT CRANK TO START AFTER PARKED																
Tech Comments:		TEST BATTERY FAILED, REPLACE BATTERY RETEST OK																
1MEHM55591G608279	DM	C/DD	C/M	C/FA	C/GB	C/A	AD	C/DX	C/LD	06-10-00	31-10-01	355299	USA 15	*	*	*		
AWS Claim Key:		12481937	Doc #:	09759691	Trx Code:	02940	Labor Hrs:	.1	Labor Cost:	7.57	Material Cost:	0	Te					
Dir Cd-Sub Cd:		10383*	Name:	SELL-TERHAR LINCOLN MERCURY		Ph:	303-4691801	St:	CO	Ctry:	USA	Reg Cd:	NA	Repr Date:	10-J			
Cmt Comments:		02940 BRAKE PEDAL																
Tech Comments:		02940 RECALL 02940 RECALL																

Any comments? You can contact



webmaster

EP03-010 1128

DEALER 55A 100 | VIN 1MREEM55891G608279

	QUANTITY	UNIT PRICE	AMOUNT
2001 SABLE LS PREMIUM 4-DR SED	21585	00	19937 00
TS SILVER FROST C/C METALLIC			
JW DARK CHARCOAL LEATHER SECRETS			
998 .3.0L 4V 6-CYLINDER ENGINE	NC		NC
44L .AUTOMATIC OVERDRIVE TRANS	NC		NC
T22 .P215/60R16 ALL-SEASON TIRES	NC		NC
5-PASS W/PLR CONSOLE FLR SEPT			
21J DUAL 6-WAY POWER SEATS	350	00	312 00
53A AUDIO GROUP	670	00	597 00
.FORD MACH AUDIO SYSTEM			
.CD CHANGER (5 DISC)			
85B SECURE GROUP	993	00	866 00
.ANTI-LOCK BRAKING SYSTEM			
.TRACTION CONTROL			
.SIDE IMPACT AIRBAGS			
J LEATHER SEATING	NC		NC
TOTAL VEHICLE & OPTIONS	23600	00	21732 00
DESTINATION & DELIVERY	600	00	600 00
TOTAL FOR VEHICLE	24200	00	
10 U.S. GAL GAS FACTORY PRICED DORA			22 00
BATCH-ID M681013551 D 6C XU			
SCHEDULE-R LEVEL 00000			
PRICE LEVEL 120060M55			
KEY CODES FB/FA 0095X FB			
SHIPPING WEIGHT 3231 LBS.			

VIN: 1MREEM55891G608279

THIS INVOICE MAY NOT REFLECT THE FINAL COST OF THE VEHICLE IN VIEW OF THE POSSIBILITY OF FUTURE REBATES, ALLOWANCES, DISCOUNTS AND INCENTIVE AWARDS FROM FORD MOTOR COMPANY TO THE DEALER.

FDA/FMCA ASSESSMENT	INVOICE TOTAL	LESS: SALES TAX FOR REGISTRATION	LESS: APPROX. FINANCER COST FOR REGISTRATION	LESS: SALES TAX FOR REGISTRATION	A PLAN
215.00	22,569.00	710.00	295.00	21,564.00	21,365.00
710.00	62.00	1795.00	.00	648.00	19642.00

SOLD TO: South Pointe Lincoln Mercury 55A100
945 Motor City Drive
Colorado Springs CO 80906

