EA03-014

FORD 12/11/03 LETTER TO ODI

ATTACHMENT D

BOOK 1 OF 10

PART 1 OF 2

EA03-014
Lawsuits and Claims Log
Request Number Three Data

Appendix D

Category	Owner Name	Owner State	Vehicle Identification Number (VIN)	Make and Model	Model Year	Mileage at Time of Incident	Incident Date	Report Claim Date (date of service)	Crash Alleged?	Property Damage Alleged other than Air Bag?	Number of alleged Injuries	Nature of alleged Injuries	Number of alleged fatalities	Allegation	Ford's Assessment
Claim	[redacted]	MS	1LNHM83W0YY727677	Lincoln Town Car	2000	[redacted]	5/19/2003	[redacted]	no	no	1	Contusion, left side.	None	Claimant was driving when his side air bag deployed without being involved in any accident or collision.	File does not reflect Ford's analysis of the claim.
Claim	[redacted]	MN	1LNHM82W7Y712392	Lincoln Town Car	2000	[redacted]	6/6/2003	[redacted]	no	no	1	Contusions right rib and extremities; restricted movement of head and neck.	None	Claimant was driving on a gravel road when the passenger side airbag deployed without any impact or collision.	File does not reflect Ford's analysis of the claim.

[redacted] JMACGIL1
487443 MS

Action Detail

VIN: 1LNHM81W01Y727677 | Year: 2001 | Model: TOWN CAR | Case
Name: [redacted] | Owner Status: Subsequent | WSD: 2001-06-
Symptom Desc: RESTRAINTS AIR BAG SYSTEM DEPLOYMENT | Primary Phone: [redacted]
Reason Desc: LEGAL - GENERAL/OTHER | Secondary Phone:
Issue Type: 07 LEGAL | Issue Status: CLOSED | Dealer: BUD DAVIS LINCOLN MERCURY
Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION | P & A Code: 10960
Action Desc: REDIRECT TO OGC - PERSONAL INJURY CLAIM
Odometer: 33856 MI | Comm Type: PHONE
Action Date: 09/17/2003 | Action Time: 14:20:41.013 | Action Data: No
Analyst Name: FONSECA, LOURDES NEARON (LC) | Analyst: LFONSECA

COMMENTS: LPA SPOKE WITH THE CUSTOMER, HE HAS BEEN TO THE E R TWICE. IS UNDER DOCTOR'S CARE S SEEK NOT FILE A MEDICAL CLAIM AND HAS HIRED AN ATTORNEY.

OCT 0 2 2003

Customer Info

Customer: [redacted]	Primary Phone: [redacted]	Secondary Phone:	
Address: [redacted]	HOLLY SPRINGS	MS [redacted]	
Country: USA	Language: EN		
Cell Phone:	Pager:		
Preferred Contact method:	Fax:		
Preferred Contact Time:	Email:		

Vehicle Information Report

GENERAL VEHICLE INFORMATION:

(Related Claims)

VIN:	1LNHM81W01Y727677	Veh Line:	C/VC - LINCOLN TOWN CAR (FN145) [98-04]	Body Shell:	*
Model Year:	2001	Market Derivat:	C/M - MERCURY DIVISION DERIVATIVE	Verus Eng Serial No:	[illegible]
Veh Type:	C	Drive Code:	C/B - 2 WHL L/H REAR DRIVE	Engine:	[illegible]
Inv. Dealer:	11817	Body Cab Style:	- 4 DOOR SEDAN-6 LITE	Transmission:	[illegible]
Vehicle Status Code:	800	Version/Series:	C/AB - BASE VERSION - CAR		

Trace Eng Serial No:

---------1---------2---------3---------4---------5---------6---------7---------8

BA

Trace Trans Serial No:

BA

BUILD INFORMATION:

Region:	NA - ##########	Plant:	BA - WIXOM PLANT BUILD
Country:	USA - ##########	Prod Date:	01-JUN-2001

SALE INFORMATION:

Region:	NA - ##########	Selling Dealer:	354708 - *
Country:	USA - ##########	Selling Dlr St/Prov:	FL
		Buyer St/Prov:	FL
Arrival Date:	12-JUN-2001	Red Carpet Lease:	*
Sale Date:	16-JUN-2001	Fleet/Rental/Co. Lease:	F
Warranty Start Date:	16-JUN-2001	Modified Vehicle:	* Vehicle Count Flag:
Orig Warranty Date:	16-JUN-2001	Remarketed Vehicle:	LI Vehicle Export Flag: N

VOC/EOC:

---------1---------2---------3---------4---------5---------6---------7---------8---------9---------:

[illegible]

[illegible]

[illegible]

INSTALLED OPTION INFORMATION:

Air Conditioning:	C/C - ATC AIR CONDITIONER	GVW Code:	
Alternator Amp Rating:	*	GVW Class Code:	H
Audio Disk:	* - [N/A]	Instrumentation:	AB - CONVENTIONAL INSTRUMENTATION
Axle Ratio:	EGACC - 3.08 FINAL DRIVE RATIO	Mirror(Driver Side):	* - [N/A]
Axle Type:	EGJAB - NON-LIMITED SLIP REAR AXLE	Mirror(Psngr Side):	* - [N/A]
Battery Amp Rating:	65	Paint:	PNZGC - PERFORMANCE WHITE C C
Brake Code:	* - [N/A]	Power Antenna:	* - [N/A]
Brake Code(Service):	* - [N/A]	Radio:	AQ - ELETR PREMIUM AM/FM STEREO STE
Calibration Code:	1VC1FB0A	Sound System:	* - [N/A]
Color(Accent):	* - [N/A]	Supp Tandem Axle:	
Color(Trim):	* - [N/A]	Tire Manufacturer:	AJ - MICHELIN
Delivery Type:	M	Tire Brand:	XO089X - SYMMETRY 97S
Driveshaft Code:	*	Tire Size:	D3/TG - P225/60R-16 BSW A-S
Front Seat:	* - [N/A]	Traction Control:	AB - ANTI-SPIN TRACT BRAKES W O IVD
Fuel Type:	* - [N/A]	Wheel Base:	

TIRE DOT INFORMATION:

LF:	APXO089X1101	RF:	APXO089X1101
LR:	APXO089X1101	RR:	APXO089X1101
LS:	*	RS:	*
SPARE:	ADV7244M1701	DOT Plant Manufacturer:	AP -

ESP INFORMATION: EMISSIONS INFORMATION:

ESP Code:	*	Emission Code:	C/C - C/C
ESP Coverage(Miles):	*	Emission Cert Type:	5
ESP Coverage(Time):	*	Emission Decal Suffix:	HYK
ESP Plan Year:	*	Engine Family:	1FMXV046VF7
ESP Signature Date:			

Any comments? You can contact

webmaster

STANDARD CLAIMS LIST

AWS Online Report

Run Date: 17-SEP-2003
Note: All Costs are in US Dollars

[redacted]

1LNHM81W03Y727677	VB	C/VC	C/M	C/FC	C/AB	C/B	BA	C/D6	C/VN	01-06-01	16-06-01	354708	USA	9	*	7K07	*	*	*	SXX	V00	*	*
AWS Claim Key:	7054239	Doc #:	353965A		Trx Code:		01B86	Labor Hrs:	.2		Labor Cost:		14.09	Material Cost:	0		Total Cost:	14.09					
Dlr Cd-Sub Cd:	05942-*	Name:	LEWIS FORD				Ph:	901-7626500	St: TN		City Cd:	USA	Reg Cd:		NA	Repr Date:	22-FEB-2002		DIST(Mile):	20458			
Cust Comments:	NAC RECALL 01B86																						
Tech Comments:	PERFORM RECALL INSPECTION ONLY																						

1LNHM81W03Y727677	VB	C/VC	C/M	C/FC	C/AB	C/B	BA	C/D6	C/VN	01-06-01	16-06-01	354708	USA	16	*	1103	2F1Z	9J460	AA	S11	V44	E29	42
AWS Claim Key:	10750053	Doc #:	364867A		Trx Code:		S07	Labor Hrs:	6		Labor Cost:		41.8	Material Cost:	42.59		Total Cost:	86.39					
Dlr Cd-Sub Cd:	05942-*	Name:	LEWIS FORD				Ph:	901-7626500	St: TN		City Cd:	USA	Reg Cd:		NA	Repr Date:	16-SEP-2002		DIST(Mile):	24803			
Cust Comments:	E29 SERVICE ENGINE SOON LIGHT ON																						
Tech Comments:	TEST EEC SYST . CODES.....PASS....P0401.... KOER . P1498 PERFORM DCL TEST PFE AT 0 14V. TEST AND RI-PLACE DPFE SENSOR RETEST EEC SYST CODES . P1600. P1098...CC .42																						

Any comments? You can contact

webmaster

[redacted]

ESP / Recall Information

VIN: 1LNHM81W01Y727677

Contract: 1 Of

Status: Active

ESP Purchase Details

Purchaser: VALUED LINCOLN CUSTOMER

Expiration Date: 2004-10-16

Expiration Miles: 40,000

Plan Type: USA 2001 36/36 MAINT-NORMAL AVAILABLE AT LINCOLN DLRS

Plan Year: 2001

Selling Dealer:

Rental:

Deductible:

Towing Allowance

Purchase Type: N

Options:

ESP Cancellation Details

Cancel Date:

Process Date:

Refund Percent:

Dealer Received Date:

Dealer Credited:

Recall Information

Campaign

Number	Type	Description	Status	Status Date	Dealer Code
01B88	O	NO START	COMPLETE	2002-02-22	05942
02M01	O	EGR PRES SEN	RELEASED FOR MAILING	2003-01-1[illegible]	22310

Action Detail

VIN: 1LNHM81W01Y727677	Year: 2001	Model: TOWN CAR Case: 57577593
Name: [redacted]	Owner Status: Subsequent	WSD: 2001-06-18
Symptom Desc: RESTRAINTS AIR BAG SYSTEM DEPLOYMENT		Primary Phone: [redacted]
Reason Desc: LEGAL - GENERAL/OTHER		Secondary Phone:
Issue Type: 07 LEGAL	Issue Status: ACKNOWLEDGE	Dealer: BUD DAVIS LINCOLN MERCURY
Origin Desc: CA-LITIGATION PREVENTION-FRONT DESK		P & A Code: 10960
Action Desc: OPEN LEGAL CONTACT - PRODUCT LIABILITY		
Odometer: 33566 MI	Comm Type: FAX	
Action Date: 09/18/2003	Action Time: 15:59:36:640	Action Data: No
Analyst Name: LEICH,CHERIE	Analyst: CLEICH	

COMMENTS: ----------PRODUCT LIABILITY---------- FAX RECEIVED 9-18-03 DEALER CONTACT ? CUSTOMER ALLEGES DRIVER'S SIDE, SIDE AIR BAG DEPLOYED. CUSTOMER REQUESTS CONTACT FROM FORD REPRESENTATIVE

...:36.640&SympC=104457&rTabPage=&Reason=0714&IssTyp=07&CustNo=55757662903&C9 1...

DEALER REQUEST FOR CONSUMER AFFAIRS REVIEW

IMPORTANT - DO NOT PERFORM REPAIRS UNTIL AUTHORIZED!

This Form is for RETAIL VEHICLES ONLY. For FLEET VEHICLES call 1- 800-343-5336

DEALER INFORMATION:

Requesting Dealer BOB DAVIS PSA LA964 Region & District MEMPHIS TN

Contact Person CHERYL COLEMAN Phone # 901-373-5700 EXT 1227

CUSTOMER/VEHICLE INFORMATION:

New or (Used) WSD 06/16/01 Year/Model 2001 TOWN CAR

VIN 1LNHM81W01Y727677 Mileage 87,856

Customer Name [redacted]

Address [redacted]

City MILLY SPRINGS County _____ State MS Zip code [redacted]

Home Phone [redacted] Work Phone (___) ___-____

DETAILS of INCIDENT:

Incident involves (Circle all that apply): Accident Y (N) Fire Y (N) Injury (Y) YES

Medical Attention Sought: (Y) YES

Date of Incident 08/12/03

Is customer alleging a component defect caused the incident? (Y) N If yes, what type & details MANUFACTURING DEFECT, DRIVERS SIDE, SIDE AIR BAG DEPLOYED.

Was a police report filed? Y (N) If yes, where _____

Has the Insurance Company been contacted? Y / ( ) What did the insurance company advise? TALKED ABOUT HOSPITAL BILL

Owner's Insurance Company _____ Agent's Name _____

Insurance Company Phone Number (___) ___-____

If the vehicle is a conversion unit, who is the coach builder? N/A

City _____ State _____ Zip _____

RESOLUTION that CUSTOMER is SEEKING:

CUSTOMER WOULD LIKE ONE INSURANCE INFORMATION.
CUSTOMER IS SEEING TO HAVE CAR REPAIRED

PROVIDE ADDITIONAL COMMENTS ON A SEPARATE SHEET OF PAPER
ATTACHMENTS? Y / N, PAGES: 1
Fax to: (313) 845-5668, (313) 845-5669 or (313) 845-5555
PLEASE USE THIS SHEET AS ORIGINAL AND DUPLICATE AS NEEDED

SPARKMAN-ZUMMACH, P.C.

ATTORNEYS AT LAW

Attorneys
[illegible] A. Sparkman, Jr.*
Martin W. Zummach*
Phillip Gregory Meek*
John Keith Perry, Jr.

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Legal Assistants
Anna Marie Gattice
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Cara L. Nowell

A.L. Presagrove, Jr.*
Of Counsel
*Licensed in MS & TN

November 4, 2003

Ms. Julie Szymanski
Claims Analyst
Office of General Counsel
Ford Motor Company
Park Lane Towers West, Ste. 300
3 Park Lane Blvd.
Dearborn, MI 48126-2568

RE: Rev. [redacted]

Dear Ms. Szymanski

I am writing this letter as a formal letter of introduction and representation for my client [redacted] was injured while driving his 2001 Lincoln Town car on August 18, 2003. [redacted] had driven approximately 30,000 miles and his car still had the factory warranty. [redacted] car was purchased from Lewis Ford in Memphis, Tennessee.

On the above referenced August day, [redacted] was injured when his side air bag without the car being involved in any accident or collision. This accident caused severe bruising and continued tenderness on [redacted]' side and lower back area. Although [redacted] subsequent x-rays and doctor visits have determined that there were no "hard tissue injury" or bone fracture, this deep bruising has continued to hinder [redacted] enjoyment of life. Also, [redacted] drives with a continuous uneasy feeling and fear that his air bag will deploy without instigation. [redacted] went to [redacted] emergency room located at 1430 East Highway 4 on the day of his accident. [redacted] also had a follow-up visit on September 9, 2003, at the Holly Springs Memorial Hospital outpatient where a chest and rib x-ray was performed by [redacted]

[redacted] respectfully request that you review his attached medical records (and these records will be supplemented as they are completed) to determine a reasonable settlement for his injury and property damage. Also attached are copies of photos taken of [redacted] vehicle and the interior damage that took place on August 18, 2003.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely yours,

John Keith Perry, Jr.
JKP/mmt
Enclosures
cc: [redacted]

ALLIANCE HEALTHCARE SYSTEM
HOLLY SPRINGS, MS 38635

(662)252-1212
1430 EAST HIGHWAY 4

EMERGENCY DEPARTMENT DISCHARGE INSTRUCTIONS / AFTERCARE

[redacted]

Patient's Name

Patient Number

☐ **BLADDER OR KIDNEY INFECTION:** Finish all antibiotics
____ Drink plenty of fluids (8 glasses of water per day recommended).
____ Have urine checked by your physician 4-5 days after completing antibiotic, to be sure infection is gone.

☐ **EYE INJURIES**
____ Wear eye patch for__ ___ days or until no pain or irritation.
____ No driving or operating dangerous machinery while eye patched.

☐ **SPRAIN AND FRACTURE, SEVERE BRUISES**
1. Use an ice pack off and on for next 24-48 hours.
2. Elevate the injured part (decrease swelling) for at least 48 hours.
3. Swelling still may occur. If this happens, observe for one or more of the following symptoms:
   A. Severe or persisting pain
   B. Change in color of fingers, toes or nailbeds to blue or gray
   C. Coldness in fingers or toes when the remaining part of body is warm.
   D. Numbness or loss of feeling in the skin below or above the injured part.

If any of the above signs or symptoms occur, contact your physician as soon as possible for further treatment.

☐ **INSTRUCTIONS FOR MUSCLE INJURIES / STRAINS**
1. Use heat or cold, which ever seems to help the most, on the injured area.
2. Rest as much as possible.
3. Avoid positions and movements that make pain worse.
4. Gentle but firm massage will help to clear the soreness.

☐ **WOUND CARE**
1. Sutures should be kept clean and dry.
2. Keep the dressing, if any, clean and dry.
3. Elevate the wound to help relieve soreness and help speed healing.
4. Observe for any signs of infections such as redness, swelling, pus, red streaks, or increased pain.

If any of these occur, return to the Emergency Room or contact your family doctor.

☐ **CARE OF HEAD INJURIES: FOR YOU AND YOUR FAMILY**
____ Awaken patient ever 2 hours for 24 hours. If normal allow to return to sleep.
____ Eat lightly for 24 hours. No tedatives or alcohol.
____ Contact your doctor or return to Emergency Room Department immediately if any of the following occurs:

1. Inability to awaken or unusually sleepy
2. Loss of consciousness
3. Vomiting and severe headaches unrelieved by medication
4. Double or blurred vision
5. One pupil larger than the other
6. Difficulty in walking, speech or coordination
7. Obvious change in behavior
8. Convulsions
9. Blood or clear drainage from nose or ears

☐ **X-RAY / LAB RESULTS**
An x-ray was performed and a preliminary interpretation was made. The final report will be made by the radiologist. If there are any additional significant findings, you will be notified at the telephone number you listed. Any laboratory results not available at discharge are available to you and your physician at a later date by request.

MEDICAL CARE RECEIVED IN THE EMERGENCY DEPARTMENT IS OFFERED AS EMERGENCY CARE ONLY. FOLLOW-UP CARE BY A PHYSICIAN IS IMPORTANT FOR FURTHER TREATMENT AND EVALUATION. YOU ARE URGED TO FOLLOW CAREFULLY THE INSTRUCTIONS ON THIS SHEET. PLEASE TAKE THIS FORM WITH YOU TO YOUR DOCTOR'S OFFICE.

☒ **MEDICATIONS**
____ The medication or prescription you have received today may hinder your ability to drive or operate any type of machinery
____ Do not drink alcohol
____ No aspirin for children. Take Tylenol for fever as directed.
____ Do not take medications on an empty stomach.
____ Take your medications with you to your follow-up doctor's appointment.

☐ **RETURN TO WORK INSTRUCTIONS**
____ May return to full duty immediately
____ May return to light duty immediately
____ Unable to return to work now.
____ Estimated date of return
____ to full duty ____ to light duty
____ Restrictions as follows: ____

☒ **FOLLOW-UP REQUIRED**
Make an appointment to be seen by your physician in 7 days or if on-the-job injury see company physician) for:
____ Further treatment, evaluation, or wound check.
____ Recheck of blood pressure, lab or culture results.
____ If you are not better in ____ days.

☐ **OTHER INSTRUCTIONS:** ____

DIAGNOSTIC IMPRESSION: (1.) Sickle [illegible]

New Left: ☐ Amb. ☐ WC ☒ Who accompanied: wife

C.O.D: ☐ Good ☒ Satisfactory ☐ Serious ☐ Critical

Medications administered in ER: Dilaudid N 1 tab

Prescriptions: Daylicat N 100 [illegible]

I understand these instructions and accept them.

Date: 2/18/02

[redacted]
Physician's Name

[redacted]
Nurse's Signature

AHS 015

8983-814 1482

HOLLY SPRINGS MEMORIAL HOSPITAL

OUTPATIENT SERVICE REQUEST

OP# _____

DATE 9-9-03

PATIENT INF[redacted]

LAST NAME [redacted] FIRST NAME Samuel MI _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE _____ RACE 1 2 AGE _____ D.O.B. _____

MARITAL STATUS _____ INSURANCE GROUP _____

MEDICARE # _____ INSURANCE INDV. # _____

MEDICAID # _____ PRIVATE PAT _____

WORKER'S COMP CLAIM Y N EMPLOYER PHONE _____

EMPLOYER ADDRESS _____

SOCIAL SECURITY NUMBER _____

HOME HEALTH INFO (IF APPLICABLE)

NAME OF HOME HEALTH _____ HOME HEALTH PHONE _____

PERSON PROVIDING INFORMATION [redacted]

DOCTOR'S NAME _____

LAB CBC _____

4 _____

UA _____

SMAC _____

OTHER _____

X-RAY CHR _____

KUB _____

IVP _____

BE _____

UGI _____

OB _____

EXTREMITIES

OTHER _____

LH Rib Deta:l

Chest X Ray

[redacted]

RESP.

EKG _____

ABG _____

PATIENT SIGNATURE _____

PLEASE ATTACH COPY OF INSURANCE CARD IF POSSIBLE

from release OUT PT FORM 2/1/03

E003-014 1403

Ford

Office of the General Counsel

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

October 14, 2003

[redacted]
Holly Springs, MS [redacted]

Re: 2001 Town Car

Dear [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.
   - ☐ Original photographs or laser copies of the vehicle's collision/fire damage from several different angles.
   - ☐ 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:_____	Name:_____
Address:_____	Address:_____
Spouse's Name:_____	Spouse's Name:_____
DOB:_____	DOB:_____
Soc Security#:_____	Soc Security#:_____
Occupation:_____	Occupation:_____
Injury:_____	Injury:_____

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

_____

_____

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

5. Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information).