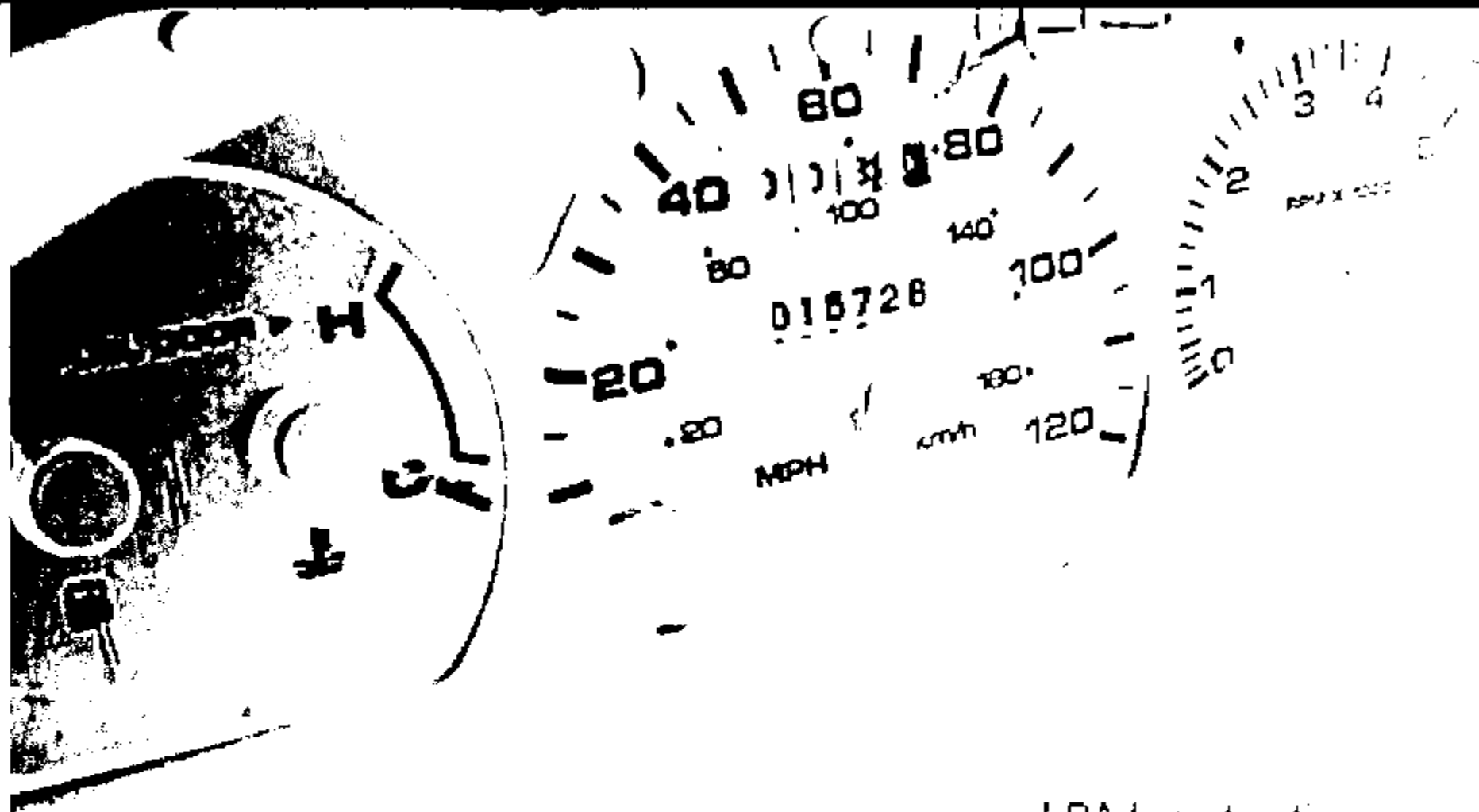
PLT RISE DTR
10/06/00
CK08

SHIP TO (IF OTHER THAN ABOVE): 55100
SHIP THROUGH: 09/28/00 55-A012 JW 03

ER03-010 1129

INVOICE & UNIT IDENTIFICATION NO. 1MREEM55891G608279
FINAL ASSEMBLY POINT CHICAGO
FINAL COMPANY AND/OR BANK FORD MOTOR CREDIT 000001
1G608279 1M M55 20001011 000928 M681 D 120 55A100 2 22569.00 KUI

THIS INVOICE TO BE USED FOR THE BILLING OF VEHICLES ONLY DEALER'S COPY



LPA Investigation
Tony Dionisi - Denver FGE
05-12-2003
1G608279b.jpg
Odometer reading

EPSC-010 1131

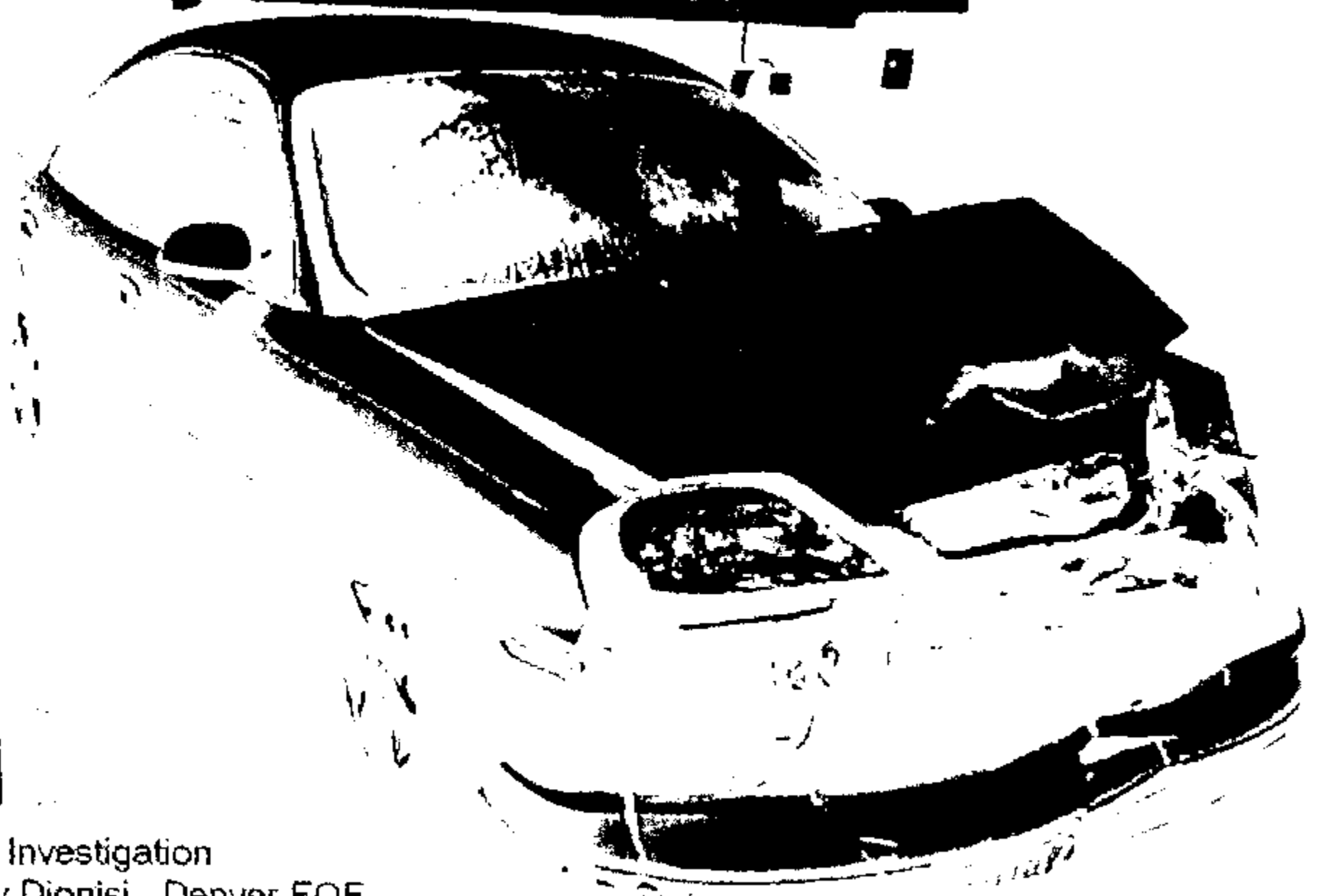


LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279c.jpg

BP

ENG-016 1133

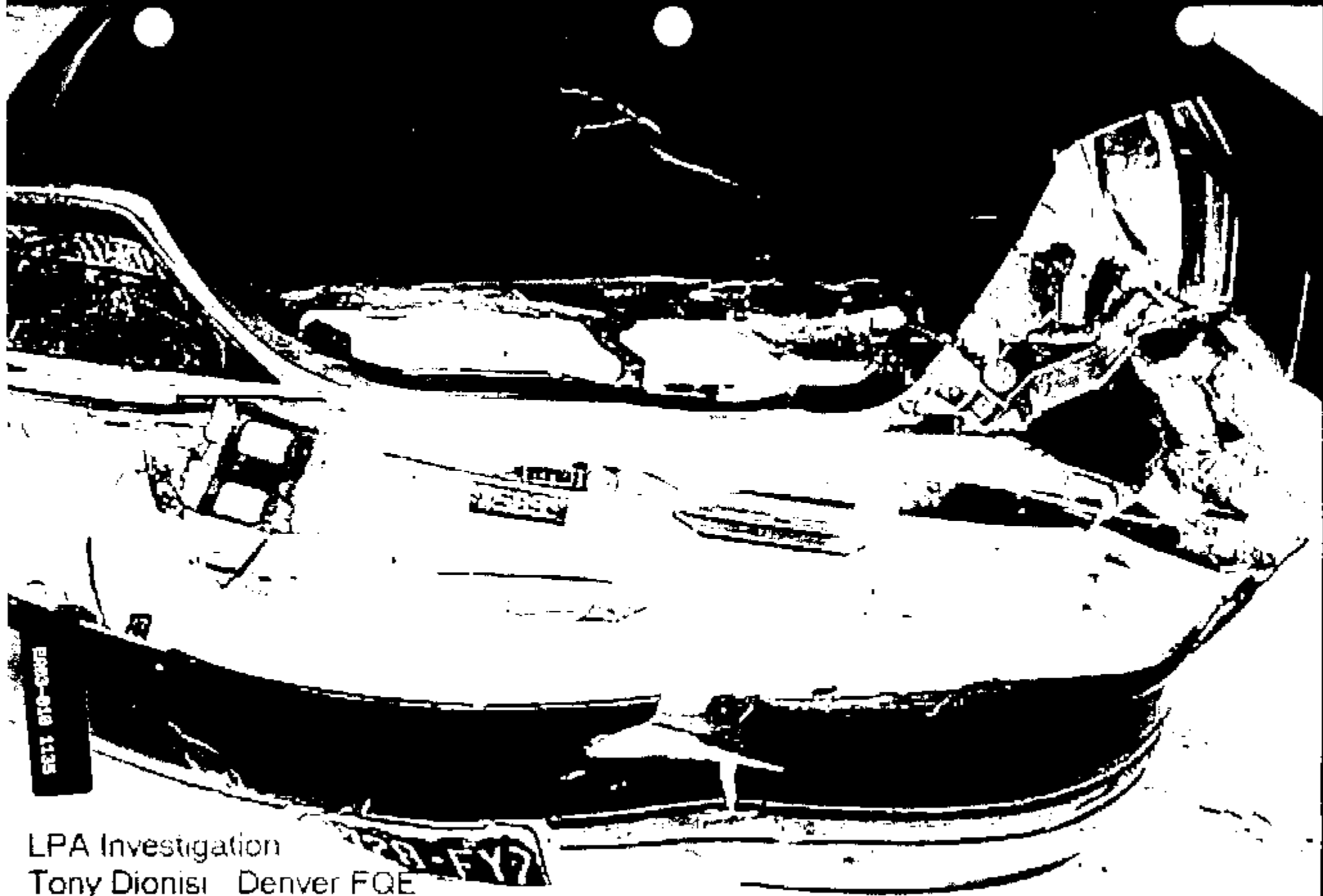
LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279d.jpg