_____

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.

_____

7. What are you seeking from Ford Motor Company in this matter?

_____

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,

JS 10/14/03

Julie Szymanski
Claims Analyst

[redacted] JMACGIL1
486152 MN

EMO-016 1486

Ford Motor Company

Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 200
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

September 11, 2003

[redacted]
Albany, MN [redacted]

Re: *2001 Town Car*

Dear [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.

   - ☐ Medical records for each person alleged injured from all treating physicians/facilities
   - ☐ Medical bills for each person alleged injured from all treating physicians/facilities.
   - ☐ Original photographs or laser copies of the vehicle's collision/fire damage from several different angles.
   - ☐ 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]	Name:_____
Address: [redacted]	Address:_____
Spouse's Name: Albany MN Meeting A Sof	Spouse's Name:_____
DOB: [redacted]	DOB:_____
Soc Security#: [redacted]	Soc Security#:_____
Occupation: [redacted]	Occupation:_____
Injury: Shoulder & Arm	Injury:_____

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

Wiring or something because we continuously have problems from air bag to signal lights to brake light to ignition sw.

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

5. Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information). Our Garage - 25607 201st St. Albany, OR. 97321

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.

7. What are you seeking from Ford Motor Company in this matter?

A different car & medical expenses & personal injury award.

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,

Willie MacGillis
Claims Analyst

Rochelle has the photos & copies of Dr's reports. All service records from Andy Kullok at Miller Auto Center should be faxed also.

07/26/2003 SUMMARY HISTORY DISPLAY 1010
08:59:40 PAGE 1

CUSTOMER NAME [redacted] SERIAL NO 1LNHM82W81Y712392
TOTAL R/O'S 11 TOTAL SERV. DAYS 28 MAKE LI LINCOLN

LNE	RO.NO.	RO. DATE	MILES	ADV/TECH	JB	T	OPERATION CODE	DESCRIPTION
1	217922	06/26/2003	29425	A	71			
				T	513	1	W 179BE	BODY ELECT REPA
2	217686	06/24/2003	29407	A	71			
				T	513	1	W 179BE	BODY ELECT REPA
3	216566	06/09/2003	28025	A	516			
				T	513	1	W 169BE	BODY WORK
				T	581			
4	213495	04/16/2003	26688	A	71			
				T	528	1	W 2BMBE00BK	5000 MILE QCH
				T	525	2	W 12BME	FUEL INJECTION S
5	204506	12/19/2002	21862	A	625			
				T	741	1	W 2BMBE005K	5000 MILE QCH
6	199907	10/16/2002	19825	A	626			
				T	513	1	I 02BME	STEERING
				T	513	2	I 68BMEB	FRONT BRAKE
7	198288	08/13/2002	16123	A	625			
				T	741	1	W 2BMBE015K	15000 MILE QCH
				T	741	2	W 17BME	BODY ELECT. REPA
8	187335	04/25/2002	12312	A	71			
				T	581	1	W 12BME	FUEL INJECTION S
9	185714	04/03/2002	11236	A	71			
				T	560	1	W 2BMBE005K	5000 MILE QCH
				T	560	2	W 18BMEL	BODY WORK
10	178578	12/18/2001	6844	A	71			
				T	561	1	I 18BME	BODY WORK
11	178233	11/19/2001	6843	A	71			
				T	521	1	I 01BME	LUBE/OIL/FILTER
				T	521	2	I 05BME	WHEEL AND TIRE M
				T	521	3	I 20BME	INSTALL ACCESS.

Plus March 02
in 1 page

Office of Board Counsel

E003-014 1401

CS227079

LINCOLN - MERCURY - NISSAN

[redacted] NISSAN

CS227079

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0101LICS227079

CUSTOMER No.	ADVISOR		INVOICE DATE	INVOICE No
57046	JOSEPH REGAN	625	10/27/03	LICS227079
[redacted]	LABOR RATE / LICENSE No / MILEAGE	34,347	COLOR: WHITE/	P.O. No: 14071
ALBANY, MN [redacted]	YEAR / MAKE / MODEL: 01/LINCOLN/TOWN CAR/4DOOR SIGNATURE		DELIVERY DATE: 12/13/01	DELIVERY MILES: 6,048
	VEHICLE I.D. No: 1LNHM82WX1Y712392		SELLING DEALER NO	PRODUCTION DATE
	F.T.C. No. / P.O. No.		R.O. DATE: 10/27/03	
[redacted]	COMMENTS			

LABOR & PARTS

J# 1 28PMZ005K 5000 MILE OCH TECH(S):501 WARRANTY

35K QUALITY CARE MAINTENANCE SERVICE
COMPLETED OIL CHANGE. ROTATED TIRES. CHECKED BRAKES. BELTS
HOSES & LIGHTS.

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	F1AZ-6731-BD	FILTER ASY-OIL		WARRANTY
JOB # 1	1	PKSM20	5W20 SYNTHETIC OIL		WARRANTY
JOB # 1	1	XO-5W20-QSP	ENGINE OIL 5W20		WARRANTY
JOB # 1	1	XO-5W20-DQSP	ENGINE OIL 5W5W		WARRANTY
			JOB # 1 TOTAL PARTS		0.00
			JOB # 1 TOTAL LABOR & PARTS		0.00

J# 2+17PMZ BODY ELECT. REPAIR TECH(S):501 WARRANTY

BRAKE LIGHTS ARE INOP
CHECKED OPERATION OF TAIL LAMPS - REPLACED FUSE.

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
			JOB # 2 TOTAL PARTS		0.00
			JOB # 2 TOTAL LABOR & PARTS		0.00

TOTALS

TOTAL LABOR....	0.00
TOTAL PARTS....	0.00
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	0.00
TOTAL INVOICE $	**0.00**

*** Complete Customer Satisfaction is our Goal!!! ***
*** If you are not "COMPLETELY SATISFIED" please ***
*** contact one of the following individuals: ***

*** General Motors-Danny Winchester (320) 529-4161 ***
*** Lincoln Mercury Nissan-Andy Kuklok (320) 529-4171 ***
*** Body Shop-Joe McCarney (320) 259-0000 ***

*** Thank you for choosing [redacted] Auto Center ***
*** for your vehicle service needs!!! ***

CUSTOMER SIGNATURE

ALL PARTS NEW UNLESS SPECIFIED OTHERWISE

FOR YOUR CONVENIENCE
SERVICE DEPT HOURS
MON - FRI 7:00 a.m. - 5:30 p.m.

PARTS DEPT HOURS
MON - FRI 7:00 a.m. - 5:30 p.m.

Any warranties on the products sold hereby are those of the manufacturer. As between the seller, & buyer, the product is to be sold AS IS and the entire risk as to the quality and performance of the product is with the buyer. The seller expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. This disclaimer by the seller in no way affects the terms of the manufacturer's warranty. The buyer acknowledges being so informed prior to the sale

IMPORTANT!

[redacted]
Andy Kuklok
Service Manager
Thank you.
Miller Auto Center
320-529-4171
800-[illegible]-3613

PAGE 1 OF 1 SIGNATURE COPY [END OF INVOICE]

EMS-014 1492

CUSTOMER NO. 57046

[redacted]

ALBANY, MN [redacted]

[redacted]

CHRISTOPHER M OHAB 71 | 07/02/03 | LICE[illegible]

23425 | WHITE/ | [illegible]