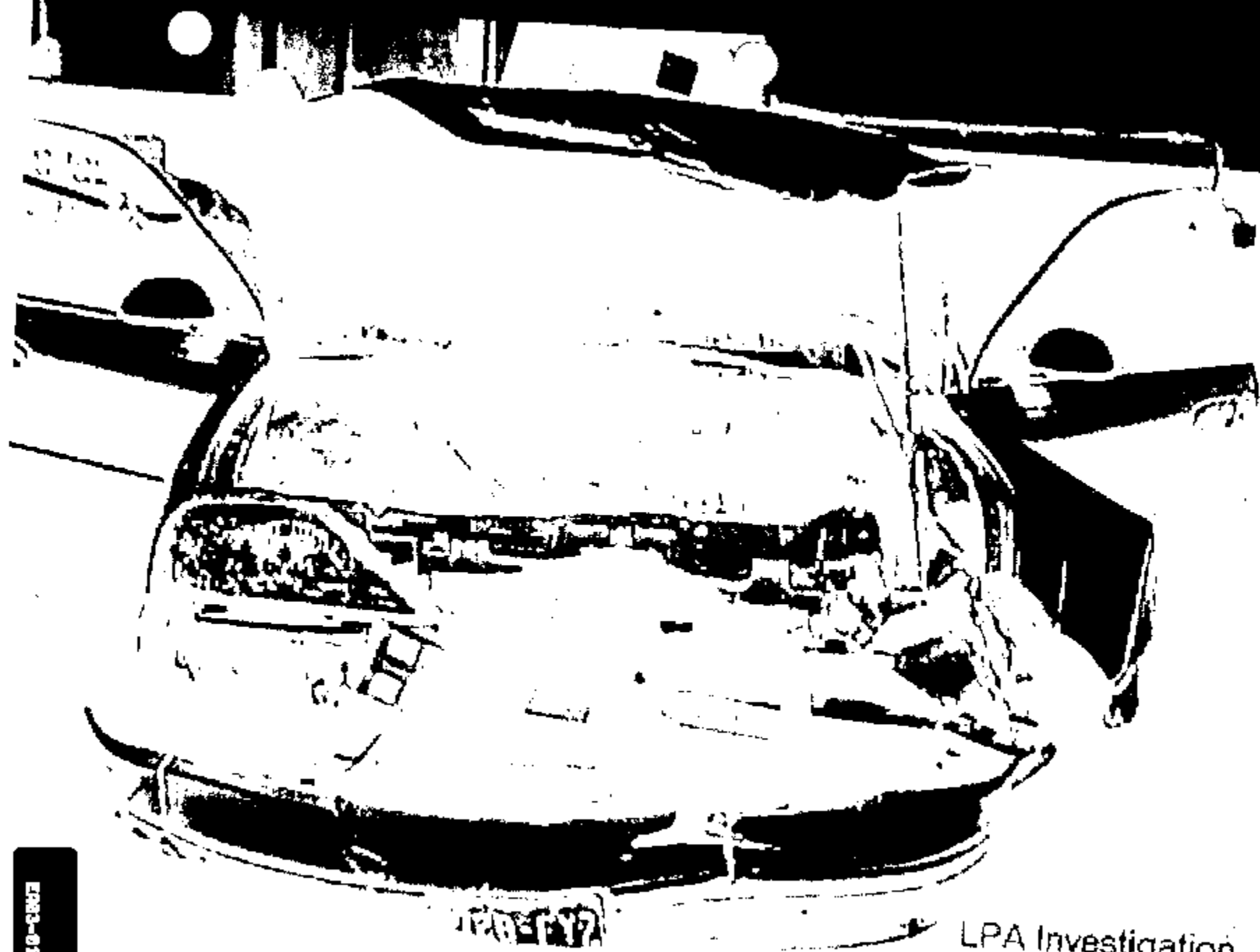


1534 010-0103

LPA Investigation
Tony Donisi - Denver FQE
05 12 2003
*G608279e.jpg



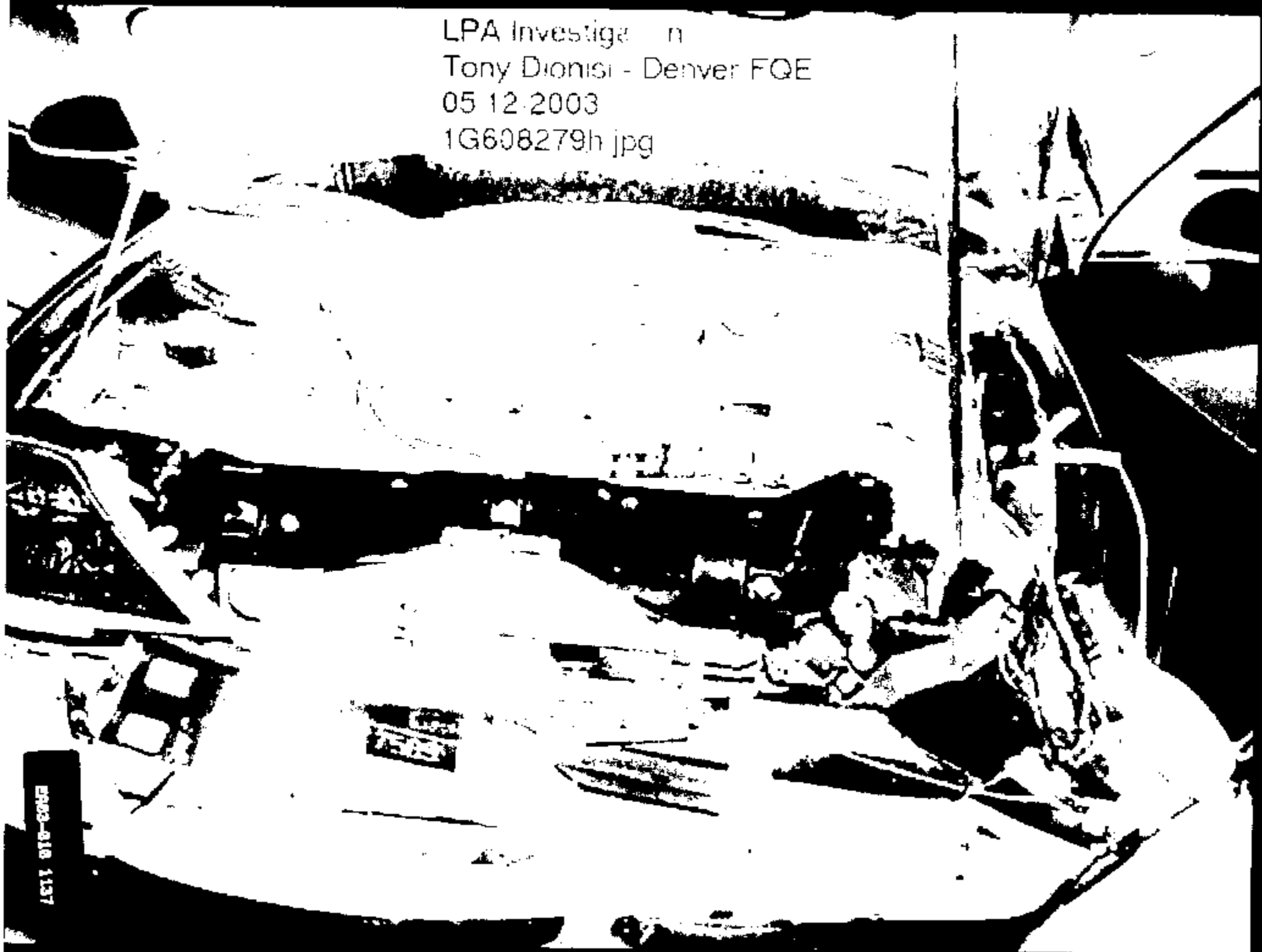
LPA Investigation
Tony Dionisi Denver FQE
05-12-2003
1G608279f.jpg



ENG-010 1126

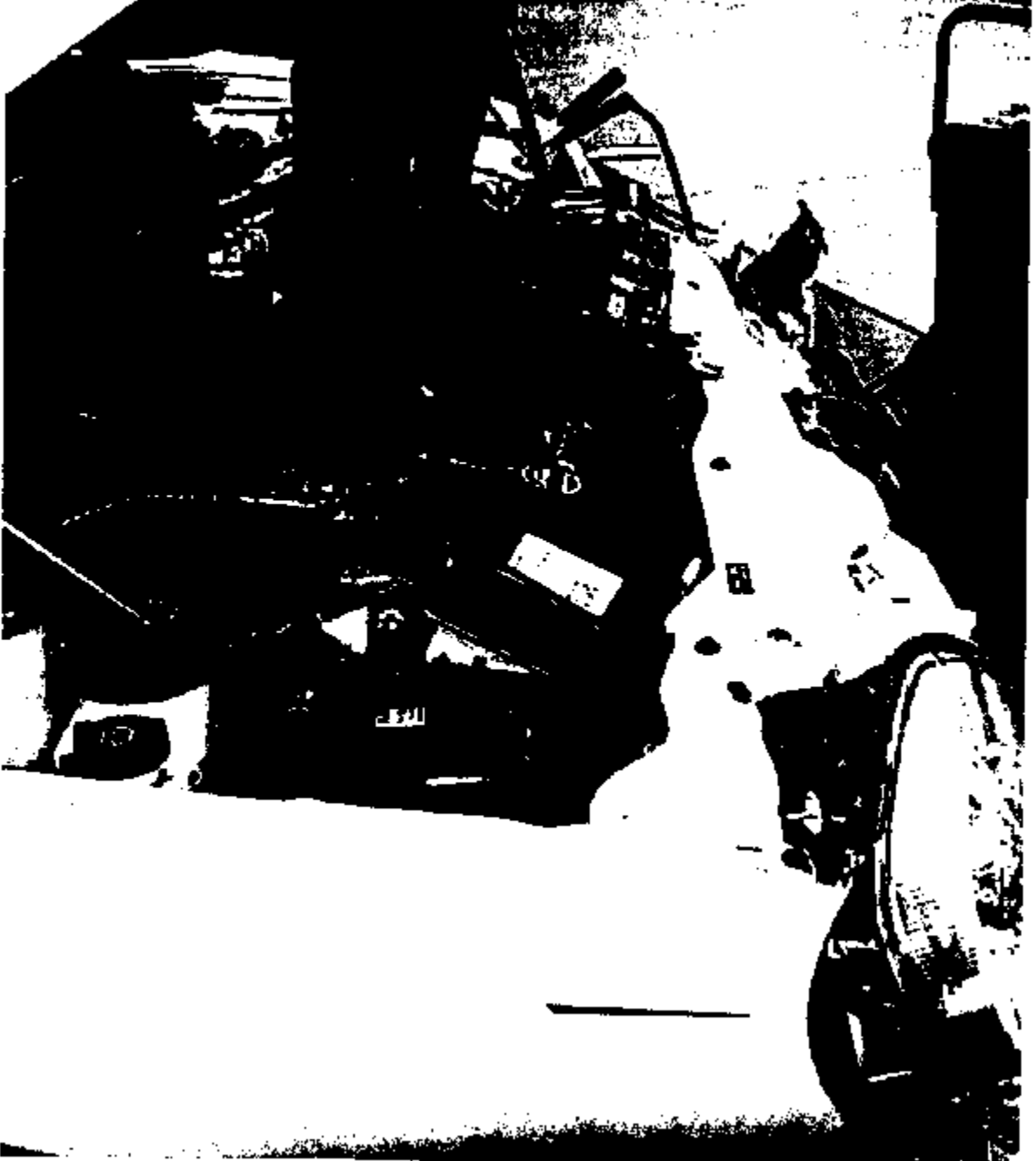
LPA Investigation
Tony Dionisi - Denver FOE
05-12-2003
1G608279g.jpg

LPA Investigation
Tony Dionisi - Denver FQE
05/12/2003
1G608279h.jpg



DP03-018 1137

LPA Investigation
Tony Dionigi - Denver FOE
05-12-2000
1G606278



EM03-010 1138

LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279.jpg



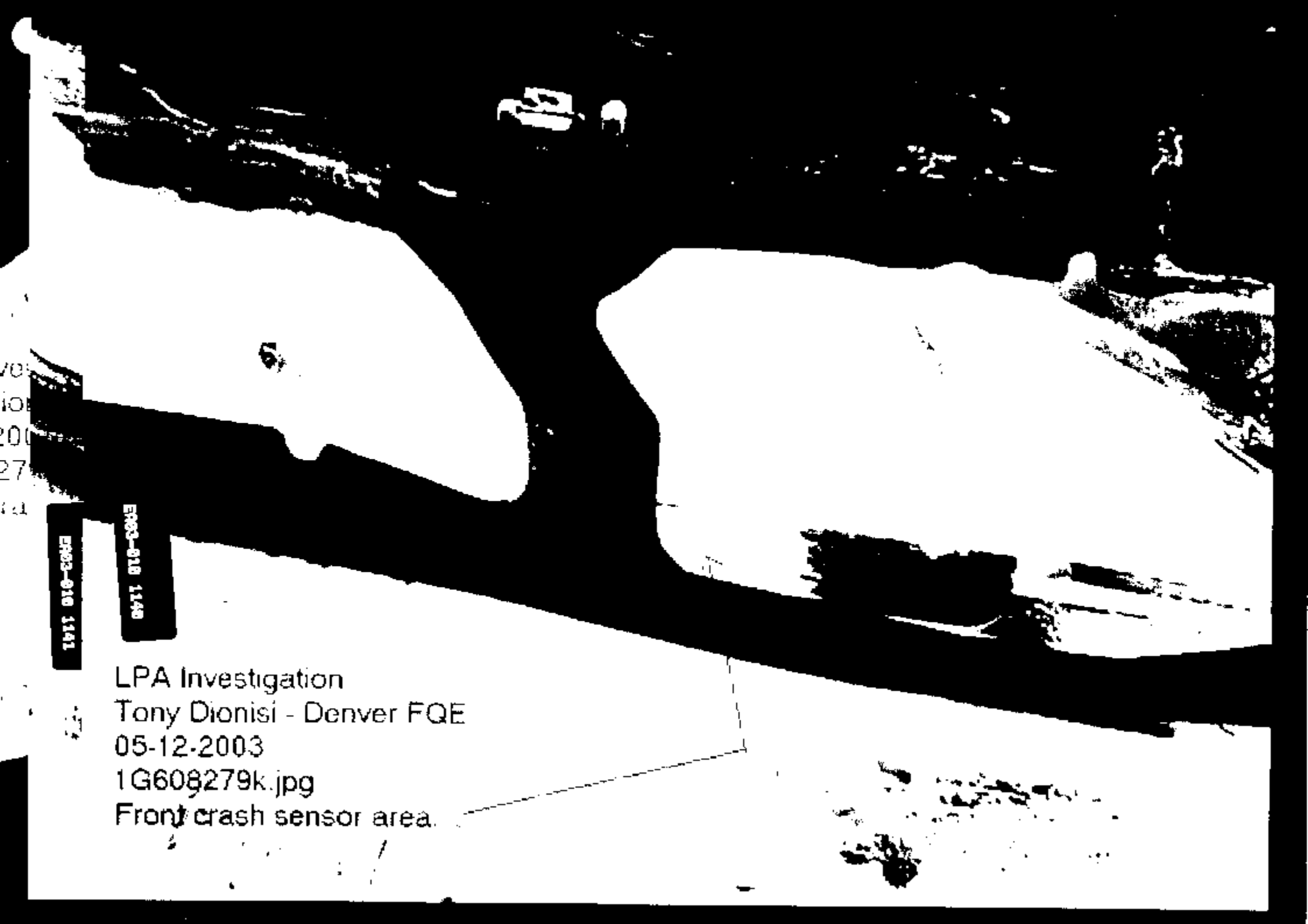
EM03-010 1130

70
10
200
27
14

EP03-010 1141

EP03-010 1140

LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279k.jpg
Front crash sensor area.





LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279n.jpg
Front crash sensor area.

ENR-010 1149

(LPA Investigation

Tony Dionisi - Denver FGE

05-12-2003

1G608279o.jpg

Front crash sensor area.