01/LINCOLN/TOWN CAR/4DOOR SIGNATURE | 12/13/02 | 6648

1 L N H M 8 2 W X 1 Y 7 1 2 3 9 3

06/26/03

```
LABOR & PARTS-----------------------------------------------------------------
J# 1 17PNE          BODY ELECT. REPAIR            TECH(S):813          WARRANTY
               BLINKERS INOP - BLOWN FUSE
               FUSE WAS BLOWN FOR S/L ROAD TESTED MANY TIMES TO GET FUSE TO
               BLOW AFTER SEVERAL TRIPS WAS ABLE TO ISOLATE TO L S/L.
               CK ALL COMPONENTS THEY WERE ALL GOOD.
               REPLACE WIRE FOR LR S/L

PARTS------QTY---FP-NUMBER----------------DESCRIPTION-------------------UNIT PRICE-
JOB # 1        4     F2US-14526-P         FS ASY-20 AMP                    WARRANTY
                                           JOB #  1 TOTAL PARTS                0.00

                                    JOB #  1 TOTAL LABOR & PARTS               0.00
*****************************************************************************
TOTALS-----------------------------------------------------------------------

***************************************************    TOTAL LABOR....     0.00
***                                             ***    TOTAL PARTS....     0.00
***  Complete Customer Satisfaction is our Goal!!! ***  TOTAL SUBLET...    0.00
***  If you are not "COMPLETELY SATISFIED" please  ***  TOTAL G.O.G....    0.00
***  contact one of the following individuals:     ***  TOTAL MISC CHG.    0.00
***                                             ***    TOTAL MISC DISC     0.00
*** General Motors-Danny Minthelser (320) 529-4161 ***  TOTAL TAX......    0.00
*** Lincoln Mercury Nissan-Andy Kuklok (320) 529-4171 ***               ---------
*** Body Shop-Joe McCarney (320) 259-8000          ***  TOTAL INVOICE $    0.00
***                                             ***
***      Thank you for choosing Miller Auto Center ***
***       for your vehicle's service needs!!!      ***
***                                             ***
***************************************************

--------------------------------
        CUSTOMER SIGNATURE
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[END OF INVOICE]

10:37am

57046	CHRISTOPHER M OKAR 71
[redacted]	22425
ALBANY, NH [redacted]	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE
	1LNHM82WX1Y712352
[redacted]	

07/03/01 LIN0217922
MAUVE/ 14071
12/13/01 6048
06/26/01

LABOR & PARTS----------
J# 1 17992 BODY ELECT. REPAIR HOURS: 5.80 TECH(S):913 381.93
BLINKERS INOP - BLOWS FUSE
FUSE WAS BLOWN FOR S/L BOXD TESTED MANY TIMES TO GET FUSE TO
BLOW AFTER SEVERAL TRIPS WAS ABLE TO ISOLATE TO L S/L.
CK ALL CONNECTS THEY WERE ALL GOOD.
REPLACE WIRE FOR LH S/L

PARTS	QTY	PP-NUMBER	DESCRIPTION	U/COST	E/COST	U/PRICE	
JOB # 1	4	F2DZ-14526-F	FF ABT-20 AMP	1.02	4.08	1.43	5.72
			JOB # 1 CONT TOTAL		4.08		
			JOB # 1 TOTAL PARTS				5.72
			JOB # 1 TOTAL LABOR & PARTS				387.65
			R/O TAX				0.00
			R/O TOTALS				387.65

WARRANTY CLAIM DETAIL TOTALS----------

CLAIMS	TOTAL
217922-01	387.65
CLAIM TOTALS	387.65

APPROVED BY SIGNATURE

[CONTINUED ON NEXT PAGE]
11:44am

[redacted] 37046	CHRISTOPHER M OMAR 71		07/03/03	LINC217922
[redacted]		29429	[redacted]	14071
ALBANY, NH [redacted]	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE		12/13/01	6048
[redacted]	1LNHM82W21Y712192			
			06/26/03	

DCS AUDIT SLIP

DCS DATA FILE: FOL80F.684

RO NUMBER: 217922 REPAIR NUMBER: 01 REPAIR TYPE: 1
CASUAL PART FOUND FLAG: N

VIN: 1LNHM82W21Y712192
REPAIR DATE: 06/26/2003
DISTANCE: 29429 LICENSE STATE: NH
DISTANCE INDICATOR: M DRIVER CONCERN CODE:
DRIVER NAME/CARD ID#:
SERVICE WRITER ID: 0480 VIN LICENSE:
DISCOUNT PCT:

PROGRAM CODE: CUSTOMER PARTICIPATION: .00
CUSTOMER CONCERN CODE: L30 DEALER PARTICIPATION: .00
CONDITION/DEFECT CODE: 84

APPROVAL CODE 1:
APPROVAL CODE 2:

LINE NO.	PART NUMBER PREFIX BASE/FINIS	SUFFIX	QTY	PRICE	CASUAL EXCLUDE PART NUMBER	CORE AMOUNT	INV NO.
001	F3UZ 14526	B	1.00	1.02	N	.00	
	EXT. PART AMT WITH MARKUP:			5.71			

LINE NO.	LABOR OPERATION	TECH ID	OPN IND	LABOR INV. #	LABOR HOURS	LABOR RATE	LABOR AMOUNT
001	126ZLD	5282			.2	65.83	13.17
002	126ZLDK	5282			.2	65.83	13.17
003	126ZRD4S	5282			.3	65.83	19.76
004	14526A	5282			.2	65.83	13.17
005	MT13410	5282			5.0	65.83	329.25

CUSTOMER COMMENTS

TECH/ILM REVIEW COMMENTS
PERF WAS BIZARRE FOR R-L ROAD TESTED PERF TIMES TO GET PERF TO SLOW AFTER SEVERAL TRIPS WAS ABLE TO ISOLATE TO L R-L. REPLACE WIRE FOR LR R-L

DIAGNOSTIC CODES(Y/N)? N

TOTAL PARTS:	5.71
PARTIAL PARTS INDICATOR:	
TOTAL LABOR:	381.94
PARTIAL LABOR INDICATOR:	
TOTAL MISC EXPENSES:	.00
CUSTOMER PARTICIPATION:	.00
DEALER PARTICIPATION:	.00
TOTAL REPAIR:	387.65
PARTIAL REPAIR INDICATOR:	
PARTIAL REPAIR MESSAGE:	

[END OF INVOICE] 11:46AM

WB217822

LINCOLN • MERCURY • NISSAN

[redacted]

[redacted]

57046

[redacted]

ALBANY, NY [redacted]

[redacted]

CHRISTOPHER M GRAM 71 29.425 07/03/01 - L20217822 14871

01/LINCOLN/TOWN CAR/4DSDN S SIGNATURE 12/13/01 6.5HR

1 L N H M 8 2 W X 1 Y Z 1 2 3 9 2

08/28/01

LABOR & PARTS

JET 17402 RENT BLACK, REPAIR HOSE: 5.00 TOXIC: 0.02 387.00

ALIGNED REAR - BODY TAG

PUT ON BLACK JET TO TOWN CAR AND TOWED BACK TO SAL

ON ALL COMPUTER MAY HAVE ALL CODE.

REPLACE HOSE PER LX S/L

PARTS	QTY	PN	DESCRIPTION	@COST	EACH	@PRICE
JET # 1	4	F8DZ-14B626-F	FT REF-22 REF	1.34	0.00	1.43 5.72
			JET # 1 DEF HOSE	4.00		
			JET # 1 TOTAL PARTS			5.72
			JET # 1 TOTAL LABOR & PARTS			387.00
						0.00
						387.00

WARRANTY CLAIM DETAIL TOTALS

CLAIM	TOTAL
217822-01	387.00
CLAIM TOTALS	387.00

[redacted]

FOR YOUR CONVENIENCE
SERVICE DEPT HOURS

PARTS DEPT HOURS

Any comments on the products sold hereby are those of the manufacturer. As between the seller, Ford Motor Company and the seller, Ford Motor Company makes no warranty, express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of these products. This statement by the seller in no way affects the terms of the manufacturer's warranty. The [redacted] warranties [redacted] allowed prior to the sale

PAGE 1 OF 2 SIGNATURE COPY [redacted]

F983-014 1486

W0217922

LINCOLN - MERCURY - NISSAN

[redacted]

W0217922

[redacted]

57046

[redacted]

ALBANY, MN [redacted]

[redacted]

CHRISTOPHER M GRAS 71

20,425

01/LINCOLN/TOWN CAR/4DOOR SIGNATURE

1 L N H M 8 2 W X 1 Y 7 1 7 3 9 2

07/03/01

W0217922

WHITE/

12/11/01

6.0

05/16/03

DCS AUDIT SLIP

DCS DATA FILE: F0100F.604

NO NUMBER: 217922

CUSTOMER PAY/CAUSAL PART FLAG: C

VIN: 1LNHM82WX1Y717392

SERVICE WRITER ID: 0404

PROGRAM CODE:

CUSTOMER CONCERN CODE: LM

CORRECTION/DEFECT CODE: 04

CUSTOMER PAY/CAUSAL INDICATOR:

DEALER PAY/CAUSAL INDICATOR: 00

APPROVAL CODE 1:

APPROVAL CODE 2:

LINE NO.	PART NUMBER / PRICE ADJUSTMENTS	SUFFIX	QTY	PRICE	CAUSAL PART INDICATOR	CODE	LABOR HOURS
001	PEAK LABOR	P	0.0	0.00	C	00	
	EXT. PART AMT WITH MARKUP:			9.71			

LINE NO.	LABOR OPERATION	ITEM CD	SEL CODE	LABOR RATE	LABOR HOURS	LABOR AMT	LABOR HOURS
001	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
002	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
003	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
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095	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
096	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
097	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
098	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
099	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
100	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

CUSTOMER COMMENTS

[redacted]

DOMESTIC RECEIPT/BILL #

TOTAL PARTS:	9.71
PARTIAL PARTS [redacted]	[redacted]
TOTAL LABOR:	38.34
PARTIAL LABOR [redacted]	[redacted]
TOTAL MISC CHARGES:	[redacted]
CUSTOMER PORTION [redacted]	[redacted]
DEALER PORTION [redacted]	[redacted]
TAXES:	[redacted]
PARTIAL SERVICE [redacted]	[redacted]
PARTIAL SERVICE [redacted]	[redacted]

PAGE 1 OF 2

FOR YOUR CONVENIENCE
SERVICE DEPT HOURS

[redacted]

PARTS DEPT HOURS

[redacted]

Any warranties on the products sold hereby are those of the manufacturer. As between the seller, Buyer, the product is to the said AS IS and the entire risk as to the quality and performance of the product is with the Buyer. The seller expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. This disclaimer by the seller is not to affect the terms of the manufacturer's warranty. The buyer acknowledges having [redacted] a true copy of the said

0303-014 1497

C8217922

LINCOLN - MERCURY - NISSAN

[redacted]

C8217922

[redacted]

57046

[redacted]

ALBANY, NY [redacted]

[redacted]

CHRISTOPHER M CHASE 71

20,625

07/02/01

LZC8217922

WHITE/

14871

91/LINCOLN/TOWN CAR/4DOOR SEDAN/GAS

12/31/01

1 L N W M 8 2 W X 1 Y 7 1 2 3 0 3

06/26/01

LABOR & PARTS

JOB # 1 LTYPE BODY ELECT REPAIR

REQUEST SLS

WARRANTY

PARTS QTY PN DESCRIPTION UNIT PRICE AMOUNT

JOB # : TOTAL PARTS

JOB # : TOTAL LABOR & PARTS

TOTALS

Complete Customer Satisfaction is our Goal!!!
If you are not "COMPLETELY SATISFIED" please
contact one of the following individuals:

General Manager-Danny Whatmough (800) 639-4141
Lincoln Mercury Nissan-Andy Lorraz (518) 459-4141
Body Shop-Joe McCarney (800) 888-8888

Thank you for choosing Miller Auto Center
for your vehicle's service needs!!!

TOTAL LABOR
TOTAL PARTS
TOTAL VARIOUS
TOTAL G.M.S.
TOTAL MISC DEAL
TOTAL TAX
TOTAL INVOICE $ 0.00

CUSTOMER SIGNATURE

FOR YOUR CONVENIENCE
SERVICE DEPT HOURS
MON - FRI 7:00 a.m. 5:30 p.m.

PARTS DEPT HOURS
MON - FRI 7:00 a.m. 5:30 p.m.

Any warranties on the products sold hereby are those of the manufacturer. As between the seller & buyer, the product is to be sold AS IS and the entire risk as to the quality and performance of the product is with the buyer. The seller expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. This disclaimer by the seller is by virtue of the terms of the manufacturer's warranty. The buyer acknowledges having [illegible] prior to the sale.

PAGE 1 OF 1

SIGNATURE COPY

END OF INVOICE

EMS-014 1496

57046	CHRISTOPHER M OMAR 71		06/24/03	LICH217696
[redacted]		RR407	WHITE/	14071
	03/LINCOLN/TOWN CAR/4DOOR SIGNATURE		12/11/01	6048
ALBANY, NH [redacted]	1 L N M N E 2 W X 1 Y 7 1 2 3 9 2		06/24/03	
[redacted]				

LABOR & PARTS----------

JOB				WARRANTY
1	17MNT	BODY ELECT. REPAIR	TECH(S):513	

SIGNAL LIGHTS INOP.
HOOKED UP WDS #1837, FOUND FUSE FOR T/S BAD, REPLACED FUSE, RETESTED OK.

PARTS	QTY	PD-NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
JOB # 1	1	FUSE-14926-P	FS AST-20 AMP		
			JOB # 1 TOTAL PARTS		0.00
			JOB # 1 TOTAL LABOR & PARTS		0.00

TOTALS----------

TOTAL LABOR....		0.00
TOTAL PARTS....		0.00
TOTAL SUBLET...		0.00
TOTAL G.O.G....		0.00
TOTAL MISC CHG.		0.00
TOTAL MISC DISC		0.00
TOTAL TAX.....		0.00
TOTAL INVOICE $		0.00

*** Complete Customer Satisfaction is our Goal!!! ***
*** If you are not "COMPLETELY SATISFIED" please ***
*** contact one of the following individuals: ***
*** General Motors-Denny Wintheiser (320) 529-4161 ***
*** Lincoln Mercury Nissan-Andy Kuklick (320) 529-4171 ***
*** Body Shop-Joe McCarney (320) 259-8000 ***
*** Thank you for choosing Miller Auto Center ***
*** for your vehicle's Service needs!!! ***

CUSTOMER SIGNATURE

[END OF INVOICE]

03:31pm

57046	CHRISTOPHER M OHAB 71	06/25/01	LINC217696
[redacted]	23407	WHITE/	14071
ALBANY, NH [redacted]	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE	12/13/01	8048
[redacted]	1LNHM82W1Y713192		
		06/24/01	

LABOR & PARTS----------

J# 1 179HS	BODY ELECT. REPAIR	HOURS:	0.20 TECH(S):513				13.17
	SIGNAL LIGHTS DROP HOOKED UP MOD S1837, FOUND FUSE FOR T/S BAD, REPLACED FUSE, RETESTED OK.						
PARTS	QTY	PN-NUMBER	DESCRIPTION	O/COST	S/COST	O/PRICE	
JOB # 1	1	FUSE-14526-P	FS AGT-20 AMP	1.02	1.02	1.43	1.43
			JOB # 1 COST TOTAL	1.02	1.02		
					JOB # 1 TOTAL PARTS		1.43
					JOB # 1 TOTAL LABOR & PARTS		14.60
						R/O TAX	0.00
						R/O TOTALS	14.60

WARRANTY CLAIM DETAIL TOTALS----------

CLAIM#.....	TOTAL.....
217696-01	14.60
CLAIM TOTALS	14.60

APPROVED BY SIGNATURE

(CONTINUED ON NEXT PAGE)

11:27AM

57046	CHRISTOPHER M OHAR 71			06/25/03	LAWS217695
[redacted]			29407	MEXIE/	14271
	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE			12/13/01	6048
	1 L N H M 8 2 W X 1 Y 7 1 2 3 9 2				
ALBANY, NH [redacted]				06/24/03	
[redacted]					

DCS AUDIT SLIP----------

DCS DATA FILE: FDLNHV.649

RO NUMBER: 217696 REPAIR NUMBER: 01 REPAIR TYPE: 1
CAUSAL PART FOUND FLAG: N

VIN: 1LNHM82WX1Y712392
REPAIR DATE: 06/24/2003
DISTANCE: 29407 LICENSE STATE: NH
DISTANCE INDICATOR: M DRIVER COMPANY NAME:
DRIVER NAME/CARD ID#:
SERVICE WRITER ID: 0480 VEH LICENSE:
DISCOUNT PCT:

PROGRAM CODE: CUSTOMER PARTICIPATION: .00
CUSTOMER CONCERN CODE: A85 DEALER PARTICIPATION: .00
CONDITION/DEFECT CODE: 42

APPROVAL CODE 1:
APPROVAL CODE 2:

LINE NO.	PART NUMBER PREFIX	BASE/FINIS	SUFFIX	QTY	PRICE	CAUSAL PART	EXCLUDE MARKUP	CORE AMOUNT	INV NO.
001	FZUS	14526	9	1.00	1.02	X		.00	
	EXT. PART AMT WITH MARKUP:				1.43				

LINE NO.	LABOR OPERATION	TECH ID	OBL IND	LABOR INV. #	LABOR HOURS	LABOR RATE	LABOR AMOUNT
001	999A	5282			.2	65.85	13.17

CUSTOMER COMMENTS

TECH/DLR WRITER COMMENTS
1 HOOKED UP WDO B1037, FOUND FUSE FOR T-S BAD, REPLACED FUSE, RETESTED OK.

DIAGNOSTIC CODES(Y/N)? Y

MIL ON CODE: N

POWERTRAIN CODES

HDBO: B1037
HDBC: B1037
HDBR: B1037
BODY: B1037
CHASSIS:
UNIDENTIFIED:
OTHER:

TOTAL PARTS:	1.43
PARTIAL PARTS INDICATOR=	
TOTAL LABOR:	13.17
PARTIAL LABOR INDICATOR=	
TOTAL MISC EXPENSES:	.00
CUSTOMER PARTICIPATION:	.00
DEALER PARTICIPATION:	.00
TOTAL REPAIR:	14.60
PARTIAL REPAIR INDICATOR=	
PARTIAL REPAIR MESSAGE=	

(END OF INVOICE) 11:27am

W8217696

LINCOLN - MERCURY - NISSAN

[redacted]

W8217696

[redacted]

57046

[redacted]

CHRISTOPHER H CHAK 71

29,407

01/LINCOLN/TOWN CAR/4DOOR SIGNATURE

1 L N A M 8 2 W 6 1 Y 7 1 2 3 9 2

08/21/03 LD8217696

1.0871

11/13/01 6,043

08/14/03

LABOR & PARTS

JOB # 1 LINE CAUSE: DRIVE FAULT REPAIR HOURS 3.25 "EDMS) 513 38.37

CUSTOMER STATED: POWER FUSE FOR TPS AND REPLACED FUSE

NOTATIONS:

PART#	QTY	PA NUMBER	DESCRIPTION	U/COST	E/COST	LABOR
JOB # 1	1	FUSE-LABOR-P	F5.0CP 20 AMP	1.43	1.43	1.43
			JOB # 1 LOST TOTAL		1.43	
			JOB # 1 TOTAL PARTS			1.43
			JOB # 1 TOTAL LABOR & PARTS			39.80
			S/D TAX			1.88
			S/D TOTALS			41.68

WARRANTY CLAIM DETAIL TOTALS

CLAIM	TOTAL
217696-01	14.68
CLAIM TOTALS	14.68

AUTHORITY TO TERMINATE

DCS AUDIT SLIP

DCS DATA FILE: POLAR.DAT

RO NUMBER: 217696 REPAIR NUMBER: 01 REPAIR TYPE: I
CAUSAL, NOT PRIOR FLAG: N

VIN: 1LNHM82W6Y7123992
REPAIR DATE: 08/21/2003
DISTANCE: 29407 LICENSE STATE: MD
CONTRACT INDICATOR: N DEALER CONTROL NUMBER:
CUSTOMER NAME/PLAN CODE:
SERVICE ADVISOR ID: 0400 VEH LICENSE:
DISCOUNT PCT:

PAYMENT CODE: CUSTOMER PARTS SALE CODE: 00
CUSTOMER CONCERN CODE: 000 SEALED PARTS SALE CODE:
CREDIT/SURCHARGE CODE: 00

APPROVAL CODE 1:
APPROVAL CODE 2:

LINE	PART NUMBER	QTY	PRICE	CAUSAL EXCLUDE	CODE	AMOUNT	TAX ID
001	F5AZ-14526-AA/F5AZ14526AA 3007111	1	1.43	N		1.43	
	FUSE-LABOR-P	1.00	1.43				
	EXT. PART DESC WITH WARRANTY						

LINE	LABOR OPERATION	TECH	TAX ID	LABOR HOURS	LABOR RATE	LABOR AMOUNT
001	5000	513		3.25	39.80	38.37

PAGE 1 OF 2 SIGNATURE COPY ONLY CONTINUED ON NEXT PAGE

FOR YOUR CONVENIENCE
SERVICE DEPT HOURS
MON - FRI 7:00 a.m. - 6:00 p.m.

PARTS DEPT HOURS
MON - FRI 7:00 a.m. - 6:00 p.m.

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E003-014 1982

WS217886

LINCOLN - MERCURY - NISSAN

57046

[redacted]

ALBANY, MN [redacted]

[redacted]

CHRISTOPHER N DRAM 71

29,487

01/LINCOLN/TOWN CAR/4DR SIGNATURE

1 L N H M 8 2 W X 1 Y 7 1 2 3 9 2

08/25/03

WHITE/

12/13/00

08/24/03

CUSTOMER COMPLAINTS

TECH/BILL WRITER COMMENTS

1 [illegible] UP [illegible]. FOUND FUSE FOR 1-5 [illegible]. REPLACED FUSE. RETESTED OK

DIAGNOSTIC CODES(Y/N)? Y

MIL ON CODE: N

POWERTRAIN CODES

OTHER:

TOTAL PARTS: [illegible]

TOTAL LABOR: [illegible]

TOTAL REPAIR: [illegible]

FOR YOUR CONVENIENCE SERVICE DEPT HOURS

PARTS DEPT HOURS

PAGE 2 OF 2

LINCOLN - MERCURY - NISSAN

57046

[redacted]

ALBANY, NY [redacted]

[redacted]

CHRISTOPHER [illegible] 71

29,487

01/LINCOLN/TOWN CAR/[illegible] SIGNATURE

1 L N H M 8 2 W 3 1 Y 7 1 2 3 9 2

LABOR & PARTS [illegible]

[illegible] 14.37

[illegible] REPLACED [illegible]

PARTS [illegible]

JOB # 1 TOTAL LABOR & PARTS

[illegible]

WARRANTY CLAIM DETAIL TOTALS

CLAIM TOTALS

APPROVED BY SIGNATURE

DCS AUDIT SLIP

DCS DATA FILE: [illegible]

FOR YOUR CONVENIENCE

SERVICE DEPT HOURS

PARTS DEPT HOURS

[illegible]

PAGE 1 OF 2

SIGNATURE COPY [illegible]

C0217696

LINCOLN - MERCURY - NISSAN

[redacted]

C0217696

[redacted]

57046

[redacted]

ALBANY, NY [redacted]

[redacted]

CHRISTOPHER M GHAR 71

29,607

01/LINCOLN/TOWN CAR/4DOOR SIGNATURE

1LNM82WX1Y721392

06/24/01 LDC217696

14071

06/24/01

LABOR & PARTS

30 1 1PMZ RPT ELECT. REPAIR TECH:161

STEEL LIGHTS NOT
POWER OF VOID DOOR. FOUND FUSE FOR T/S DR REPLACED FUSE
RETESTED OK.

PARTS	QTY	PP-NUMBER	DESCRIPTION	UNIT PRICE	
30 P 1	1	F2DZ-14526-P	15 AMP-32 VDC		

30 P 1 TOTAL PARTS

30 P 1 TOTAL LABOR & PARTS

TOTALS

Complete Customer Satisfaction is our Goal!!!!
If you are not "COMPLETELY SATISFIED" please
contact any of the following individuals:

General Manager-Kenny Brandenburg (800) 325-4166
Lincoln Mercury Nissan-Andy English (800) 325-4171
Andy Shaw-Jon McCarthy (800) 750-6868

Thank you for choosing Miller Auto Center
for your vehicle's service needs!!!

TOTAL INVOICE $

[redacted]

PAGE 1 OF 1 CUSTOMER COPY

FOR YOUR CONVENIENCE
SERVICE DEPT HOURS
MON - FRI 7:30 a.m. - 5:30 p.m.

PARTS DEPT HOURS
MON - FRI 7:30 a.m. - 5:30 p.m.

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CUSTOMER NO	ADVISOR			ORDER DATE	INVOICE NO
57046	ANDREW J KUKLOK 514			06/17/01	LIC3216546
[redacted]			28025	WHITE/	14071
	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE			12/13/01	6248
	1 L N H M 8 2 W X 1 Y 7 1 2 3 9 2				
ALBANY, MN [redacted]				06/09/01	
[redacted]					

LABOR & PARTS---

J# 1 18PNE BODY WORK TECH(S):813 881 — WARRANTY

CUSTOMER WAS DRIVING ON GRAVEL ROAD AND PASSENGER SIDE AIRBAG DEPLOYED
NO SIGN OF COLLISION OR DAMAGE
DID SCAN OF SYSTEM HAD CODES OF B2295 AND B1231
FOUND THAT SENSOR INDICATED INFLATION BUT NO IMPACT NOTED
REPLACE R SIDE AIR BAG SENSOR AND MODULE ALSO RF SEAT CUSHIO
AND COVER AN AIRBAG SENSORS AND MODULE
THERE IS NO SIGN OF ANY COLLISION OR DAMAGE

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	1W1Z-5464416-DAB	CVR ASY-FRT ST B		WARRANTY
JOB # 1	1	XW1Z-5464810-AA	PAD ASY-FRT ST B		WARRANTY
JOB # 1	1	1W1Z-14B345-AA	SENS & BRKT ASY		WARRANTY
JOB # 1	1	1W1Z-14B321-AC	SENS & BRKT ASY-		WARRANTY
JOB # 1	1	F8RZ-63611D10-AA	KIT-A/BAG SD MOD		WARRANTY