PROG-010 1144

ER83-818 1145

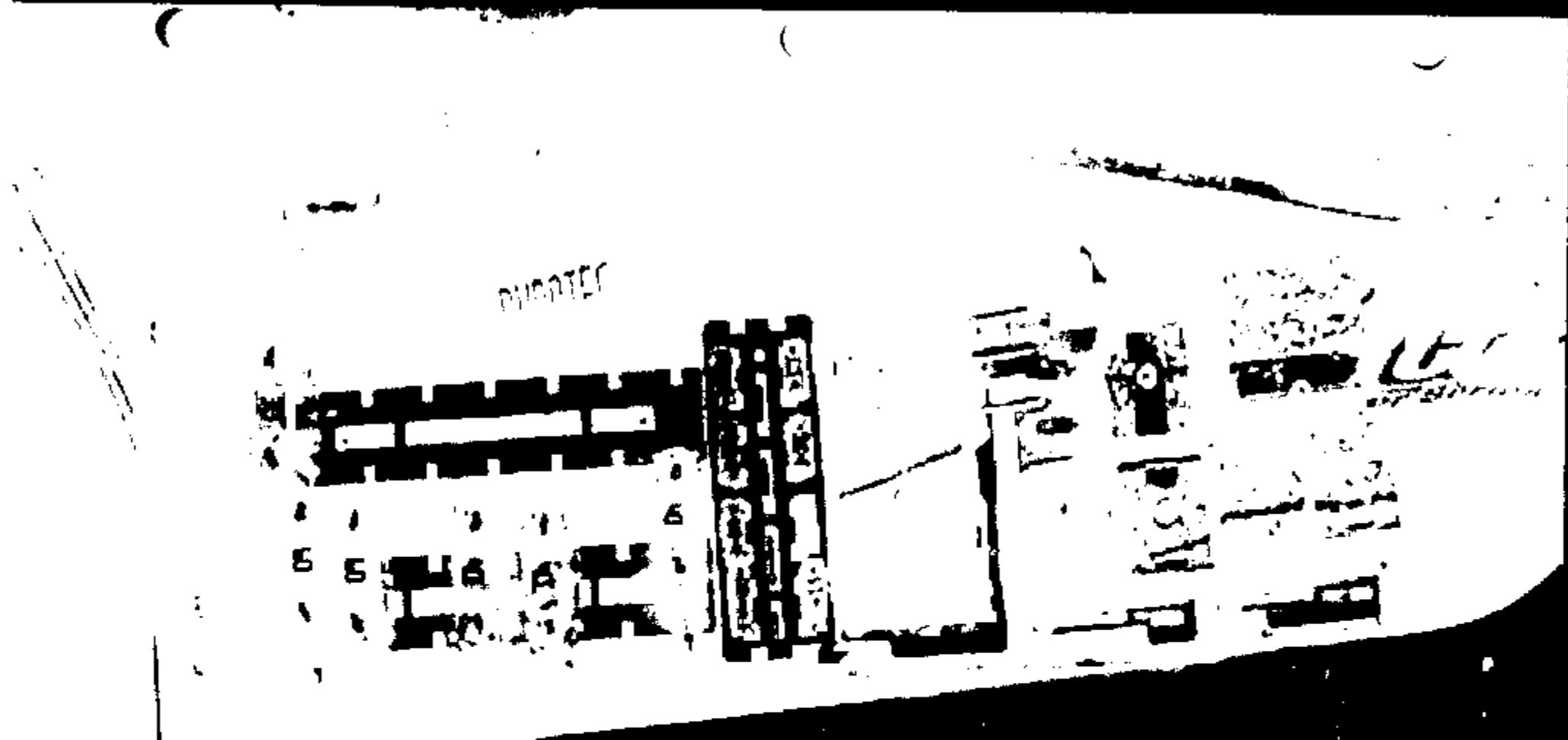
LAB Investigator

TOBY BODDIE - Denver COE

1905

09.jpg

crash sensor area



LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279q.jpg
Fuse panel - engine compartment.



ENG-010 1147

LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279r.jpg
Fuse panel - engine compartment.



EP83-818 1148

LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G6082798.jpg
Honda unit.

AIRBAG

LPA Investigation
Tony D'Onofrio - Denver FGE
05 12 2003
10608279t.ppt
Driver seat side airbag

LPA Investigation

Tony Dionisi - Denver FGE

05 12 2003

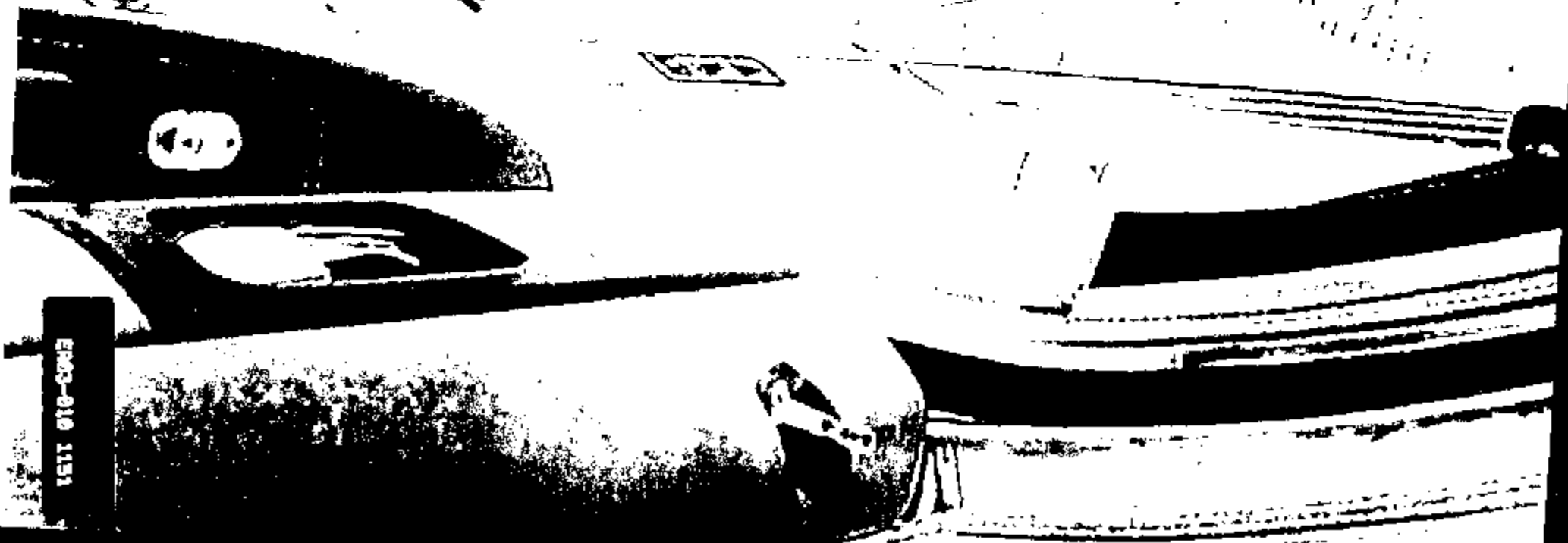
1G6082796.jpg

RH side - inside.