JOB # 1 TOTAL PARTS 0.00

JOB # 1 TOTAL LABOR & PARTS 0.00

G.O.G. & SUPPLIES--

JOB # 1 FREIGHT (PARTS) — WARRANTY

TOTAL - GOG 0.00

TOTALS---

****
*** ***
*** Complete Customer Satisfaction is our Goal!!! ***
*** If you are not "COMPLETELY SATISFIED" please ***
*** contact one of the following individuals: ***
*** ***
*** General Motors-Danny Winterheimer (320) 529-4161 ***
*** Lincoln Mercury Nissan-Andy Kuklok (320) 529-4171 ***
*** Body Shop-Joe McCarney (320) 259-8000 ***
*** ***
*** Thank you for choosing Miller Auto Center ***
*** for your vehicle's service needs!!! ***
*** ***
****

TOTAL LABOR....	0.00
TOTAL PARTS....	0.00
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX......	0.00
TOTAL INVOICE $	0.00

CUSTOMER SIGNATURE

 [END OF INVOICE] 02:15pm

57046 [redacted]

ALBANY, NY [redacted]

ANDREW J KUKLOK 514 06/18/02 1FMZU65644
28025 WHITE/ 4677
01/LINCOLN/TOWN CAR/4DOOR SIGNATURE 12/31/01 6268
1 L N H M 8 2 W X 1 Y 7 1 2 3 9 2
06/09/03

LABOR & PARTS----------
J# 1 18PNE BODY WORK HOURS: 4.40 TECH(S):513 581 209.74
CUSTOMER WAS DRIVING ON GRAVEL ROAD AND PASSENGER SIDE AIRBAG
DEPLOYED
NO SIGN OF COLLISION OR DAMAGE
DID SCAN OF SYSTEM HAD CODES OF B2385 AND B1231
FOUND THAT SENSOR INDICATED INFLATION BUT NO IMPACT
NOTED
REPLACE R SIDE AIR BAG SENSOR AND MODULE ALSO RF SEAT CUSHIO
AND COVER AF AIRBAG SENSORS AND MODULE
THERE IS NO SIGN OF ANY COLLISION OR DAMAGE

PART#	QTY	FP-NUMBER	DESCRIPTION	U/COST	E/COST	U/PRICE	
JOB # 1	1	1W1Z-54464A16-DAE	CVR ASY-FRT ST B	218.00	218.00	305.20	305.20
JOB # 1	1	2W1Z-54464B10-AA	PAD ASY-FRT ST B	69.49	69.49	97.29	97.29
JOB # 1	1	1W1Z-14B348-AA	SENS & BRKT ASY	36.89	36.89	51.61	51.61
JOB # 1	1	1W1Z-14B321-AC	SENS & BRKT ASY-	126.14	126.14	176.60	176.60
JOB # 1	1	F6RZ-61611D10-AA	KIT-A/BAG SD MOD	120.00	120.00	168.00	168.00
			JOB # 1 COST TOTAL		571.52		
			JOB # 1 TOTAL PARTS				800.70
			JOB # 1 TOTAL LABOR & PARTS				1090.44

G.O.G. & SUPPLIES----------
JOB # 1 FREIGHT (PARTS) 140.14
TOTAL - GOG 140.14

R/O TAX 0.00
R/O TOTALS 1230.58

WARRANTY CLAIM DETAIL TOTALS----------

CLAIM#.....	TOTAL....
216546-01	1230.85
CLAIM TOTALS	1230.85

APPROVED BY SIGNATURE

DCS AUDIT SLIP----------
DCS DATA FILE: FDLSMP.615

RO NUMBER: 216546 REPAIR NUMBER: 01 REPAIR TYPE: 1
CAUSAL PART FOUND FLAG: N
VIN: 1LNHM82W1Y7123923
REPAIR DATE: 06/09/2003
DISTANCE: 28025 LICENSE STATE: NY
DISTANCE INDICATOR: M DRIVER COMPANY NAME:
DRIVER NAME/CARD ID#:
SERVICE WRITER ID: 4679 VEH LICENSE:
DISCOUNT PCT:
PROGRAM CODE: CUSTOMER PARTICIPATION: .00
CUSTOMER CONCERN CODE: 039 DEALER PARTICIPATION: .00
CONDITION/DEFECT CODE: 42
APPROVAL CODE 1:
APPROVAL CODE 2:

 (CONTINUED ON NEXT PAGE) 12:10pm

57046	ANDREW J KUKLOK 514 06/18/01
[redacted]	28029
	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE 12/13/01 6048
ALBANY, NY [redacted]	1LNHM82WX1Y712393
	06/09/01

LINE NO.	PART NUMBER PREFIX	BASE/FINIS	SUFFIX	QTY	PRICE	CANCEL EXCLUDE PART	MARKUP	CORE AMOUNT	INV NO.
001	1W1Z	5464416	DAB	1.00	218.00			.00	
	EXT. PART AMT WITH MARKUP:				305.20				
002	XW1Z	5464810	AA	1.00	69.49			.00	
	EXT. PART AMT WITH MARKUP:				97.29				
003	1W1Z	14B348	AA	1.00	38.25			.00	
	EXT. PART AMT WITH MARKUP:				53.61				
004	1W1Z	14B321	AC	1.00	126.14	X		.00	
	EXT. PART AMT WITH MARKUP:				176.60				
005	F8RZ	53611D10	AA	1.00	120.00			.00	
	EXT. PART AMT WITH MARKUP:				168.00				

LINE NO.	LABOR OPERATION	TECH ID	OIL CHG	LABOR INV. #	LABOR HOURS	LABOR RATE	LABOR AMOUNT
001	140SDO	5282			1.6	65.85	105.36
002	140S6D1	5282			.3	65.85	19.76
003	64416AB	5282			.8	65.85	52.68
004	MT53611D10	5282			.3	65.85	19.76
005	MT14B321AC	5282			.5	65.85	32.93
006	MT14B348BA	5282			.3	65.85	19.76
007	MTS464810AA	5282			.3	65.85	19.76

LINE NO.	MISCELLANEOUS EXPENSE CODE	DAYS	HOURS	INVOICE #	AMOUNT
01	HANDLG	000	.0	6546	160.14

CUSTOMER COMMENTS

TECH/DLR WRITER COMMENTS
DID SCAN OF SYSTEM AND CODES OF B2296 AND B1231 FOUND THAT SENSOR INDICATED IMPL
ATION BUT NO IMPACT REPLACE R SIDE AIR BAG SENSOR AND MODULE ALSO RF SEAT CUSHIO
AND COVER AN AIRBAG SENSORS AND MODULE THERE IS NO SIGN OF ANY COLLISION OR
DAMAGE

DIAGNOSTIC CODES(Y/N)? Y

NIL OF CODE: N

POWERTRAIN CODES

ECMO:	B2296 B1231
ECM:	B2296 B1231
ECM:	B2296 B1231
BODY:	B2296 B1231
CHASSIS:	B2296 B1231
UNIDENTIFIED:	B2296 B1231
OTHER:	B2296 B1231

TOTAL PARTS:	880.70
PARTIAL PARTS INDICATOR:	
TOTAL LABOR:	278.01
PARTIAL LABOR INDICATOR:	
TOTAL MISC EXPENSE:	160.14
CUSTOMER PARTICIPATION:	.00
DEALER PARTICIPATION:	.00
TOTAL REPAIR:	1,230.85
PARTIAL REPAIR INDICATOR:	
PARTIAL REPAIR MESSAGE:	

[END OF INVOICE]

12:10pm

WS218546

LINCOLN - MERCURY - NISSAN

[redacted]

57046 [redacted] ALBANY, MN [redacted] [redacted]	ANDREW J KURLER [illegible] 514 · 20,025 · 01/LINCOLN/TOWN CAR/[illegible] SIGNATURE · 1 L N H M 8 2 W N 1 Y 7 1 1 3 0 2
	06/18/09 · WHITE/ · 12/12/01 · 6,0[illegible] · 06/08/09

LABOR & PARTS [illegible]

[illegible] HOURS: 4.48 [illegible]

CUSTOMER [illegible]

[illegible]

PARTS [illegible] QTY [illegible]

[illegible]

TOTAL PARTS [illegible]

TOTAL LABOR & PARTS [illegible]

G.O.G. & SUPPLIES [illegible] FREIGHT CHARGES

TOTAL - G.O.G [illegible]

WARRANTY CLAIM DETAIL TOTALS

CLAIM [illegible] TOTAL [illegible]

CLAIM TOTALS [illegible]

APPROVED BY [illegible]

[illegible] AUDIT SLIP [illegible]

SERVICE [illegible] 4[illegible]

[illegible] CODE: [illegible] PARTICIPATION: [illegible]

PAGE 1 OF 2 · SIGNATURE COPY [illegible] · CONTINUED ON NEXT PAGE [illegible]

ALL PARTS [illegible] FOR YOUR CONVENIENCE SERVICE DEPT HOURS [illegible] PARTS DEPT HOURS [illegible]

Any warranties on the products sold hereby are those of the manufacturer. As between the seller & buyer, the product is to be sold AS IS and the entire risk as to the quality and performance of the product is with the buyer. The seller expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. This disclaimer by the seller in no way affects the terms of the manufacturer's warranty. The buyer acknowledges being so informed prior to the sale.

EAGO-014 1200

W8210840

LINCOLN - MERCURY - NISSAN

57046

[redacted]

ALBANY, NY [redacted]

[redacted]

ANDREW J KUHLON 554

20,625

01/LINCOLN/TOWN CAR/SEDAN SIGNATURE 12/13/01

1 L N H M 8 2 W N 1 Y 7 1 1 3 9 2

CUSTOMER CONCERN CODE: 520
CONDITION/DEFECT CODE: 42

APPROVAL CODE 1:
APPROVAL CODE 2:

[illegible]

CUSTOMER COMMENTS

[illegible]

DIAGNOSTIC CODE(S)

[illegible]

FOR YOUR CONVENIENCE
SERVICE DEPT HOURS

PARTS DEPT HOURS

[illegible]

WB218546

LINCOLN - MERCURY - NISSAN

[redacted]

[redacted]

57046

[redacted]

ALBANY, NY [redacted]

[redacted]

01/LINCOLN/TOWN CAR/4DOOR SIGNATURE

1 L N H M 8 2 W 6 1 Y F 1 2 5 9 2

28.025

08/09/03

08/18/01

WHITE/

12/13/01

6.045

TOTAL PARTS: 88.70
PARTIAL PARTS DISCOUNT:
TOTAL LABOR: 270.01
PARTIAL LABOR DISCOUNT:
TOTAL MISC CHARGES: 180.14
CUSTOMER PARTICIPATION:
DEALER PARTICIPATION:
TOTAL REPAIR: 238.85
PARTIAL REPAIR DISCOUNT:
PARTIAL REPAIR DISCOUNT:

FOR YOUR CONVENIENCE
SERVICE DEPT HOURS

PARTS DEPT HOURS

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PAGE 1 OF 1

SIGNATURE COPY

END OF INVOICE

ERB3-014 1511

C8216546

LINCOLN - MERCURY - NISSAN

[redacted]

C8216546

[redacted]

57046

[redacted]

ALBANY, NY [redacted]

[redacted]

ANDREW J MILLER 524

28.025

01/LINCOLN/TOWN CAR/4DOOR SIGNATURE

1LNHM82W41Y712392

06/17/03

LC8216546

WHITE/

10871

12/13/01

6,048

06/01/03

LABOR & NOTE

QTY

PART NUMBER

DESCRIPTION

UNIT PRICE

AMOUNT

CUSTOMER WAS INFORMED OF RECALL WORK AND PASSENGER SIDE AIRBAG

REPAIRED

NO SIGNS OF COLLISION OR DAMAGE

RED SCAN OF SYSTEM FOUND CODES OF B2295 AND B1421

FOUND THAT SENSOR INDICATED INFLATOR NOT AN IMPACT

NOTED

REPLACED 4 SIDE AIR BAG SENSORS AND HARNESS ALSO BY SEAT COVERS

AND COVER OF AIRBAG SERVICE AND NOTED

THERE IS NO SIGN OF ANY COLLISION OR DAMAGE

JOB # 1 TOTAL PARTS

JOB # 1 TOTAL LABOR & PARTS

G.O.S. & SUPPLIES

JOB # 1 FREIGHT (PARTS)

TOTALS

TOTAL - ##

Customer Satisfaction is our Motto!!!
If you are not COMPLETELY SATISFIED please
contact one of the following individuals:

Gerard Peters-Sales Manager (518) 439-4461
Lincoln Mercury Nissan-Avon Avenue (800) 836-6171
Andy Shaw-Joe McCarney (800) 836-6888

Thank you for choosing Miller Auto Center
for your vehicle's service needs!!!

TOTAL INVOICE $ 0.00

[redacted]

FOR YOUR CONVENIENCE
SERVICE DEPT HOURS

PARTS DEPT HOURS

Any warranties on the products sold hereby are those of the manufacturer. All warranties that apply, if any, the product is to be sold AS IS and the entire risk as to the quality and performance of the product is with the buyer. The seller expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of such products. This disclaimer by the seller is in any event made the terms of the manufacturer's warranty. The buyer acknowledges having received prior to the sale

PAGE 1 OF 1

SIGNATURE COPY

E883-814 1512

CUSTOMER NO. 57046
[redacted]
ALBANY, NY [redacted]
[redacted]

CHRISTOPHER M CHAS 71 | 06/14/03 | LIC8212435
26683 | WHITE/ | 14071
01/LINCOLN/TOWN CAR/4DOOR SIGNATURE | 12/11/01 | 6048
1 L N H M 8 2 W X 1 Y 7 1 2 3 9 2
04/16/03

LABOR & PARTS-- WARRANTY
J# 1 25FMEOOSK 5000 MILE OCM TECH(S):525
25000 MILE FACTORY OCM MAINTENANCE SERVICE
COMPLETED .

PARTS------QTY---FP-NUMBER---------------DESCRIPTION--------------------UNIT PRICE-

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	1	F1AZ-6731-BD	FILTER ASY-OIL	WARRANTY
JOB # 1	1	PK5W20	5W20 SYNTHETIC OIL	WARRANTY
JOB # 1	1	XO-5W20-Q5P	ENGINE OIL SAE10	WARRANTY
JOB # 1	1	XO-5W20-5Q5P	ENGINE OIL SAE5W	WARRANTY

JOB # 1 TOTAL PARTS 0.00
JOB # 1 TOTAL LABOR & PARTS 0.00

J# 2 12FMS FUEL INJECTION SYS. TECH(S):525 WARRANTY
SERVICE ENGINE SOON LIGHT IS ON - PLEASE CHECK
RAN DIAG SCAN-P0401. WENT THRU PPT'S. FOUND DPFE IS
SHORTED INTERNALLY. REMOVED & REPLACED DPFE. RAN SELF TEST
OK.

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 2	1	2F1Z-9J460-AA	SENSOR ASY-EGR P	WARRANTY

JOB # 2 TOTAL PARTS 0.00
JOB # 2 TOTAL LABOR & PARTS 0.00

TOTALS---

TOTAL LABOR....	0.00
TOTAL PARTS....	0.00
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX......	0.00
TOTAL INVOICE $	0.00

Complete Customer Satisfaction is our Goal!!!
If you are not "COMPLETELY SATISFIED" please
contact one of the following individuals:

General Motors-Danny Winthelser (320) 529-6161
Lincoln Mercury Nissan-Andy Kuklok (320) 529-6171
Body Shop-Joe McCarney (320) 259-8000

Thank you for choosing Miller Auto Center
for your vehicle's Service needs!!!

CUSTOMER SIGNATURE

 [END OF INVOICE] 04:05pm

57046	CHRISTOPHER M CHAR 71	04/17/03	LINC212495
[redacted]	26608	[redacted]	14071
	03/LINCOLN/TOWN CAR/4DOOR SIGNATURE	10/13/01	6048
ALBANY, NY 56307	1LNHM83WX1Y721232	04/16/03	

LABOR & PARTS----------

J# 1 28PME005E 5000 MILE OCM HOURS: TECH(8):525 37.09

25000 MILE FACTORY OCM MAINTENANCE SERVICE COMPLETED,LOF,TIRE ROTATION,MULTIPOINT INJECTION,BRAKE INSPECTION

PARTS	QTY	PP-NUMBER	DESCRIPTION	U/COST	E/COST	U/PRICE	
JOB # 1	1	F1AZ-6731-ED	FILTER ASY-OIL	3.10	3.10	6.34	6.34
JOB # 1	1	PESW20	5W20 SYNTHETIC OIL	****	****	****	****
JOB # 1	1	ZD-5W20-QSP	ENGINE OIL 5W20	1.03	1.03	1.53	1.53
JOB # 1	1	ZD-5W20-5QSP	ENGINE OIL 5W20	5.08	5.08	12.71	12.71
			JOB # 1 COST TOTAL	11.27			
			JOB # 1 TOTAL PARTS				18.58
			JOB # 1 TOTAL LABOR & PARTS				55.58

J# 2 12PRE FUEL INJECTION STR. HOURS: 0.80 TECH(8):525 50.88

SERVICE ENGINE SOON LIGHT IS ON - P1448 CODE RAN DIAG SCAN-PC401. WENT THRU PIT. FOUND O2S 12 SHORTED INTERNALLY. REMOVED & REPLACED O2S. RAN SELF TEST OK.

PARTS	QTY	PP-NUMBER	DESCRIPTION	U/COST	E/COST	U/PRICE	
JOB # 2	1	2F1Z-9J460-AA	SENSOR ASY-EGR P	30.42	30.42	42.59	42.59
			JOB # 2 COST TOTAL	30.42			
			JOB # 2 TOTAL PARTS				42.59
			JOB # 2 TOTAL LABOR & PARTS				93.47
			R/O TAX				0.00
			R/O TOTALS				149.05

WARRANTY CLAIM DETAIL TOTALS----------

CLAIM#.....	TOTAL....
212495-01	63.10
212495-02	93.47
CLAIM TOTALS	156.57

APPROVED BY SIGNATURE

[CONTINUED ON NEXT PAGE]

12:14pm

37046	CHRISTOPHER M CHAR 71		04/17/03	1ME212495
[redacted]		26685	WHITE/	
	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE		12/13/01	6:48
	1LNHM82WX1Y713393			
ALBANY, NH 56307			04/16/03	
[redacted]				

DCS AUDIT SLIP----------

DCS DATA FILE: FDLMNT.436

RO NUMBER: 212495 REPAIR NUMBER: 01 REPAIR TYPE: 1
CANCEL PART FOUND FLAG: N

VIN: 1LNHM82WX1Y713392
REPAIR DATE: 04/16/2003
DISTANCE: 26685 LICENSE STATE: NH
DISTANCE INDICATOR: M DRIVER COMPANY NAME:
DRIVER NAME/CARD ID#:
SERVICE WRITER ID: 0480 VEH LICENSE:
DISCOUNT PCT:

PROGRAM CODE: OCL CUSTOMER PARTICIPATION: .00
CUSTOMER CONCERN CODE: Z99 DEALER PARTICIPATION: .00
CONDITION/DEFECT CODE: 82

APPROVAL CODE 1:
APPROVAL CODE 2:

LINE NO.	PART NUMBER PREFIX	BASE/FINISH	SUFFIX	QTY	PRICE	CANCEL EXCLUDE PART	MARKUP	CORE AMOUNT	INV NO.
001	MAINT			.00	.00	X		.00	
	EXT. PART AMT WITH MARKUP:				.00				
002	F1AZ 5731	BD		1.00	3.10			.00	
	EXT. PART AMT WITH MARKUP:				4.34				
003	XO 5W20	QSP		1.00	1.09			.00	
	EXT. PART AMT WITH MARKUP:				1.53				
004	XO 5W20	QSP		1.00	9.08			.00	
	EXT. PART AMT WITH MARKUP:				12.71				

LINE NO.	LABOR OPERATION	TECH ID	OSL IND	LABOR INV. #	LABOR HOURS	LABOR RATE	LABOR AMOUNT
001	MB25	3771			.7	63.80	44.52

CUSTOMER COMMENTS

TECH/DLR WRITER COMMENTS
1 COMPLETED,LOF,TIRE ROTATION,MULTIPOINT INSPECTION,BRAKE INSPECTION

DIAGNOSTIC CODES(Y/N)? N

TOTAL PARTS:	18.58
PARTIAL PARTS INDICATOR:	
TOTAL LABOR:	44.52
PARTIAL LABOR INDICATOR:	
TOTAL MISC EXPENSES:	.00
CUSTOMER PARTICIPATION:	.00
DEALER PARTICIPATION:	.00
TOTAL REPAIR:	63.10
PARTIAL REPAIR INDICATOR:	
PARTIAL REPAIR MESSAGE:	

[CONTINUED ON NEXT PAGE]

12:14pm

57046	CHRISTOPHER M CHAA 71 — 06/17/03 — 2499
[redacted]	26685 — HEATH/ — 4971
	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE — 12/13/01 — 6:48
	1LNHM82WX1Y712392
ALBANY, MN 56307	06/16/03
[redacted]	

DCS AUDIT SLIP

DCS DATA FILE: FDLSNP.436

RO NUMBER: 212495 REPAIR NUMBER: 02 REPAIR TYPE: 1
CAUSAL PART FOUND FLAG: N

VIN: 1LNHM82WX1Y712392
REPAIR DATE: 06/16/2003
DISTANCE: 26685 LICENSE STATE: MN
DISTANCE INDICATOR: M DRIVER COMPANY NAME:
DRIVER NAME/CARD ID#:
SERVICE WRITER ID: 0480 VEH LICENSE:
DISCOUNT PCT:

PROGRAM CODE: CUSTOMER PARTICIPATION: .00
CUSTOMER CONCERN CODE: 029 DEALER PARTICIPATION: .00
CONDITION/DEFECT CODE: 42

APPROVAL CODE 1:
APPROVAL CODE 2:

LINE NO.	PART NUMBER PREFIX	BASE/FINIS	SUFFIX	QTY	PRICE	CAUSAL PART	DECLINE REASON	CORE AMOUNT	INV NO.
001	2F1Z	9J460	AA	1.00	30.42	X		.00	
	EXT. PART AMT WITH MARKUP:				42.59				

LINE NO.	LABOR OPERATION	TECH ID	O&L IND	LABOR INV. #	LABOR HOURS	LABOR RATE	LABOR AMOUNT
001	12650D	3771			.8	63.60	42.72
002	12650DX1	3771			.1	63.60	6.36
003	12650D45	3771			.3	63.60	19.08
004	12650D9	3771			.8	63.60	42.72

CUSTOMER COMMENTS

TECH/DLR WRITTEN COMMENTS
RAN DTAS PCAM-P0401. WENT THRU PPT S. FOUND DPFE IS SHORTED INTERNALLY. REMOVED & REPLACED DPFE. RAN SELF TEST

DIAGNOSTIC CODES(Y/N)? Y

MIL ON CODE: N

POWERTRAIN CODES

KOEO: P0401
KOEC: P0401
KOER: P0401
BODY:
CHASSIS:
UNIDENTIFIED:
OTHER:

TOTAL PARTS:	42.59
PARTIAL PARTS INDICATOR=	
TOTAL LABOR:	50.86
PARTIAL LABOR INDICATOR=	
TOTAL MISC EXPENSES:	.00
CUSTOMER PARTICIPATION:	.00
DEALER PARTICIPATION:	.00
TOTAL REPAIR:	93.45

[CONTINUED ON NEXT PAGE]

12:14pm

87046	CHRISTOPHER M OHAA 71		04/17/01	[redacted]12495
[redacted]		24685	[redacted]	14671
	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE		12/13/01	6148
ALBANY, NH [redacted]	1LNHM82WX17123992			
			04/16/02	

PARTIAL REPAIR INDICATOR-
PARTIAL REPAIR MESSAGE-

[END OF INVOICE]

12:14pm

LINCOLN • MERCURY • NISSAN

[redacted]

[redacted]

57046

[redacted]

ALBANY, NY [redacted]

[redacted]

CHRISTOPHER M [redacted] 71

26,883

01/LINCOLN/TOWN CAR/VEHICLE SIGNATURE

04/17/03

04/18/03

FOR YOUR CONVENIENCE
SERVICE DEPT HOURS

PARTS DEPT HOURS

WARRANTY CLAIM DETAIL TOTALS

CLAIM TOTAL

PAGE 1 OF 1

[redacted]

03/03-014 1518

LINCOLN - MERCURY - NISSAN

[redacted]

57046

[redacted]

ALBANY, [redacted]

[redacted]

CHRISTOPHER [illegible] 21

26,085

14071

1 L [illegible]

DCS AUDIT SLIP

DCS DATA FILE: [illegible]

[illegible]

CUSTOMER CONCERNS

[illegible]

DIAGNOSTIC [illegible]

[illegible]

PAGE 2 OF 4

FOR YOUR CONVENIENCE SERVICE DEPT. HOURS

[illegible]

PARTS DEPT. HOURS

[illegible]

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ENG3-614 1519

W8212485

LINCOLN - MERCURY - NISSAN

[redacted]

W8212485

[redacted]

57046

[redacted]

ALBANY, [redacted]

[redacted]

CHRISTOPHER M DAVE . 71

26,681

04/17/03

01/LINCOLN/TOWN CAR/4DOOR

11/1/01

04/14/03

DCS ASSIT SLIP

DCS DATA FILE: PRLMP.636

FOR YOUR CONVENIENCE
SERVICE DEPT HOURS

PARTS DEPT HOURS

CUSTOMER CONCERN

DIAGNOSTIC CORRECTIVE

PENETRAIN CODE

PAGE 1 OF 4

LINCOLN - MERCURY - NISSAN

[redacted]

57046 [redacted] ALBANY, [redacted] [redacted]	CHRISTOPHER E CHAE 71 26,685 01/LINCOLN/TOWN CAR/4DOOR SIGNATURE 1 L N H M 8 2 W X 1 Y 7 1 2 3 9 1	04/17/02 WHITE/ 12/11/01 04/18/02

TOTAL LABOR: 50.00
PARTIAL LABOR INDICATOR
TOTAL MISC CHARGES: .00
CUSTOMER PARTICIPATION: .00
DEALER PARTICIPATION: .00
TOTAL REPAIR: 61.00
PARTIAL REPAIR INDICATOR
PARTIAL REPAIR REASON

ALL PARTS ARE NEW UNLESS SPECIFIED

FOR YOUR CONVENIENCE
SERVICE DEPT HOURS
MON - FRI 7:00 a.m. - 5:30 p.m.

PARTS DEPT HOURS
MON - FRI 7:00 a.m. - 5:30 p.m.

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PAGE 1 OF 4 SIGNATURE COPY END OF INVOICE

CS212496

LINCOLN - MERCURY - NISSAN

[redacted]

CS212496

[redacted]

57046

[redacted]

ALBANY, NY [redacted]

CHRISTOPHER M CHAR 71

28.685

01/A.INCOLN/TOWN CAR/SIGNATURE

1LNHM82W5LY712393

04/13/01

FOR YOUR CONVENIENCE
SERVICE DEPT HOURS

PARTS DEPT HOURS

Any installation of the products sold hereby are those of the manufacturer. As between the seller & buyer, the product is to be used AS IS and the entire risk as to the quality and performance of the product is with the buyer. The only warranty, statement or representation, other express or implied, regarding any product, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of such products. This statement by the seller is in any manner [illegible] terms of the manufacturer's warranty. The buyer acknowledges having [illegible] allowance prior to this sale.

Customer Satisfaction is our Goal!!!!
If you are not completely satisfied, please contact one of the following individuals:

General Motors Owner Assistance (800) 222-1020
Lincoln Mercury Division Hotline (800) 521-7411
Ford Customer Service (800) 325-3673

Thank you for choosing Miller Auto Center for your vehicle's service needs!!!

TOTAL INVOICE $

Customer Signature

PAGE 1 OF 1

SIGNATURE COPY

END OF INVOICE

EMB3-014 1522