Bumper material.



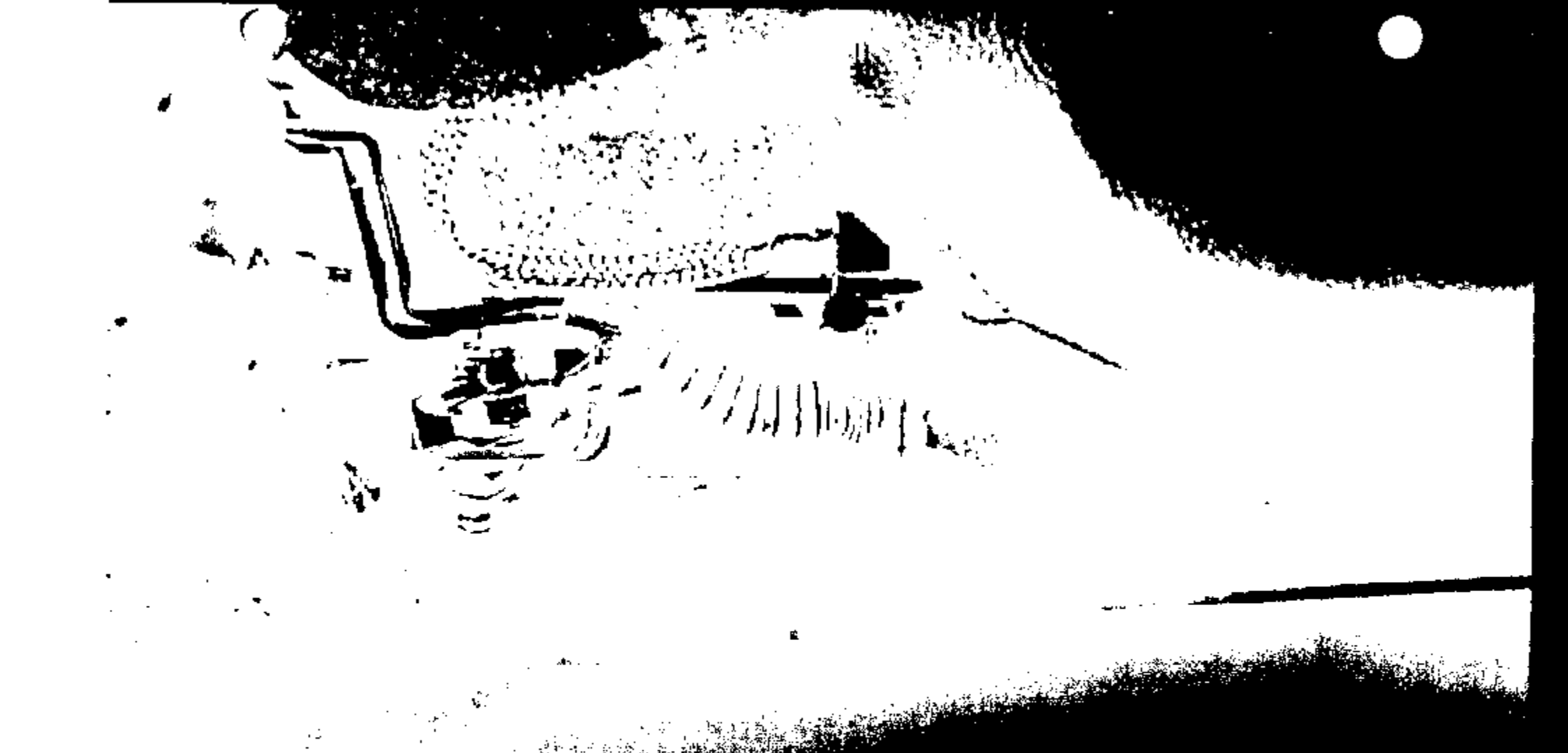
LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279v.jpg
Pass. seat side airbag



1511 010-COME

LPA Investigation
Tony Donisi - Denver FQE
05/12/2003
1G608279w.jpg
Driver seat pretensioner.

EM63-010 1102



LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279x.jpg
Driver seat pretensioner.
View from back of seat.

EP83-018 1153

LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279y.jpg
Pass. seat pretensioner.



LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279z.jpg
Pass. seat preparation
View from front

ENG-010 1185



LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
IG608279aa.jpg
RCM - driver side.

LPA Investigation
Tony Dionisi - Denver FQE
05-12-2003
1G608279bb.jpg
RCM.

EP03-010 1157



MADE IN CANADA

2

897272001
DISASSEMBLY

DISASSEMBLY
BY AUTHORIZED PERSONNEL
DANGER OF ELECTRICAL SHOCK



EP03-018 1159

LPA Investigation
Tony Dionis - Denver FGE
05 12 2003
1G6C8279cc.jpg
RCM abc.

From: Bacina, Paul (P.R.)
Sent: Friday, May 16, 2003 11:37 AM
To: Dionisi, Anthony (A.J.)
Subject: RE: LPA Assignment - 2001 Sable - Check Airbag System #21

Tony,

Yep. The last message contained them.

Paul

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

From: Dionisi, Anthony (A.J.)
Sent: Friday, May 16, 2003 9:57 AM
To: Bacina, Paul (P.R.)
Subject: RE: LPA Assignment - 2001 Sable - Check Airbag System

Paul, I just sent you the photos - please let me know if you received them. Thanks.

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

From: Bacina, Paul (P.R.)
Sent: Friday, May 16, 2003 6:50 AM
To: Dionisi, Anthony (A.J.)
Subject: RE: LPA Assignment - 2001 Sable - Check Airbag System

Tony,

I received the place holders (see below) for the photos but no photos.