57046	JOSEPH KROAH 625	12/19/01	LIC#204506
[redacted]		31862	
	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE	12/19/01	4046
	1LNHM82WX1Y712392		
ALBANY, NH [redacted]		12/19/02	
[redacted]			

LABOR & PARTS----------

J# 1 26PMS005K 5000 MILE OCH VEH(E)(74)

20K QUALITY CARE MAINTENANCE SERVICE WHICH INCLUDES LUBE OIL, AM FILER, TIRE ROTATION AND MULIT POINT INSPECTION OF VEHICLE COMPLETED

PARTS	QTY	PP-NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
JOB # 1	1	FLAS-4731-RD	FILTER ASY-OIL		
JOB # 1	1	PKSW10	5W10 SYNTHETIC OIL		
JOB # 1	1	XO-5W20-QSP	MOTOR OIL 5W20		
JOB # 1	1	XO-5W20-QSP	MOTOR OIL 5W20		

JOB # 1 TOTAL PARTS 0.00

JOB # 1 TOTAL LABOR & PARTS 0.00

TOTALS----------

TOTAL LABOR.....	0.00
TOTAL PARTS.....	0.00
TOTAL SUBLET....	0.00
TOTAL S.O.S....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	0.00
TOTAL INVOICE $	0.00

Complete Customer Satisfaction is our Goal!!!
If you are not "COMPLETELY SATISFIED" please
Contact Danny Winthaiser or Andy Kuklok.

Local (320) 251-8900 or Natts (800) 337-1363

Thank you for choosing Miller Auto Center
for your vehicle's Service needs!!!

CUSTOMER SIGNATURE

(END OF INVOICE) 15:46:44

EMS-014 1523

57046	JOSEPH REGAN	625	12/20/02	1FMZU64E54
[redacted]		21862	SMITH/	14071
	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE		12/13/01	6048
	1 L W H M 8 2 W X 1 Y 7 1 2 3 9 2			
ALBANY, NH [redacted]			12/19/02	
[redacted]				

LABOR & PARTS----------

JW 1 28PM2005K 5000 MILE OCN HOURS: TECH(S):741 37.00

20K QUALITY CARE MAINTENANCE SERVICE WHICH INCLUDES LUBE OIL AM FILER TIRE ROTATION AND MULTI POINT INSPECTION OF VEHICLE COMPLETED

PARTS	QTY	PN-NUMBER	DESCRIPTION	U/COST	E/COST	U/PRICE	
JOB # 1	1	FIAE-6731-BD	FILTER ASY-OIL	3.10	3.10	4.34	4.34
JOB # 1	1	PESW20	5W20 SYNTHETIC OIL	****	****	****	****
JOB # 1	1	XO-5W30-QSP	ENGINE OIL 5W30	1.08	1.08	1.51	1.51
JOB # 1	1	XO-5W30-5QSP	ENGINE OIL 5W30	9.08	9.08	12.71	12.71
			JOB # 1 COST TOTAL	13.27			
			JOB # 1 TOTAL PARTS				18.56

JOB # 1 TOTAL LABOR & PARTS 55.56

R/O TAX .00
R/O TOTALS 55.56

WARRANTY CLAIM DETAIL TOTALS----------

CLAIMS	TOTAL
204806-01	63.10
CLAIM TOTALS	63.10

APPROVED BY SIGNATURE

(CONTINUED ON NEXT PAGE)

14:06:34

EMS-014 1924

57046	[redacted]	JOSEPH REGAN	625	12/20/02	1LNH[redacted]
			21862	SMITH/	14971
		01/LINCOLN/TOWN CAR/4DOOR SIGNATURE		12/13/01	6548
		1LNHM82WX1Y712392			
ALBANY, NH [redacted]				12/19/02	

DCS AUDIT SLIP----------

DCS DATA FILE: FDLAWF.109

RO NUMBER: 204506 REPAIR NUMBER: 01 REPAIR TYPE: 1
CASUAL PART POSTED FLAG: N

VIN: 1LNHM82WX1Y712392
REPAIR DATE: 12/19/2002
MILEAGE: 21862 LICENSE STATE: NH
DISTANCE INDICATOR: M DRIVER COMPANY NAME:
DRIVER NAME/CARD ID#:
SERVICE WRITER ID: 3636 VEH LICENSE:
DISCOUNT PCT:

PROGRAM CODE: OCL CUSTOMER PARTICIPATION: .00
CUSTOMER CONCERN CODE: R99 DEALER PARTICIPATION: .00
CONDITION/DEFECT CODE: 82

APPROVAL CODE 1:
APPROVAL CODE 2:

LINE NO.	PART NUMBER PREFIX	BASE/YIELD	SUFFIX	QTY	PRICE	CASUAL EXCLUDE PART	MARKUP	CORE AMOUNT	INV NO.
001		MISC		.00	.00	X		.00	
	EXT. PART AMT WITH MARKUP:				.00				
002	FLAG 6731		RG	1.00	3.10			.00	
	EXT. PART AMT WITH MARKUP:				4.34				
003	EO 5W20		CHP	1.00	1.09			.00	
	EXT. PART AMT WITH MARKUP:				1.53				
004	EO 5W20		HOSP	1.00	9.08			.00	
	EXT. PART AMT WITH MARKUP:				12.71				

LINE NO.	LABOR OPERATION	TECH ID	OEL IND	LABOR INV. #	LABOR HOURS	LABOR RATE	LABOR AMOUNT
001	MR20	4479			.7	63.60	44.52

LINE NO.	CODE	DAYS	HOURS	INVOICE #	AMOUNT
01					

MISCELLANEOUS EXPENSE

CUSTOMER COMMENTS

TECH/DLR WRITTEN COMMENTS
COMPLETED,LOF,TIRE ROTATION,MULTIPOINT INSPECTION,BRAKE INSPECTION

DIAGNOSTIC CODES(Y/N)? N

TOTAL PARTS:	18.59
PARTIAL PARTS INDICATOR:	
TOTAL LABOR:	44.52
PARTIAL LABOR INDICATOR:	
TOTAL MISC EXPENSES:	.00
CUSTOMER PARTICIPATION:	.00
DEALER PARTICIPATION:	.00
TOTAL REPAIR:	63.10
PARTIAL REPAIR INDICATOR:	
PARTIAL REPAIR MESSAGE:	

[END OF INVOICE]

14:06:34

WS204506

WS204506

LINCOLN - MERCURY - NISSAN

[redacted]

WS204506

CUSTOMER NO. 57046

[redacted]

ALBANY, MN [redacted]

[redacted]

JOSEPH REGAN 625 12/20/02 LIWS204506

21,862 WHITE/ 14071

01/LINCOLN/TOWN CAR/4DOOR SEDAN/ 12/13/01 6,046

1 L N H M 8 2 W X 1 Y 7 1 2 3 8 2

12/19/02

LABOR & PARTS

JOB 1 22PRIS00K 5000 MILE OCN HOURS: TECH(S):741 37.00

20K QUALITY CARE MAINTENANCE SERVICE WHICH INCLUDES LUBE OIL AN FILER TIRE ROTATION AND MULTI POINT INSPECTION OF VEHICLE COMPLETED

PARTS	QTY	FP	NUMBER	DESCRIPTION	u/COST	E/COST	u/PRICE	
JOB	1	1	F1AZ-6731-BD	FILTER ASY-OIL	3.10	3.10	4.34	4.34
JOB	1	1	MSAQ0	5W30 SYNTHETIC OIL				
JOB	1	1	XO-5W20-QSP	ENGINE OIL 5W20	1.09	1.09	1.53	1.53
JOB	1	1	XO-5W30-QSP	ENGINE OIL 5W30	9.08	9.08	12.71	12.71

JOB # 1 COST TOTAL 13.27

JOB # 1 TOTAL PARTS 18.58

JOB # 1 TOTAL LABOR & PARTS 55.58

R/O TAX 0.00

R/O TOTALS 55.58

WARRANTY CLAIN DETAIL TOTALS

CLAIM#	TOTAL
204506-01	63.10
CLAIN TOTALS	63.10

APPROVED BY SIGNATURE

DCS AUDIT SLIP

DCS DATA FILE: PDUMF.109

RO NUMBER: 204506 REPAIR NUMBER: 01 REPAIR TYPE: 1

CAUSAL PART FIXED FLAG: N

VIN: 1LNHM82WX1Y712382

REPAIR DATE: 12/19/2002

MILEAGE: 21862 LICENSE STATE: MN

DISTANCE INDICATOR: M DRIVER COMPANY NAME:

DRIVER NAME/CARD ID#:

SERVICE WRITER ID: 3630 VEH LICENSE:

DISCOUNT PCT:

PROGRAM CODE: OCL CUSTOMER PARTICIPATION: .00

CUSTOMER CONCERN CODE: A00 DEALER PARTICIPATION: .00

CONDITION/DEFECT CODE: 00

APPROVAL CODE 1:

APPROVAL CODE 2:

LINE NO.	PART NUMBER PREFIX	BASE/PARTS	SUFFIX	QTY	PRICE	CAUSAL PART	EXCLUDE MARKUP	CORE AMOUNT	INV NO.
001		HAINT		.00	.00	N		.00	
	EXT. PART AMT WITH MARKUP:				.00				
002	F1AZ	6731	BD	1.00	3.10			.00	

ALL PARTS NEW UNLESS SPECIFIC OTHERWISE

FOR YOUR CONVENIENCE

SERVICE DEPT HOURS

MON. - FRI. 7:00 a.m. - 5:30 p.m.

PARTS DEPT. HOURS

MON. - FRI. 7:00 a.m. - 5:30 p.m.

Any warranties on the products sold hereby are those of the manufacturer. As between the seller & buyer the product is to be sold AS IS and the entire risk as to the quality and performance of the product is with the buyer. The seller expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. This disclaimer by the seller in no way affects the terms of the manufacturer's warranty. The buyer acknowledges being so informed prior to the sale

PAGE 1 OF 2 SIGNATURE COPY-N (CONTINUED ON NEXT PAGE) 12:05:49

W8204506

LINCOLN - MERCURY - NISSAN

[redacted]

W8204506

[redacted]

CUSTOMER No. 57046	[redacted] ALBANY, MN [redacted]	ADVISOR JOSEPH REGAN	625	12/20/02	LIN6204506
			21,862	WHITE/	14071
		01/LINCOLN/TOWN CAR/4DOOR SIGNATURE		12/11/01	6.0L8
		VEHICLE No. 1 L N H M 8 2 W X 1 Y 7 1 2 3 9 2			
				12/19/02	

		EXT. PART AMT WITH MARKUP:		4.34		
003	30 5W20	OSP	1.00	1.00		.00
		EXT. PART AMT WITH MARKUP:		1.53		
004	60 5W20	OSP	1.00	8.00		.00
		EXT. PART AMT WITH MARKUP:		12.71		

LINE NO.	LABOR OPERATION	TECH ID	OSL IND	LABOR INV. #	LABOR HOURS	LABOR RATE	LABOR AMOUNT
001	M820	4479			.7	63.88	44.52

LINE NO.	MISCELLANEOUS EXPENSE CODE	DAYS	HOURS	INVOICE #	AMOUNT
01					

CUSTOMER COMMENTS

TECH/DLR WRITER COMMENTS
COMPLETED.LOF.TIRE ROTATION.MULTIPOINT INSPECTION.BRAKE INSPECTION

DIAGNOSTIC CODES(Y/N)? N

TOTAL PARTS:	16.00
PARTIAL PARTS INDICATOR:	
TOTAL LABOR:	44.52
PARTIAL LABOR INDICATOR:	
TOTAL MISC EXPENSES:	.00
CUSTOMER PARTICIPATION:	.00
DEALER PARTICIPATION:	.00
TOTAL REPAIR:	60.52
PARTIAL REPAIR INDICATOR:	
PARTIAL REPAIR MESSAGE:	

ALL PARTS NEW UNLESS SPECIFIED OTHERWISE

FOR YOUR CONVENIENCE
SERVICE DEPT. HOURS
MON. - FRI. 7:00 a.m. - 5:30 p.m.

PARTS DEPT HOURS
MON - FRI. 7:00 a.m. - 5:30 p.m.

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SIGNATURE COPY-W

[END OF INVOICE] 113846

CB204506

CB204506

LINCOLN - MERCURY - NISSAN

[redacted]

[redacted]

CUSTOMER No.		ADVISOR	TRANS.	INVOICE DATE	RO No.
57046		JOSEPH REGAN	625	12/19/02	LIC5204506
[redacted]		LICENSE No.	MILEAGE	COLOR	STOCK No.
ALBANY, MN [redacted]			21,862	WHITE/	14071
		YEAR/MAKE/MODEL		WARRANTY DATE	RELEASED
		01/LINCOLN/TOWN CAR/4000A SIGNATURA		12/13/01	6,048
		VEHICLE I.D. No.	P.O. No.		
[redacted]		1 L N H M 8 2 W X 1 Y 7 1 2 3 9 2			
		TAG No.		DATE OUT	
				12/19/02	
		COMMENTS			

LABOR & PARTS

JOB #	SUBLET	5000 MILE OCM	TECH(S): 741	WARRANTY
1		20K QUALITY CARE MAINTENANCE SERVICE WHICH INCLUDES LUBE OIL AN FILTER TIRE ROTATION AND MULTI POINT INSPECTION OF VEHICLE COMPLETED		

PARTS	QTY	FP	NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1		FIAZ-6731-BD	FILTER ASY-OIL		WARRANTY
JOB # 1	1		MOBIL	5W30 SYNTHETIC OIL		WARRANTY
JOB # 1	1		XO-5W30-QSP	ENGINE OIL 5W30		WARRANTY
JOB # 1	1		XO-5W30-5QSP	ENGINE OIL 5W30		WARRANTY
				JOB # 1 TOTAL PARTS		0.00
				JOB # 1 TOTAL LABOR & PARTS		0.00

TOTALS

Complete Customer Satisfaction is our Goal!!!! If you are not "COMPLETELY SATISFIED" please contact Danny Winkelman or Andy Kuklok.

Local (320) 251-8900 or Watts (800) 337-1363

Thank you for choosing Hiller Auto Center for your vehicle's service needs!!!

TOTAL LABOR	0.00
TOTAL PARTS	0.00
TOTAL SUBLET	0.00
TOTAL G.S.T.	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC RISC	0.00
TOTAL TAX	0.00
TOTAL INVOICE $	0.00

[redacted]

ALL PARTS NEW UNLESS SPECIFIED OTHERWISE

FOR YOUR CONVENIENCE SERVICE DEPT. HOURS
MON. - FRI. 7:00 a.m. - 5:30 p.m.

PARTS DEPT. HOURS
MON. - FRI. 7:00 a.m. - 6:30 p.m.

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PAGE 1 OF 1 SIGNATURE COPY (END OF INVOICE) 14.44.43

ENG-814 1526

57046	JOSEPH REGAN	625		10/16/02	
[redacted]			19425	[redacted]	
	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE			12/11/01	6046
ALBANY, NY [redacted]	1LNHM82WX1Y712192				
				10/16/02	

LABOR & PARTS----------

J# 1 02PNES STEERING TECH(S):513 WARRANTY

WHEN TURNING HARD LEFT HEARS A CLUNK IN FRONT WHEEL.
ROAD TESTED LUBED STEERING STOPS

JOB # 1 TOTAL LABOR & PARTS 0.00

J# 2 08PNES3 FRONT BRAKE TECH(S):513 WARRANTY

HEARS A SQUEALING IN FRONT LEFT WHEEL WHEN STOPPING
FOUND ROCK STUCK IN BRAKE - REMOVE AND REINSTALL CALIPER
REMOVED ROCK

JOB # 2 TOTAL LABOR & PARTS 0.00

TOTALS----------

TOTAL LABOR....	[illegible]
TOTAL PARTS....	[illegible]
TOTAL SUBLET...	[illegible]
TOTAL G.O.S....	[illegible]
TOTAL MISC CHG.	[illegible]
TOTAL MISC DISC	[illegible]
TOTAL TAX.....	[illegible]
TOTAL INVOICE $	0.00

****
Complete Customer Satisfaction is our Goal!!!
If you are not "COMPLETELY SATISFIED" please
contact Denny Winthaiser or Andy Kulick.

Local (320) 281-8900 or Watts (800) 937-1363

Thank you for choosing Miller Auto Center
for your vehicle's service needs!!!
****

CUSTOMER SIGNATURE

[END OF INVOICE] 16:12:35

57046	JOSHUA BROWN	625	10/21/02	LJIS139907
[redacted]		59625	SMITH/	1407A
	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE		11/13/01	6048
ALBANY, NY [redacted]	1LNHM82WX1Y713292		10/16/02	
[redacted]				

LABOR & PARTS----------

J# 1 02PNZS STEERING HOURS: TECH(S):913 0.00
WHEN TURNING HARD LEFT HEARS A CLUNK IN FRONT WHEEL
ROAD TESTED LOOSE STEERING STOPS

JOB # 1 TOTAL LABOR & PARTS 0.00

J# 2 04PNE3 FRONT BRAKE HOURS: TECH(S):913 0.00
HEARS A SQUEALING IN FRONT LEFT WHEEL WHEN STOPPING
FOUND ROCK STUCK IN BRAKE - REMOVE AND REINSTALL CALIPER
REMOVED ROCK

JOB # 2 TOTAL LABOR & PARTS 0.00

TOTALS----------

CONTROL# ACCOUNT# AMOUNT..
L047D 0.00

TOTAL LABOR....	0.00
TOTAL PARTS....	0.00
TOTAL SUBLET...	0.00
TOTAL G.D.G....	0.00
TOTAL MISC CHG	0.00
TOTAL MISC.DISC	0.00
TOTAL TAX.....	0.00
TOTAL INVOICE $	0.00

APPROVED BY SIGNATURE

PAGE 1 OF 1 [END OF INVOICE] 12:42:53

LINCOLN - MERCURY - NISSAN [redacted]

57046

[redacted]

ALBANY, NY [redacted]

[redacted]

FOR YOUR CONVENIENCE
SERVICE DEPT HOURS

PARTS DEPT HOURS

TOTAL SERVICE $ 0.00

LINCOLN - MERCURY - NISSAN

[redacted]

[redacted]

57046

[redacted]

ALBANY, NY [redacted]

[redacted]

TOTAL INVOICE $

DUPLICATE INVOICE

57046	JOSEPH REGAN 625 08/13/02
[redacted]	16123
ALBANY, NY [redacted]	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE 12/13/01 5:48
	1LNHM82WX1Y712393
	08/13/02

LABOR & PARTS----------

J# 1 28PWS015X 15000 MILE QCM TECH(S):741 WARRANTY

15000 MILE QUALITY CARE MAINTENANCE WHICH INCLUDES LUBE,OIL AND FILTER CHANGE, MULTIPOINT INSPECTION, ROTATION OF TIRES COMPLETE BRAKE INSPECTION,AND OTHER ITEMS LISTED FOR THIS MAKE AND MODEL
COMPLETE 15000 MILE QUALITY CARE MAINTENANCE

PARTS	QTY	PP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	FIAZ-6731-BD	FILTER ASY-OIL		WARRANTY
JOB # 1	1	PWSW20	5W20 SYNTHETIC OIL		WARRANTY
JOB # 1	1	XO-5W20-QSP	ENGINE OIL SAE10		WARRANTY
JOB # 1	1	XO-5W20-QSP	ENGINE OIL BASIN		WARRANTY
			JOB # 1 TOTAL PARTS		0.00
			JOB # 1 TOTAL LABOR & PARTS		0.00

J# 2 17PHX BODY ELECT. REPAIR TECH(S):741 WARRANTY

LIGHT IN BACK SEAT AREA OUT
SHORT IN WIRE

PARTS	QTY	PP-NUMBER	DESCRIPTION	UNIT PRICE	
			JOB # 2 TOTAL PARTS		0.00
			JOB # 2 TOTAL LABOR & PARTS		0.00

TOTALS----------

	TOTAL LABOR....	0.00
	TOTAL PARTS....	0.00
	TOTAL SUBLET...	0.00
	TOTAL G.O.S....	0.00
	TOTAL MISC CHG.	0.00
	TOTAL MISC DISC	0.00
	TOTAL TAX.....	0.00
	TOTAL INVOICE $	0.00

Complete Customer Satisfaction is our Goal!!!
If you are not "COMPLETELY SATISFIED" please contact Denny Wintheiser or Andy Kuklok.

Thank you for choosing Miller Auto Center for your vehicle's service needs!!!

CUSTOMER SIGNATURE

PAGE 1 OF 1 [END OF INVOICE] 16:01:20

EN03-014 1533

57046	JOSEPH REGAN	625	08/14/01	LINC:88284
[redacted]		16133	MERCH/	14071
ALBANY, NH [redacted]	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE 1LNHM83W1Y713932		12/13/01 08/13/02	6048

LABOR & PARTS----------

J# 1 28PMZ015K		15000 MILE QCM		HOURS: 0.80	TECH(S):741			50.88
	15000 MILE QUALITY CARE MAINTENANCE WHICH INCLUDES LUBE,OIL AND FILTER CHANGE, MULTIPOINT INSPECTION, ROTATION OF TIRES COMPLETE BRAKE INSPECTION,AND OTHER ITEMS LISTED FOR THIS MAKE AND MODEL							
	COMPLETE 15000 MILE QUALITY CARE MAINTENANCE							
PARTS	QTY	PP-NUMBER	DESCRIPTION		U/COST	E/COST	U/PRICE	
JOB # 1	1	F1AZ-6731-BD	FILTER ASY-OIL		3.10	3.10	4.34	4.34
JOB # 1	1	PKSW20	5W20 SYNTHETIC OIL		****	****	****	****
JOB # 1	1	XO-5W20-QSP	ENGINE OIL 5W20		1.69	1.69	2.37	2.37
JOB # 1	1	XO-5W20-QSP	ENGINE OIL 5W20		9.08	9.08	12.71	12.71
			JOB # 1 COST TOTAL		13.87			
						JOB # 1 TOTAL PARTS		19.42
					JOB # 1 TOTAL LABOR & PARTS			70.30
J# 2 17PMZ		BODY ELECT. REPAIR	HOURS:		TECH(S):741			0.00
	LIGHT IN BACK SEAT AREA OUT SHORT IN WIRE							
					JOB # 2 TOTAL LABOR & PARTS			0.00
						R/O TAX		0.00
						R/O TOTALS		70.30

WARRANTY CLAIM DETAIL TOTALS----------

CLAIM#.....	TOTAL....
195286-01	70.30
CLAIM TOTALS	70.30

APPROVED BY SIGNATURE

[CONTINUED ON NEXT PAGE]

12:38:48

17046	JOSEPH REGAN 625		08/14/02	LIN[illegible]288
[redacted]		16123	MERITE/	1407i
	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE		12/13/01	6048
	1LNHM83W81Y713292			
ALBANY, NH [redacted]			08/13/02	
[redacted]				

DCS AUDIT SLIP

DCS DATA FILE: FDLPDF.691

RO NUMBER: 195284 REPAIR NUMBER: 01 REPAIR TYPE: 1
CASUAL PART FOUND FLAG: N

VIN: 1LNHM83W81Y713292
REPAIR DATE: 08/13/2002
DISTANCE: 16123 LICENSE STATE: NH
DISTANCE INDICATOR: M DRIVER COMPANY NAME:
DRIVER NAME/CARD NO:
SERVICE WRITER ID: 3638 VEH LICENSE:
DISCOUNT PCT:

PROGRAM CODE: DCL CUSTOMER PARTICIPATION: .00
CUSTOMER CONCERN CODE: K99 DEALER PARTICIPATION: .00
CONDITION/DEFECT CODE: 82

APPROVAL CODE 1:
APPROVAL CODE 2:

LINE NO.	PART NUMBER PREFIX	BASE/FINIS	SUFFIX	QTY	PRICE	CASUAL PART	EXCLUDE MARKUP	CORE AMOUNT	INV NO.
001	FLAG 6731		NO	1.00	3.10			.00	
	EXT. PART AMT WITH MARKUP:				4.34				
002	XO 5W20		QRP	1.00	1.69			.00	
	EXT. PART AMT WITH MARKUP:				2.37				
003	XO 5W20		QSP	1.00	5.08			.00	
	EXT. PART AMT WITH MARKUP:				12.71				
004	PAINT			.00	.00	X		.00	
	EXT. PART AMT WITH MARKUP:				.00				

LINE NO.	LABOR OPERATION	TECH ID	OPC IND	LABOR INV. #	LABOR HOURS	LABOR RATE	LABOR AMOUNT
001	MAIN	4475			.8	63.80	50.88

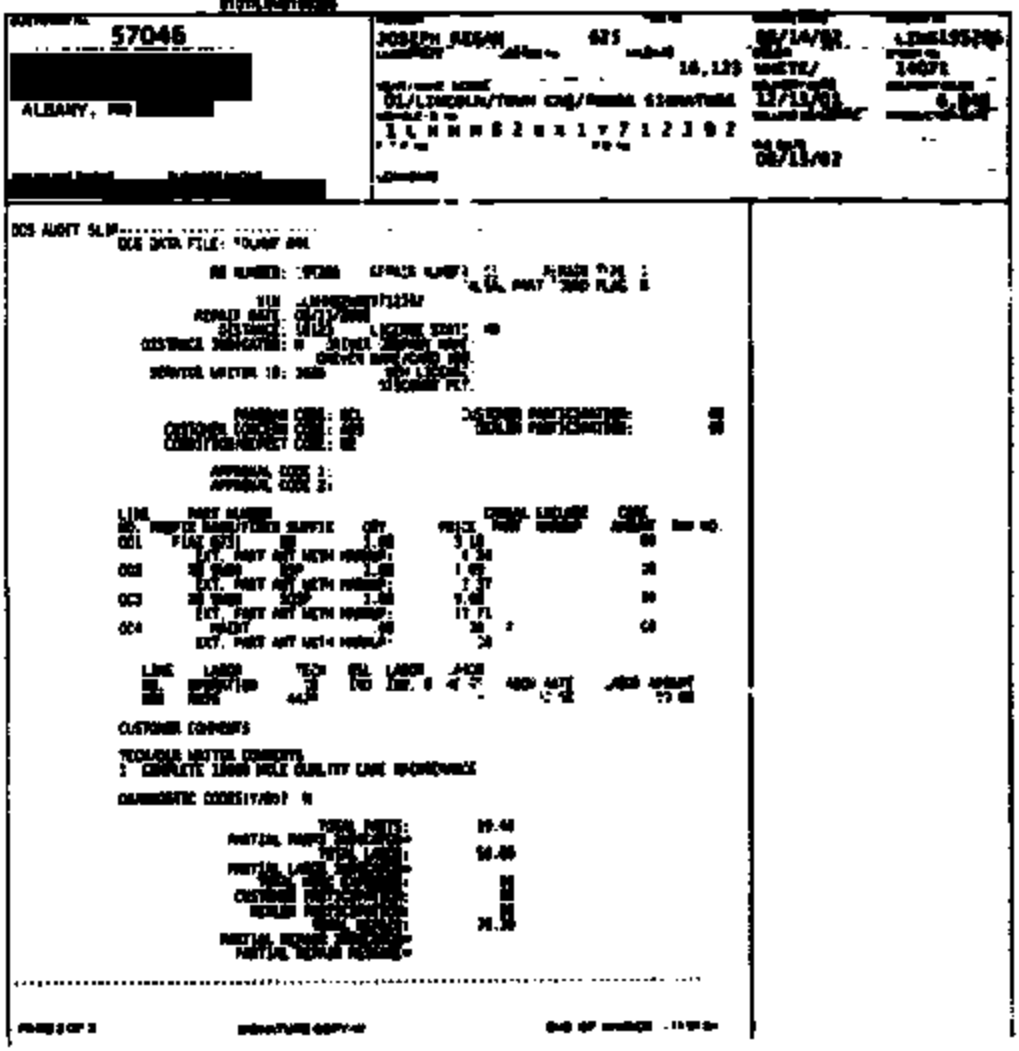
CUSTOMER COMMENTS

TECH/SA WRITER COMMENTS
1 COMPLETE 15000 MILE QUALITY CARE MAINTENANCE

DIAGNOSTIC CODES(Y/N)? N

TOTAL PARTS:	19.42
PARTIAL PARTS INDICATOR=	
TOTAL LABOR:	50.88
PARTIAL LABOR INDICATOR=	
TOTAL MISC EXPENSES:	.00
CUSTOMER PARTICIPATION:	.00
DEALER PARTICIPATION:	.00
TOTAL REPAIR:	70.30
PARTIAL REPAIR INDICATOR=	
PARTIAL REPAIR MESSAGE=	

[END OF INVOICE] 12:58:48



57046

ALBANY, [redacted]

JOSEPH HUGHES 625 16,125 08/14/02 14071

DL/LINCOLN/TOWN CAR/ 12/13/01 08/11/02

DOS AUDIT SLIP

DOS DATA FILE: TOWNCAR.DAT

CUSTOMER CONCERNS

TECHNICIAN NOTES/COMMENTS

1 COMPLETE 18000 MILE QUALITY CARE MAINTENANCE

DIAGNOSTIC CODES(Y/N)? N

TOTAL PARTS: 19.48

TOTAL LABOR: 50.00

TOTAL: 69.48

WB196286

57046

[redacted]

ALBANY, MN [redacted]

[redacted]

JOSEPH RAGAN 625

16,123 WHITE/ 14071

01/LINCOLN/TOWN CAR/4DOOR SIGNATURE

1 L N H M 8 2 W X 1 Y 7 1 2 1 0 2

08/14/02

12/13/01 6,048

08/13/02

LABOR & PARTS

JOB 1 INSPECTION 30000 MILE QCM HOURS: 1.00 TECH(S): [illegible] 50.00

FORD MILE QUALITY CARE MAINTENANCE WHICH INCLUDES [illegible] OIL AND FILTER CHANGE, MULTIPOINT INSPECTION, ROTATION OF TIRES COMPLETE BRAKE INSPECTION AND OTHER ITEMS LISTED FOR THIS [illegible]

COMPLETE [illegible] MILE QUALITY CARE MAINTENANCE

PARTS	QTY	FP NUMBER	DESCRIPTION	U/COST	E/COST	U/PRICE	
[illegible]	1	[illegible]	FILTER ASY-OIL	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	1	[illegible]	[illegible] SYNTHETIC OIL				
[illegible]	1	[illegible]	ENGINE OIL [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	1	[illegible]	ENGINE OIL [illegible]	[illegible]	[illegible]	[illegible]	[illegible]

JOB # 1 [illegible] TOTAL [illegible]

JOB # 1 TOTAL PARTS [illegible]

JOB # 1 TOTAL LABOR & PARTS [illegible]

JOB 2 [illegible] BODY ELECT. REPAIR HOURS: [illegible] [illegible]

LIGHT IN BACK SEAT AREA OUT SHORT IN WIRE

JOB # 2 TOTAL LABOR & PARTS [illegible]

[illegible] TAX [illegible]

[illegible] TOTALS [illegible]

WARRANTY CLAIM DETAIL TOTALS

CLAIM#	TOTAL
[illegible]-01	70.30
CLAIM TOTALS	70.30

APPROVED BY SIGNATURE

PAGE 1 OF 2 SIGNATURE COPY [illegible] CONTINUED ON NEXT PAGE [illegible]

CB196206

LINCOLN - MERCURY - NIBSAN

[redacted]

CB196206

[redacted]

57046

[redacted]

ALBANY, NH [redacted]

JOSEPH NIBSAN 625

08/13/02

16,121

11/11/01

08/11/02

FOR YOUR CONVENIENCE
SERVICE DEPT HOURS

PARTS DEPT HOURS

Complete Customer Satisfaction is our Goal!!!
If you are not "COMPLETELY SATISFIED" please
contact Danny Winchester or Andy Gabriel.

Thank you for choosing Miller Auto Center
for your vehicle's service needs!!!

TOTAL INVOICE $ 0.00

E003-014 1538

CUSTOMER NO. 57044

[redacted]

ALBANY, MN [redacted]

[redacted]

CHRISTOPHER M OHAR 71 | 05/03/02 | LICS:87339

12312 | WHITE/ | 16071

01/LINCOLN/TOWN CAR/4DOOR SIGNATURE | 12/11/01 | 6046

1 L N H M 8 2 W X 1 Y 7 1 2 3 9 2

04/25/02

COMMENTS

```
LABOR & PARTS---------------------------------------------------------------     WARRANTY
J# 1 12FNZ          FUEL INJECTION SYS.              TECH(S):581
        INTERMITTENT NO START - PLEASE CHECK
        DIAG. SCAN P1260 & U1147 IN MEMORY ORDERED CLUSTER PER SSM
        15047. REPLACED INSTRUMENT CLUSTER REPROGRAMMED KEYS

PARTS-----QTY---FP-NUMBER---------------DESCRIPTION---------------UNIT PRICE-
JOB # 1     1     1W1Z-10849-AB         CLUST ASY - INST                          WARRANTY
JOB # 1     1     20748                 KEY                                       WARRANTY
                                                JOB # 1 TOTAL PARTS                   0.00

                                        JOB # 1 TOTAL LABOR & PARTS                   0.00
------------------------------------------------------------------------------------------
TOTALS------------------------------------------------------------------------------------

************************************************************     TOTAL LABOR....      0.00
************************************************************     TOTAL PARTS....      0.00
*****                                                  *****     TOTAL SUBLET...      0.00
*****  Complete Customer Satisfaction is our Goal!!!   *****     TOTAL G.O.G....      0.00
*****  If you are not "COMPLETELY SATISFIED" please    *****     TOTAL MISC CHG.      0.00
*****  contact Danny Winthaiser or Andy Kuklok.        *****     TOTAL MISC DISC      0.00
*****                                                  *****     TOTAL TAX......      0.00
*****  Thank you for choosing Miller Auto Center       *****
*****  for your vehicle's service needs!!!            *****     TOTAL INVOICE $      0.00
*****                                                  *****
************************************************************
************************************************************