Paul

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

From: Dionisi, Anthony (A.J.)
Sent: Thursday, May 15, 2003 5:32 PM
To: Bush, Tracy (T.L.); Lovelace, Maria (M.E.)
Cc: Bacina, Paul (P.R.); Dionisi, Anthony (A.J.)
Subject: RE: LPA Assignment - 2001 Sable - Check Airbag System

When I sent my report on Monday (see below), I included 29 photos - please let me know if you received the photos. If you did not, I will resend. Mr. Ruth did not receive photos. My copy of note has photos attached.

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

From: Dionisi, Anthony (A.J.)
Sent: Monday, May 12, 2003 4:55 PM
To: Tbush3@ford.com; Lovelace, Maria (M.E.)
Cc: Ruth, Richard (R.R.); Bacina, Paul (P.R.); Dionisi, Anthony (A.J.)
Subject: LPA Assignment - 2001 Sable - Check Airbag System

Attached for your review is the report/photos on 2001 Sable Airbag System:

ER83-818 1158

LPA Request:

<< File: fgenumaster-mcmillan.xls >>

Investigation Report:

<< File: LPA Assignment - 2001 Sable - Check Airbag System.doc >>

Vehicle Invoice:

<< File: Invoice 1MEHM55S91G608279.PDF >>

Vehicle History Per AWS:

<< File: Claims List Report.htm >>

Photos:

<< File: 1G608279a.jpg >> << File: 1G608279b.jpg >> << File: 1G608279c.jpg >> << File: 1G608279d.jpg >>

<< File: 1G608279e.jpg >> << File: 1G608279f.jpg >> << File: 1G608279g.jpg >> << File: 1G608279h.jpg >>

<< File: 1G608279i.jpg >> << File: 1G608279j.jpg >> << File: 1G608279k.jpg >> << File: 1G608279l.jpg >>

<< File: 1G608279m.jpg >> << File: 1G608279n.jpg >> << File: 1G608279o.jpg >> << File: 1G608279p.jpg >>

<< File: 1G608279q.jpg >> << File: 1G608279r.jpg >> << File: 1G608279s.jpg >> << File: 1G608279t.jpg >>

<< File: 1G608279u.jpg >> << File: 1G608279v.jpg >> << File: 1G608279w.jpg >> << File:
1G608279x.jpg >>

<< File: 1G608279y.jpg >> << File: 1G608279z.jpg >> << File: 1G608279aa.jpg >> << File:
1G608279bb.jpg >>

<< File: 1G608279cc.jpg >>

The RCM is being sent to Mr. Ruth for copying/reviewing module information (shipped Airborne Express -
airbill # 4358964061). Please return RCM to the following address once you are finished with it and I will return
it to the customer through the dealership. Return RCM to:

Tony Dionisi
2384 W. Cactus Bluff Ave.
Highlands Ranch, CO. 80129

If you have any other questions or comments, please let me know.

Tony Dionisi
Ford Motor Company
Service Engineering Operations - FCSD
Denver Field Quality Engineer
Office: 303-346-4788
Cell: 303-949-9865
Fax: 303-346-4798
adionisi@ford.com

From: Lovelace, Maria (M.E.)
Sent: Monday, May 19, 2003 12:02 PM
To: Dionisi, Anthony (A.J.)
Subject: RE: LPA Assignment - 2001 Sable - Check Airbag System #22

Tony, I dont know if Maria got these or not. Dont know where she would put them. Suggest you wait until she gets back and ask her then.

Thanks,

John Domka

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

From: Dionisi, Anthony (A.J.)
Sent: Thursday, May 15, 2003 5:32 PM
To: Bush, Tracy (T.L.); Lovelace, Maria (M.E.)
Cc: Bacina, Paul (P.R.); Dionisi, Anthony (A.J.)
Subject: RE: LPA Assignment - 2001 Sable - Check Airbag System

When I sent my report on Monday (see below), I included 29 photos - please let me know if you received the photos. If you did not, I will resend. Mr. Ruth did not receive photos. My copy of note has photos attached.

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

From: Dionisi, Anthony (A.J.)
Sent: Monday, May 12, 2003 4:55 PM
To: Tbush3@ford.com; Lovelace, Maria (M.E.)
Cc: Ruth, Richard (R.R.); Bacina, Paul (P.R.); Dionisi, Anthony (A.J.)
Subject: LPA Assignment - 2001 Sable - Check Airbag System

Attached for your review is the report/photos on 2001 Sable Airbag System:

LPA Request:

<< File: fqenumaster-mcmillan.xls >>

Investigation Report:

<< File: LPA Assignment - 2001 Sable - Check Airbag System.doc >>

Vehicle Invoice:

<< File: Invoice 1MEHM55891G608279.PDF >>

Vehicle History Per AWS:

<< File: Claims List Report.htm >>

Photos:

<< File: 1G608279a.jpg >> << File: 1G608279b.jpg >> << File: 1G608279c.jpg >> << File:
1G608279d.jpg >>

<< File: 1G608279e.jpg >> << File: 1G608279f.jpg >> << File: 1G608279g.jpg >> << File:
1G608279h.jpg >>

<< File: 1G608279i.jpg >> << File: 1G608279j.jpg >> << File: 1G608279k.jpg >> << File:
1G608279l.jpg >>

<< File: 1G608279m.jpg >> << File: 1G608279n.jpg >> << File: 1G608279o.jpg >> << File:
1G608279p.jpg >>

<< File: 1G608279q.jpg >> << File: 1G608279r.jpg >> << File: 1G608279s.jpg >> << File:
1G608279t.jpg >>

<< File: 1G608279u.jpg >> << File: 1G608279v.jpg >> << File: 1G608279w.jpg >> << File:
1G608279x.jpg >>

<< File: 1G608279y.jpg >> << File: 1G608279z.jpg >> << File: 1G608279aa.jpg >> << File:
1G608279bb.jpg >>

<< File: 1G608279cc.jpg >>

The RCM is being sent to Mr. Ruth for copying/reviewing module information (shipped Airborne Express -
airbill # 4358964061). Please return RCM to the following address once you are finished with it and I will return
it to the customer through the dealership. Return RCM to:

Tony Dionisi
2384 W. Cactus Bluff Ave.
Highlands Ranch, CO. 80129

you have any other questions or comments, please let me know.

Tony Dionisi
Ford Motor Company
Service Engineering Operations - FCSD
Denver Field Quality Engineer
Office: 303-346-4788
Cell: 303-949-9885
Fax: 303-346-4798
adionisi@ford.com