------------------------------
      CUSTOMER SIGNATURE
```

 [END OF INVOICE] 11:15:26

E003-614 1530

187046	CHRISTOPHER M OKOR II		05/06/02	LIN6187335	
[redacted]		12313	NEW/	3487	
	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE		12/13/01	6068	
	1 L N H M 8 2 W X 1 Y 7 1 2 3 9 2				
ALBANY, NH [redacted]			06/25/02		
[redacted]					

LABOR & PARTS----------

JOB # 12MH2 FUEL INJECTION SYS. HOURS: 1.20 TECH(S):561 74.73

INTERMITTENT NO START - PLEASE CHECK
DIAG. SCAN P1340 & U1147 IN MEMORY ORDERED CLUSTER PER SBN
18047. REPLACED INSTRUMENT CLUSTER REPROGRAMMED KEYS

PARTS	QTY	PN-NUMBER	DESCRIPTION	U/COST	E/COST	U/PRICE	
JOB # 1	1	1W1Z-10849-AB	CLUST ASY - INST	195.50	195.50	275.10	275.10
JOB # 1	1	20748	KEY	11.99	11.99	16.79	16.79
			JOB # 1 COST TOTAL		207.49		
			JOB # 1 TOTAL PARTS				291.89
			JOB # 1 TOTAL LABOR & PARTS				366.59
			R/O TAX				0.00
			R/O TOTALS				366.59

WARRANTY CLAIM DETAIL TOTALS----------

CLAIM#	TOTAL
187335-01	366.59
CLAIM TOTALS	366.59

APPROVED BY SIGNATURE

DCS AUDIT SLIP----------

DCS DATA FILE: FDL80F.300

RO NUMBER: 187335 REPAIR NUMBER: 01 REPAIR TYPE: 1
CANCEL PART POSTED FLAG: N

VIN: 1LNHM82WX1Y712392
REPAIR DATE: 04/25/2002
DISTANCE: 12313 LICENSE STATE: NH
DISTANCE INDICATOR: M DRIVER COMPANY NAME:
DRIVER NAME/CARD ID#:
SERVICE WRITER ID: 0480 VEH LICENSE:
DISCOUNT PCT:

PROGRAM CODE:
CUSTOMER CONCERN CODE: D02
CONDITION/DEFECT CODE: 42
CUSTOMER PARTICIPATION: .00
DEALER PARTICIPATION: .00

APPROVAL CODE 1:
APPROVAL CODE 2:

LINE NO.	PART NUMBER PREFIX BASE/SUFFIX	QTY	PRICE	CANCEL PART	EXCLUDE FROM LABOR	CORE AMOUNT	INV NO.
001	1W1Z 10849 AB	1.00	195.50	N		.00	
	EXT. PART AMT WITH MARKUP:		275.10				
002	C089	1.00	11.99			.00	33101
	EXT. PART AMT WITH MARKUP:		16.79				

LINE NO.	LABOR OPERATION	TECH ID	OIL IND	LABOR DIV. %	LABOR HOURS	LABOR RATE	LABOR AMOUNT
001	12MH2D	0413		.1	62.35		12.47
002	12MH2DM1	0413		.1	62.35		16.23
003	10836A	0413		.9	62.35		56.03

[CONTINUED ON NEXT PAGE]

14:06:33

57046	CHRISTOPHER M CHAR 71		05/06/02	LINE:87335
[redacted]		12312	[redacted]	16271
	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE		12/13/01	6:48
ALBANY, NY [redacted]	1LNHM82W81Y713252		04/25/02	

CUSTOMER COMMENTS

TECH/DLR WRITES COMMENTS
DIAG. SCAN P1260 & U1147 IN MEMORY ORDERED CLUSTER PER SSM 15047. REPLACED INSTR
UNSPT CLUSTER REPROGRAMMED KEYS

DIAGNOSTIC CODES(Y/N)? Y

MIL ON CODE: N

POWERTRAIN CODES

EOBD: P1260 U1147
EOBC: P1260 U1147
EOBB: P1260 U1147
EOBV: P1260 U1147
CHASSIS:
UNDEFINED:
OTHER:

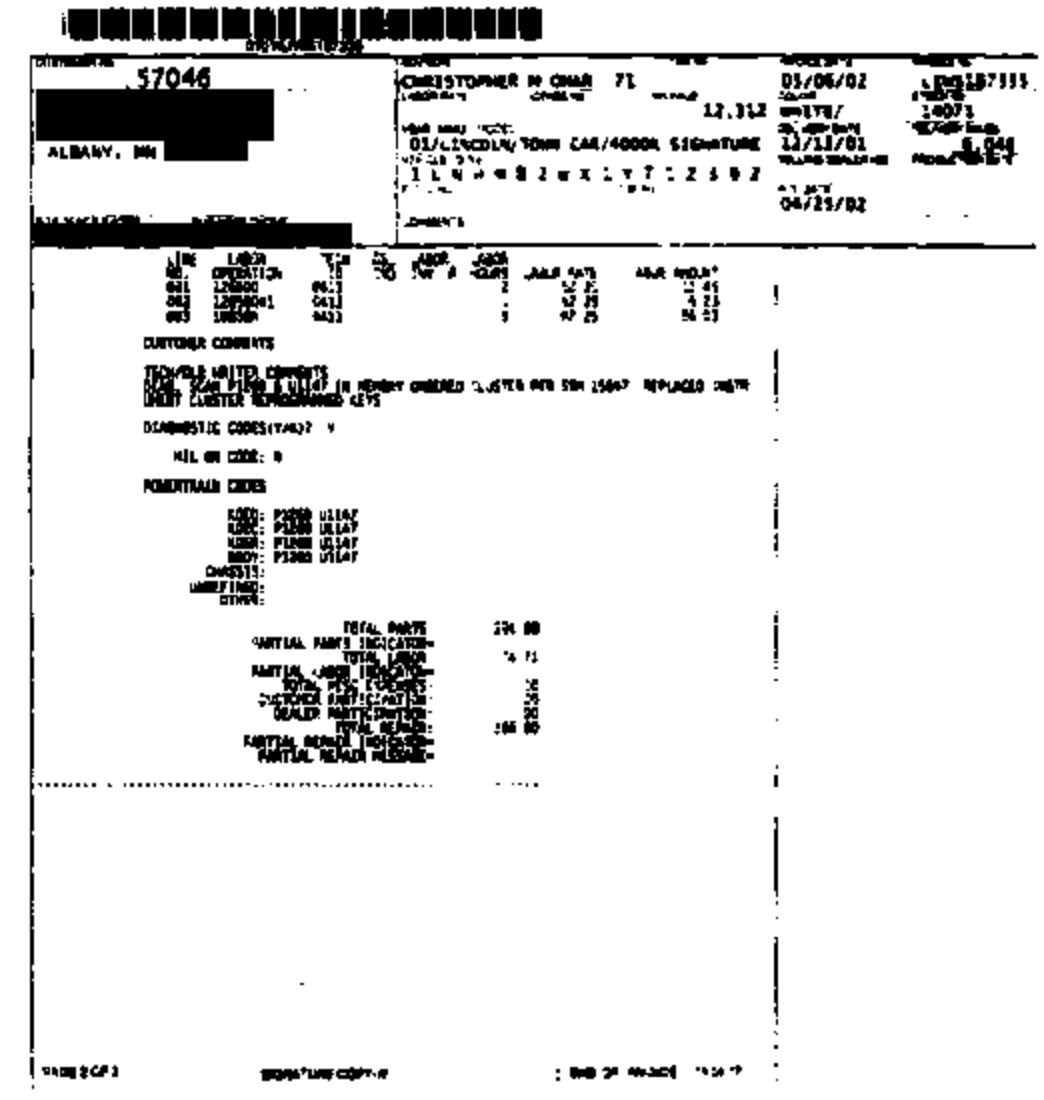
TOTAL PARTS:	291.89
PARTIAL PARTS INDICATOR=	
TOTAL LABOR:	74.71
PARTIAL LABOR INDICATOR=	
TOTAL MISC EXPENSES:	.00
CUSTOMER PARTICIPATION:	.00
DEALER PARTICIPATION:	.00
TOTAL REPAIR:	366.60
PARTIAL REPAIR INDICATOR=	
PARTIAL REPAIR MESSAGE=	

[END OF INVOICE]

14:26:33

WS187338

WS187338



57046

[redacted]

ALBANY, MN [redacted]

CHRISTOPHER M CHAR 71

12,312

01/LINCOLN/TOWN CAR/4600# SIGNATURE

1 L N [illegible] 2 [illegible] X L Y 7 [illegible] 2 5 8 7

01/06/02

[redacted]

14071

11/11/01

6,044

04/25/02

LINE NO.	LABOR OPERATION	TYP	SEQ	ADDR NUM	ADDR SUFF	LABOR HOURS	LABOR RATE	LABOR AMOUNT
001	120000	[illegible]				2	[illegible]	[illegible]
002	120000A1	[illegible]				1	[illegible]	[illegible]
003	100000	[illegible]				1	[illegible]	[illegible]

CUSTOMER COMMENTS

TECHNICIAN NOTED COMMENTS

[illegible] REPLACED [illegible]

DIAGNOSTIC CODES(Y/N)? Y

NIL DX CODE: N

POWERTRAIN CODES

KOEO: P1000 U1EAF
KUEC: P1000 U1EAF
KOER: P1000 U1EAF
RKEO: P1000 U1EAF
CHASSIS:
UNDEFINED:
OTHER:

TOTAL PARTS	234 00
PARTIAL PARTS INDICATOR	
TOTAL LABOR	74 71
PARTIAL LABOR INDICATOR	
TOTAL MISC EXPENSES	
CUSTOMER PARTICIPATION	
DEALER PARTICIPATION	
TOTAL DEALER	308 00
PARTIAL DEALER INDICATOR	
PARTIAL DEALER MESSAGE	

PAGE 2 OF 2

SIGNATURE COPY-N

END OF IMAGE

WB187339

WB187339

[redacted]

57046

[redacted]

CHRISTOPHER M CHAR 71

12.112

01/08/02

LEW167311

14871

17/13/01

6.040

04/25/02

[redacted]

LABOR & PARTS

PARTS	QTY	FP	NUMBER	DESCRIPTION	AMOUNT	CAUSE	LABOR
200 0	1		[redacted]	CLUST ASM			
200 0	1		28746	CLT			

WARRANTY CLAIM DETAIL TOTALS

CLAIM	TOTAL
1	388.99
CLAIM TOTALS	388.99

APPROVED BY STANDARD

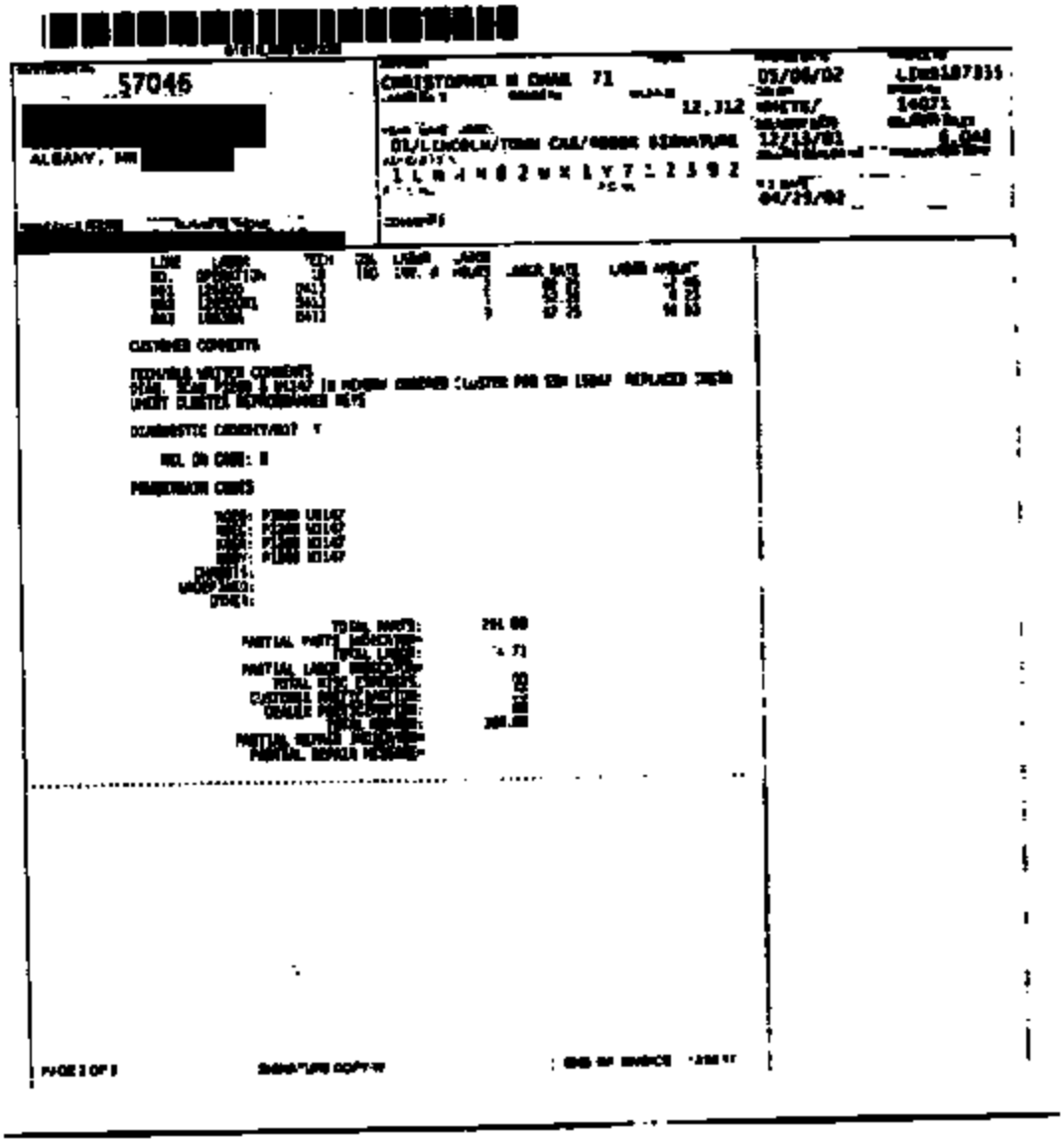
DCS AUDIT SLIP

DCS DATA FILE: FILENAME.000

LINE	PART NUMBER	DESCRIPTION	QTY	PRICE	LBR. HRS.	LINE AMOUNT
001	[redacted]	CLUST ASM	1.00			
002		CLT	1.00			

WS187336

WS187336



WB187236

[redacted]

57046

[redacted]

A... NY, NH [redacted]

[redacted]

CHRISTOPHER M CHAD 71

12,313

05/06/92

04/21/92

LABOR & PARTS

WARRANTY CLAIM DETAIL TOTALS

CLAIM TOTAL

DCS AUDIT SLIP

C0107336

LINCOLN - MERCURY - NISSAN

[redacted]

C0107336

[redacted]

57046

[redacted]

ALBANY, NH [redacted]

[redacted]

LABOR & PARTS

PART	QTY	PP-NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

TOTALS

Complete Customer Satisfaction is our Goal!!!
If you are not "COMPLETELY SATISFIED" please
contact Danny Hollander or Andy Gould.

Thank you for choosing Miller Auto Center
for your vehicle's service needs!!!

TOTAL INVOICE $ [redacted]

CUSTOMER SIGNATURE

PAGE 1 OF 1 CUSTOMER COPY END OF INVOICE

ALL PARTS [redacted]

FOR YOUR CONVENIENCE
SERVICE DEPT HOURS
MON - FRI 7:00 a.m. - 5:30 p.m.

PARTS DEPT HOURS
MON - FRI 7:00 a.m. - 5:30 p.m.

Any implied warranties of the products sold hereby are those of the manufacturer. As between the seller & buyer, the product is to be sold AS IS and the entire risk as to the quality and performance of the product is with the buyer. The seller expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. This disclaimer by the seller is not only effective the terms of the manufacturer's warranty. This buyer acknowledges having been informed prior to the sale

CS107336

LINCOLN - MERCURY - NISSAN

[redacted]

CS107336

[redacted]

57046

[redacted]

ALBANY, NY [redacted]

[redacted]

12,312

05/02/02

14071

04/25/02

04/25/02

Complete Customer Satisfaction is our Goal!!!
If you are not "COMPLETELY SATISFIED", please
contact Danny Hutcheson or Andy Cutler.

Thank you for choosing Miller Auto Center
for your vehicle's service needs!!!

TOTAL INVOICE $ 0.00

FOR YOUR CONVENIENCE
SERVICE DEPT HOURS

PARTS DEPT HOURS

[redacted]

8983-814 1547

57046	CHRISTOPHER M OHAR 71			04/03/02	LICS185714
[redacted]			11236	WHITE/	:4371
	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE			12/13/01	4:40
	1 L M E M 8 2 W X 1 Y 7 1 2 3 5 2				
ALBANY, NH [redacted]				04/03/02	
[redacted]					

LABOR & PARTS----------

J# 1 28MM2005K 5000 MILE OCM TECH(S):560 WARRANTY
10,000 OCM MAINTENANCE SERVICE
COMPLETE

PARTS	QTY		FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1		FIAE-6731-BD	FILTER ASY-OIL		WARRANTY
JOB # 1	1		XO-5W20-QSP	ENGINE OIL 5W20		WARRANTY
JOB # 1	1		XO-5W20-QSP	ENGINE OIL 5W20		WARRANTY
				JOB # 1 TOTAL PARTS		0.00
				JOB # 1 TOTAL LABOR & PARTS		0.00

J# 2+18MM1 BODY WORK TECH(S):560 WARRANTY
LT REAR DOOR CATCH'S
ADJUSTED AND ALIGNED THE DOOR

PARTS	QTY		FP-NUMBER	DESCRIPTION	UNIT PRICE	
				JOB # 2 TOTAL PARTS		0.00
				JOB # 2 TOTAL LABOR & PARTS		0.00

TOTALS----------

***** Complete Customer Satisfaction is our Goal!!! *****	TOTAL LABOR....	0.00
***** If you are not "COMPLETELY SATISFIED" please *****	TOTAL PARTS....	0.00
***** contact Denny Winthaiser or Andy Ruklok. *****	TOTAL SUBLET...	0.00
***** *****	TOTAL G.O.G....	0.00
***** Thank you for choosing Miller Auto Center *****	TOTAL MISC CHG.	0.00
***** for your vehicle's service needs!!! *****	TOTAL MISC DISC	0.00
***** *****	TOTAL TAX.....	0.00
	TOTAL INVOICE $	0.00

CUSTOMER SIGNATURE

PAGE 1 OF 1 [END OF INVOICE] 15:59:43

ZMB3-614 1940

57046	CHRISTOPHER M OSBA 71	04/04/02	185714
[redacted]		11236	[redacted] 14071
	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE	12/13/01	6048
ALBANY, NH [redacted]	1LNHM82WX1Y712192	04/03/02	
[redacted]			

LABOR & PARTS----------

J# 1 2SPM2006K 5000 MILE OCN HOURS: 0.70 TECH(S):560 43.58
10,000 OCN MAINTENANCE SERVICE
COMPLETE

PARTS	QTY	PP-NUMBER	DESCRIPTION	U/COST	S/COST	S/PRICE	
JOB # 1	1	F1AZ-6731-BD	[redacted]	3.10	3.10	4.34	4.34
JOB # 1	1	XO-5W30-QSP	[redacted]	1.69	1.69	2.37	2.37
JOB # 1	1	ZO-5W20-QSP	[redacted]	9.06	9.06	12.91	12.91

JOB # 1 COST TOTAL 13.87
JOB # 1 TOTAL PARTS 19.42
JOB # 1 TOTAL LABOR & PARTS 63.00

J# 2+15PNE1 BODY WORK HOURS: 0.10 TECH(S):560 6.23
LT REAR DOOR CATCH'S
ADJUSTED AND ALIGNED THE DOOR

JOB # 2 TOTAL LABOR & PARTS 6.23

S/O TAX 0.00
S/O TOTALS 69.23

WARRANTY CLAIM DETAIL TOTALS----------

CLAIM#	TOTAL
185714-01	63.00
185714-02	6.23
CLAIM TOTALS	69.23

APPROVED BY SIGNATURE

[CONTINUED ON NEXT PAGE]

14:30:19

57046	CHRISTOPHER M OHAR 71			04/04/02	1LNB1857X4
[redacted]		01216		NEXTEL/	1497%
	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE			12/13/01	4048
	1LNHM82WX1Y712392				
ALBANY, NH [redacted]				04/03/02	
[redacted]					

DCS AUDIT SLIP----------

DCS DATA FILE: FDL40Y.206

RO NUMBER: 185714 REPAIR NUMBER: 01 REPAIR TYPE: 1
CAUSAL PART FOUND FLAG: N

VIN: 1LNHM82WX1Y712392
REPAIR DATE: 04/03/2002
DISTANCE: 11216 LICENSE STATE: NH
DISTANCE INDICATOR: M DRIVER COMPANY NAME:
DRIVER NAME/CARD ID#:
SERVICE WRITER ID: 0480 VEH LICENSE:
DISCOUNT PCT:

PROGRAM CODE: QCL CUSTOMER PARTICIPATION: .00
CUSTOMER CONCERN CODE: X99 DEALER PARTICIPATION: .00
CONDITION/DEFECT CODE: 82

APPROVAL CODE 1:
APPROVAL CODE 2:

LINE NO.	PART NUMBER PREFIX BASE/PIN# SUFFIX	QTY	PRICE	CAUSAL PART	EXCLUDE MARKUP	CORE AMOUNT	INV NO.
001	F1AZ 6731 RD	1.00	3.10			.50	
	EXT. PART AMT WITH MARKUP:		4.24				
002	XO 5W20 QSP	1.00	1.69			.00	
	EXT. PART AMT WITH MARKUP:		2.17				
003	XO 5W20 5QSP	1.00	9.00			.00	
	EXT. PART AMT WITH MARKUP:		12.71				
004	MAINT .00		.00	X		.00	
	EXT. PART AMT WITH MARKUP:		.00				

LINE NO.	LABOR OPERATION	TECH ID	OSL IND	LABOR INV. #	LABOR HOURS	LABOR RATE	LABOR AMOUNT
001	MAID	6898			.7	62.25	43.58

CUSTOMER COMMENTS

TECH/DSA WRITER COMMENTS
COMPLETE LUBE OIL FILTER, CK BRAKES, HOSES, LIGHTS

DIAGNOSTIC CODES(Y/N)? N

TOTAL PARTS:	19.42
PARTIAL PARTS INDICATOR=	
TOTAL LABOR:	43.58
PARTIAL LABOR INDICATOR=	
TOTAL MISC EXPENSES:	.00
CUSTOMER PARTICIPATION:	.00
DEALER PARTICIPATION:	.00
TOTAL REPAIR:	63.00
PARTIAL REPAIR INDICATOR=	
PARTIAL REPAIR MESSAGE=	

[CONTINUED ON NEXT PAGE]

14:30:19

97046	[redacted]	CHRISTOPHER M CHEAR 71		04/04/02	185714
			11236	SMITH/	14071
		01/LINCOLN/TOWN CAR/4DOOR SIGNATURE		12/12/91	4.6L
		1LNHM82WX1Y712393			
ALBANY, MN [redacted]				04/03/02	
[redacted]					

DCS AUDIT SLIP----------

DCS DATA FILE: FDLMWF.206

RO NUMBER: 185714 REPAIR NUMBER: 02 REPAIR TYPE: 1
CAUSAL PART FOUND FLAG: N

VIN: 1LNHM82WX1Y712393
REPAIR DATE: 04/03/2002
DISTANCE: 11236 LICENSE STATE: MN
DISTANCE INDICATOR: M DRIVER COMPANY NAME:
DRIVER NAME/CARD ID#:
SERVICE WRITER ID: 0480 VEH LICENSE:
DISCOUNT PCT:

PROGRAM CODE: CUSTOMER PARTICIPATION: 00
CUSTOMER CONCERN CODE: L07 DEALER PARTICIPATION: 00
CONDITION/DEFECT CODE: 07

APPROVAL CODE 1:
APPROVAL CODE 2:

LINE NO.	PART NUMBER PREFIX	BASE/FINIS	SUFFIX	QTY	PRICE	CAUSAL PART	EXCLUDES MARKUP	CORE AMOUNT	CSV SC.
001		24630		.00	.00	N		.00	
	EXT. PART AMT WITH MARKUP:				.00				

LINE NO.	LABOR OPERATION	TECH ID	OBL IND	LABOR INV. #	LABOR HOURS	LABOR RATE	LABOR AMOUNT
001	24630A	6898			.1	63.25	6.23

CUSTOMER COMMENTS

TECH/DLR WRITER COMMENTS
1 ADJUSTED AND ALIGNED THE DOOR

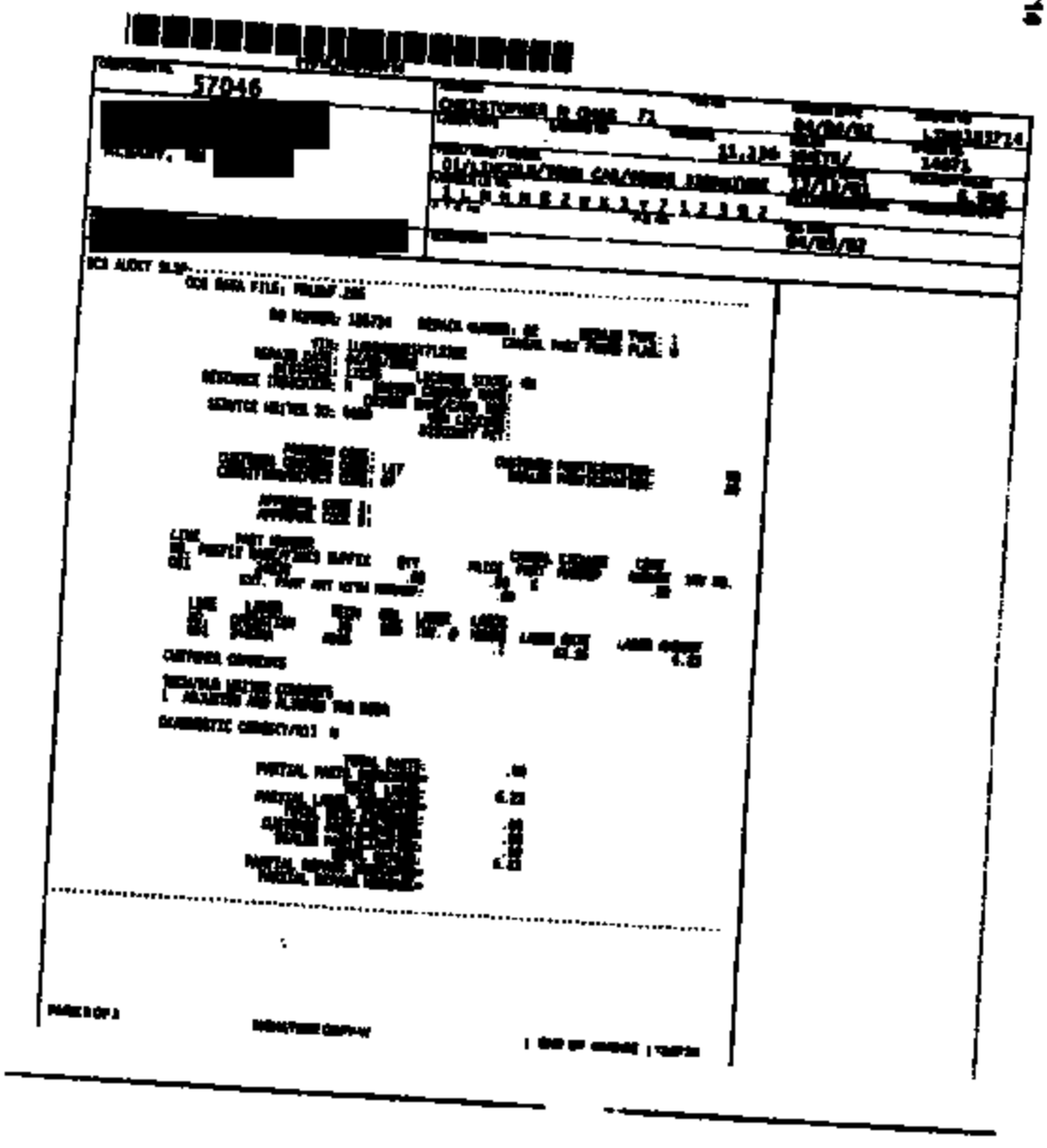
DIAGNOSTIC CODES(Y/N)? N

TOTAL PARTS:	.00
PARTIAL PARTS INDICATOR:	
TOTAL LABOR:	6.23
PARTIAL LABOR INDICATOR:	
TOTAL MISC EXPENSES:	.00
CUSTOMER PARTICIPATION:	.00
DEALER PARTICIPATION:	.00
TOTAL REPAIR:	6.23
PARTIAL REPAIR INDICATOR:	
PARTIAL REPAIR MESSAGE:	

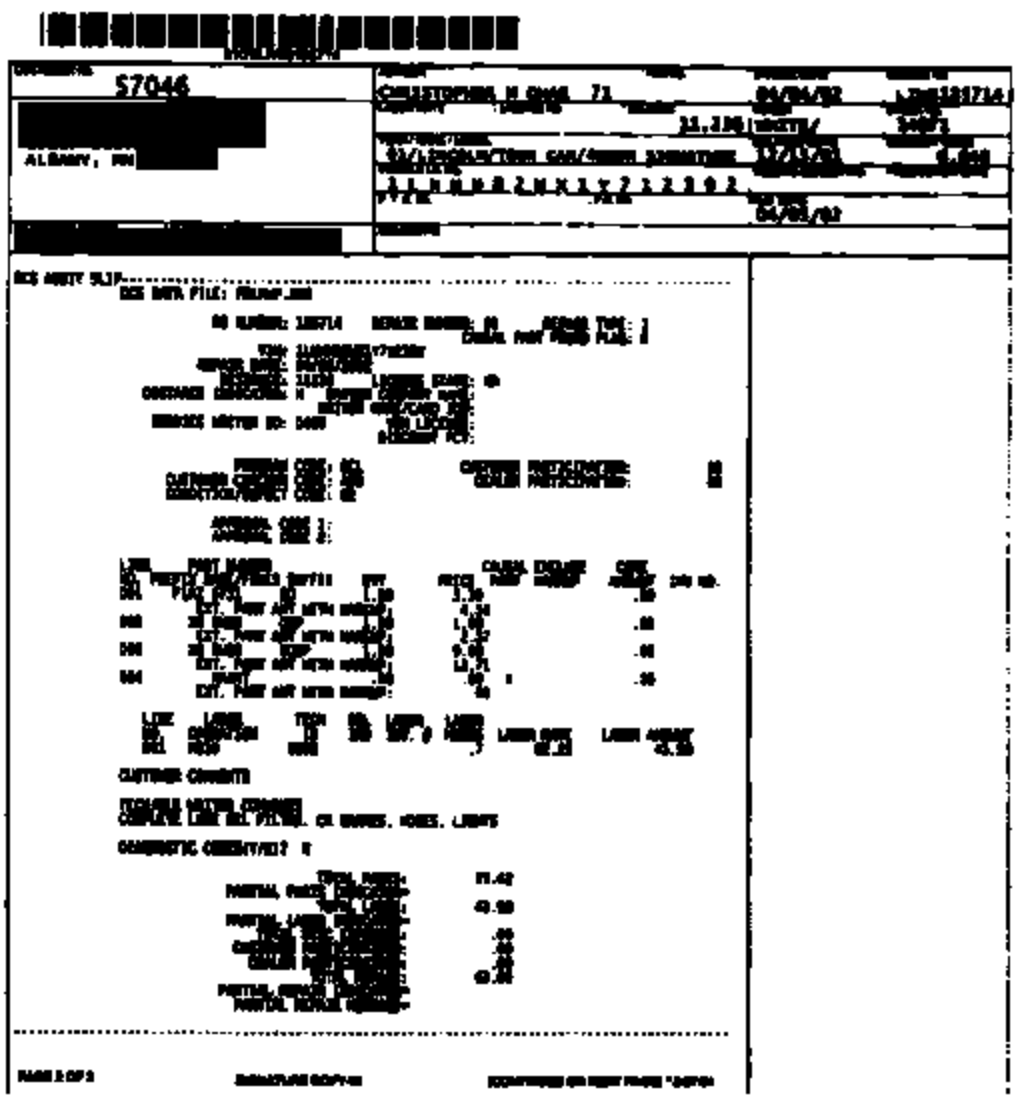
[END OF INVOICE] 14:31:29

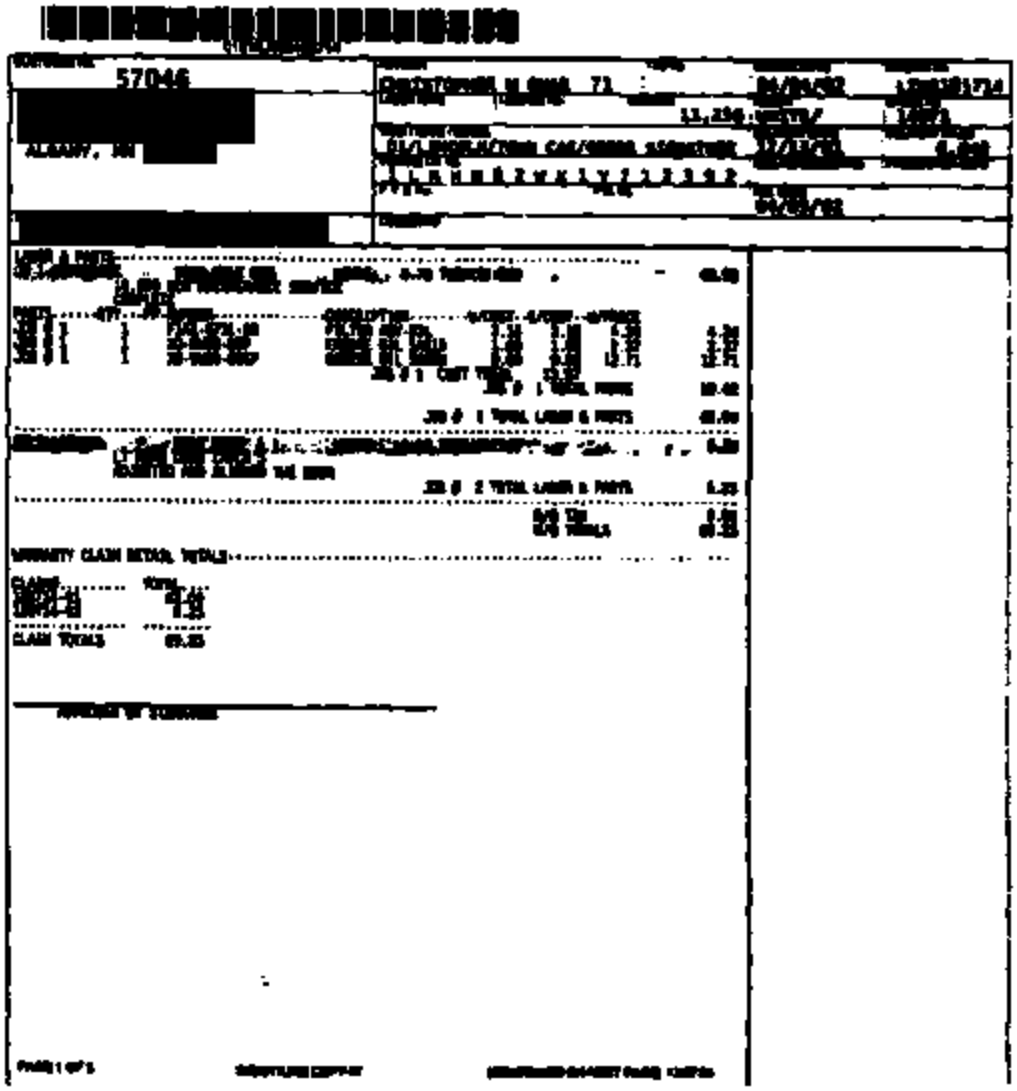
WB186714

WB186714



WB168714




57046

CS186714

LINCOLN - MERCURY - NISSAN

[redacted]

CS186714

[redacted]

57046

[redacted]

ALBANY, [redacted]

[redacted]

CHRISTOPHER [redacted]

11,236

01/LINCOLN/TOWN CAR/4DR SIGNATURE

1 L N H M 8 2 W 8 1 Y 7 1 2 3 9 2

04/30/02

LABOR & PARTS

[redacted]

VEHICLE INFO

AMOUNT

PARTS QTY PART NUMBER DESCRIPTION UNIT PRICE

[redacted]

JOB # 1 TOTAL PARTS

JOB # 1 TOTAL LABOR & PARTS

JOB # 2 [redacted]

VEHICLE INFO

AMOUNT

PARTS QTY PART NUMBER DESCRIPTION UNIT PRICE

JOB # 2 TOTAL PARTS

JOB # 2 TOTAL LABOR & PARTS

TOTALS

[redacted]

Complete Customer Satisfaction is our Goal!!!
If you are not completely satisfied, please contact Stacy Hostetter or Rudy Galvez.

Thank you for choosing Miller Auto Center for your vehicle's service needs!!!

[redacted]

TOTAL INVOICE $ 0.00

FOR YOUR CONVENIENCE
SERVICE DEPT HOURS
[redacted]

PARTS DEPT HOURS
[redacted]

Any recondition on the products sold, except any work of our subcontractors, is limited only to the cost of the parts and labor. A buyer, the product or the work did not fit and the work performed on the product complied with the buyer. No other warranty, express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. This disclaimer by the seller of no way limits the rights of the manufacturer's warranty. The buyer [redacted] delivered prior to the sale.

PAGE 1 OF 1

[redacted]

END OF INVOICE [redacted]

57046	CHRISTOPHER M OMAR 71	12/10/01	LIC#178576
[redacted]		6044	14071
	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE	12/13/01	6048
ALBANY, NY [redacted]	1LWHM82W81Y713292	12/10/01	

LABOR & PARTS---------- INTERNAL

J# 1 15PEE BODY WORK TECH(S):581

INSTALL MOLDED MUD FLAPS - MUD FLAP HERE
INSTALLED MUD FLAPS

PARTS	QTY	PD	NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1		F8VZ-16A550-BA	KIT-SHIELD SPLAS		INTERNAL
JOB # 1	1		F8VZ-16A550-CA	KIT-SHIELD SPLAS		INTERNAL
				JOB # 1 TOTAL PARTS		0.00
				JOB # 1 TOTAL LABOR & PARTS		0.00

MISC	CODE	DESCRIPTION	CONTROL NO	
JOB # 1	I887	INTERNAL SHOP SUPPLIES#		INTERNAL
			TOTAL - MISC	0.00

TOTALS----------

TOTAL LABOR.....	0.00
TOTAL PARTS.....	0.00
TOTAL SUBLET...	0.00
TOTAL G.O.S....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	0.00
TOTAL INVOICE $	0.00

****
****
*****
***** Complete Customer Satisfaction is our Goal!!! *****
***** If you are not "COMPLETELY SATISFIED" please *****
***** contact Denny Wintheiser or Andy Kuklok. *****
*****
***** Thank you for choosing Miller Auto Center *****
***** for your vehicle's service needs!!! *****
*****
****
****

CUSTOMER SIGNATURE

PAGE 1 OF 1 | END OF INVOICE | 17:12:00

57046	CHRISTOPHER M GEAR 71	12/19/01	1J7SH78576
[redacted]	6044	SMITH/	14071
ALBANY, NH [redacted]	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE	12/13/01	6048
	1 L N H M 8 2 W X 1 Y 7 1 2 3 9 2		
		12/18/01	

LABOR & PARTS----------

J# 1 16PNE	BODY WORK HOURS: 0.50 TECH(S):681		31.30
	INSTALL MOLDED MUD FLAPS - MUD FLAP SETS		
	INSTALLED MUD FLAPS		

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	F8VZ-16A550-BA	KIT-SHIELD SPLAS	21.43	21.43
JOB # 1	1	F8VZ-16A550-CA	KIT-SHIELD SPLAS	21.43	21.43
			JOB # 1 TOTAL PARTS		42.86
			JOB # 1 TOTAL LABOR & PARTS		73.86

MISC	CODE	DESCRIPTION	CONTROL NO	
JOB # 1	1SSF	INTERNAL SHOP SUPPLIES		4.65
			TOTAL - MISC	4.65

TOTALS----------

CONTROL#	ACCOUNT#	AMOUNT		
14071	L240F	78.51	TOTAL LABOR....	31.30
			TOTAL PARTS....	42.86
			TOTAL SUBLET....	0.00
			TOTAL G.O.G....	0.00
			TOTAL MISC CHG.	4.65
			TOTAL MISC.DISC	0.00
			TOTAL TAX.....	0.00
			TOTAL INVOICE $	78.51

APPROVED BY SIGNATURE

[END OF INVOICE]

09:09:19

C8178676

LINCOLN - MERCURY - NISSAN

[redacted]

C8178676

[redacted]

57046

[redacted]

ALBANY, NH [redacted]

[redacted]

CUSTOMER #	CUSTOMER NAME	DATE	INVOICE #
		12/10/01	
		6,644	
	SALESPERSON		
		12/10/01	
		12/10/01	

LABOR & PARTS

PART #	QTY	PRE-NUMBER	DESCRIPTION	UNIT PRICE	
				JOB # TOTAL PARTS	
				JOB # TOTAL LABOR & PARTS	

ITEM	CODE	DESCRIPTION	CHARGE TO	
			TOTAL - MISC	

TOTALS

Complete Customer Satisfaction is our goal!!!
If you are not completely satisfied, please contact Tony Hrehorian or Judy Rafuse.

Thank you for choosing Miller Auto Center for your vehicle's service needs!!!

TOTAL INVOICE $

CUSTOMER SIGNATURE

PAGE 1 OF 1

SERVICE DEPT

END OF INVOICE

FOR YOUR CONVENIENCE
SERVICE DEPT. HOURS
MON. - FRI. 7:00 a.m. - 5:30 p.m.

PARTS DEPT. HOURS
MON. - FRI. 7:00 a.m. - 5:30 p.m.

Any warranties on the products sold hereby are those of the manufacturer, the balance the seller. A buyer, the product is to be sold AS IS and the entire risk as to the quality and performance of the product is with the buyer. The seller expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. This disclaimer by the seller is in any effect the terms of the manufacturer's warranty. The buyer acknowledges being an informed party to the sale.

E003-014 1958

3010	CHRISTOPHER M OBRA 71	11/16/01	1Z8A17E221
[redacted]	6843	[redacted]	14071
ST. CLOUD, MN [redacted]	01/LINCOLN/TOWN CAR/4DOOR SIGNATURE 1LNHM83W41Y711393		8032
[redacted]	2365240	11/19/01	

LABOR & PARTS----------

J# 1 01PMX	LUBE/OIL/FILTER HOURS: TECH(S):521		9.00
	CUSTOMER REQUESTS LUBE, OIL AND FILTER SERVICE. CHECK ALL LEVELS, BELTS AND HOSES, TIRE PRESSURE COMPLETE		

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	F1AZ-6731-BD	FILTER ASY-OIL	1.68	1.68
JOB # 1	6	XO-5W30-QSP	ENGINE OIL 5W30	2.11	12.66
JOB # 1	1	F6VZ-17A381-AA	PRNT TAG LIC PLT	5.05	5.05
JOB # 1	6	MISC	PURE PINS	0.30	1.80
			JOB # 1 TOTAL PARTS		21.69
			JOB # 1 TOTAL LABOR & PARTS		30.69

J# 2 05PMX	WHEEL AND TIRE WORK HOURS: 1.00 TECH(S):521	62.30
	INSTALL SETS WHL, TIRES MOUNT AND BALANCED FOUR NEW TIRES	

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 2	4	9004-98499	P225/60R16 98S	112.05	448.20
JOB # 2	-4	9004-98499U	P225/60R16 98S	50.00	-200.00
			JOB # 2 TOTAL PARTS		248.20
			JOB # 2 TOTAL LABOR & PARTS		310.50

J# 3 20PMX	INSTALL ACCESS. HOURS: 1.20 TECH(S):521	74.40
	CHROME MOLDING INSTALLED WHEEL WELL MOLDINGS	

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 3	1	LA-27	C W/W MOULDINGS	52.96	52.96
			JOB # 3 TOTAL PARTS		52.96
			JOB # 3 TOTAL LABOR & PARTS		127.36

MISC	CODE	DESCRIPTION	CONTROL NO	
JOB # 1	ISSP	INTERNAL SHOP SUPPLIES		15.00
			TOTAL - MISC	15.00

TOTALS----------

CONTROL#	ACCOUNT#	AMOUNT		
14071	1260	485.47	TOTAL LABOR....	145.40
			TOTAL PARTS....	325.07
			TOTAL SUBLET...	0.00
			TOTAL G.O.S....	0.00
			TOTAL MISC-CHG.	15.00
			TOTAL MISC.DISC	0.00
			TOTAL TAX.....	0.00
			TOTAL INVOICE $	485.47

APPROVED BY SIGNATURE

[END OF INVOICE]

10:43:58

PMC →

NAME [redacted] DATE 6-25-03

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____

PULSE _____

Doctors Used: IE RE PI IME WC

1st EXAM-BLUE 2nd EXAM-RED 3rd EXAM-BLACK

ANTALGIC POSTURE LA _____ RA _____

1. PALPATION/MUSCLE SPASM/EDEMA/PERCUSSION:

SPINAL EXAMINATION AND ANALYSIS

SPINAL EXAMINATION-SITTING

Level	Spinous Percussion	Tenderness Left	Tenderness Right	Paravertebral Muscle Spasm Left	Paravertebral Muscle Spasm Right	Edema Left	Edema Right
OC							
A1							
AX							
C3							
C4							
C5							
C6							
C7							
T1							
T2							
T3							
T4							
T5							
T6							
T7							
T8							
T9							
T10							
T11							
T12							
L1							
L2							
L3							
L4							
L5							
Sac							
R Il							
L Il							
Coc							

1A. GANGLION PALPATION:

POS. ___ A. SUPERIOR OCCIPITAL NERVE test [illegible] lateral to ECM rationale tooth following [illegible] = irritation

POS. ___ B. SUPERIOR CERVICAL GANGLION test posterior transverse process of atlas rationale tenderness with pressure = irritation

POS. ___ C. MIDDLE CERVICAL GANGLION test anterolateral to C5 vertebral body rationale tenderness upon slight pressure = irritation

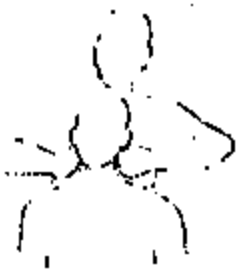
POS. ___ D. INFERIOR CERVICAL GANGLION test anterolateral to C7 vertebral body rationale tenderness with pressure = irritation

POS. ___ E. BRACHIAL PLEXUS test immediately posterior to the clavicle rationale tenderness = irritation to nerves

2. CRANIAL NERVE EXAM

I OLFACTORY ..... Smell
II OPTIC ..... Visual Field
III OCULOMOTOR ..... Eye Movement
IV TROCHLEAR ..... Eye Movement
V TRIGEMINAL ..... Bite
VI ABDUCENS ..... Eye Movement
VII FACIAL ..... Smile
VIII ACOUSTIC ..... Tuning Fork
IX GLOSSOPHARYNGEAL ..... Gag Reflex/Uvula Resting
X VAGUS ..... Swallow
XI SPINAL ACCESSORY ..... Strong Shoulders
XII HYPOGLOSSAL ..... Tongue in Cheek

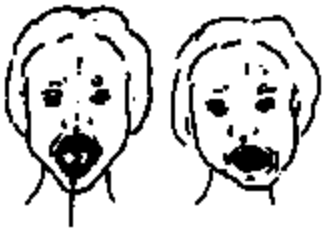
LIBMAN'S TEST:



S. _____ /

1: bilateral pressure on scalds.
rationale: pain = hypersensitivity

4. JAW SUBLUXATION TEST:



POS. _____ /

test: open and close mouth
rationale: chin deviates away from side of subluxation.

5. CERVICAL RANGE OF MOTION:

	A. FLEXION	B. EXTENSION	C. LATERAL FLX.	D. ROTATION
MEAS.	35	30	30 / 30	40 / 50
NORM.	60°	30°	45°	60°
LIMIT			/	/
PAIN	subtle	-	+ / -	+ / -

rationale: pain opposite side of motion = muscle tension, pain with motion = compression.

6. BARRE-LIEOU SIGN: AKA BUCKLING VERTEBRAL ARTERY SYNDROME

test: rotate patient's head causing compression of vertebral artery
rationale: positive sign = syncope

7. MUSCLE TESTING:

NECK FLEXORS

POS. + | +

pulls on Rt side

NECK EXTENSORS

POS. — | —

LATERAL NECK FLEXORS

POS. — | +

8. CERVICAL COMPRESSION TESTS:

CERVICAL COMPRESSION

PAIN — | —

rationale: screening test to localize pain

FORAMINA COMPR

PAIN + | +

rationale: causes rad occurs = nerve = nerve root

CERVICAL COMPRESSION TESTS (Cont.)

HYPERFLEXION

PAIN + | +

rationale: forceful stretch opposite motion, compression side of motion.

HYPEREXTENSION

PAIN — | —

rationale: see hyperflexion compression.

SHOULDER DEPRESSION TEST:

PAIN — | +

rationale: compresses nerve/vessels into arms.

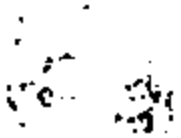
9. SOTO-HALL TEST:

PAIN | —

test: place hand on chest, flex chest

rationale: pain = possible vertebral fracture

10. CERVICAL DISTRACTION

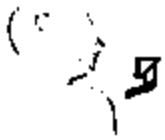


PAIN | —

test: lift head

rationale: pain decreases & cer for cervical fractu

11. MAXIMUM FORAMINA ENCROACHMENT TEST:



PAIN + | +

test: the chin-shoulder test with extension of the neck.

rationale: pain of side of motion = nerve root/vessel involvement. pain opposite = muscular strain.

12. O'DONAHUE MANEUVER:

PAIN | —

rationale: isometric = Strain
Passive = Sprain

13. VALSALVA'S TEST:

PAIN | —

test: cross arms, head down deep breath, hold, bear down.

rationale: pain at site of lesion.

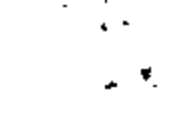
14. ADSON'S TEST:

POS — | —

test: take pulse, turn head, ext and hand, deep breath, hold.

rationale: pulse ceases or diminishes = compression of the artery by cervical rib or Scalenus Anticus Synd

15. ALLEN'S TES



POS | —

test: raise arm, ma first, compress radi and ulnar arteries. arm, repeat one s repeat for other ar

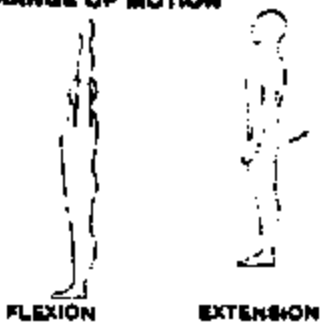
rationale: no flushi vascular occlusion

16. WRIGHT'S TEST:

POS. _____

test: take pulse, hyperabduct arm, retake pulse.
rationale: diminished pulse = compression of the axillary artery by the pectoralis minor.

17. RELATED AREAS-SHOULDER: RANGE OF MOTION



FLEXION	EXTENSION	ROTATION	ADABDUCTION
MEAS. _____	MEAS. _____	INT MEAS. _____	ABMEAS _____
NORM. 90°	NORM. 45°	NORM. 55°	NORM 90°
LIMIT _____	LIMIT _____	LIMIT _____	LIMIT _____
		EXT. MEAS. _____	ADMEAS. _____
		NORM. 40-45°	NORM 45°
		LIMIT _____	LIMIT _____

18. SHOULDER ABDUCTION TENDONITIS - BURSITIS TEST:

POS _____

test: test on abduction
rationale: pain from 0-70° = tendonitis pain from 70-180° = bursitis

19. CODMAN ARM DROP TEST:

POS. _____

test: extend arm, abduct 90°, strike arm downwards.
rationale: inability to hold in place = rotator cuff tear.

20. SUPRA-SPINATOUS TENDONITIS TEST:

POS. _____

test: abduct arm against resistance.
rationale: pain over head of supraspinatous = tendonitis.

21. APLEY SCRATCH TEST:

POS. _____

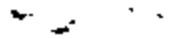
test: place hand behind head for external rotation, reach for wallet for internal rot.
rationale: pain = tendonitis.

22. CORACOID PUSH BUTTON SIGN:

POS. _____

test: apply pressure to subacromial bursae
rationale: pain = bursitis

23. DAWBURN'S TEST:



POS _____

test: apply firm pressure on caressed push button raise arm 90°, deltoid covers push button
rationale: decrease pain = bursitis

24. APPREHENSION TEST:

POS. _____

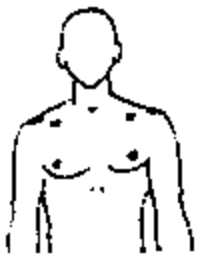
test: abduct and externally rotate arm.
rationale: pain = chronic shoulder dislocation.

25. YERGASON'S TEST:

POS. _____

test: flex elbow, resist external rotation with downward pressure on elbow.
rationale: pain = instability of biceps tendon.

26.CARDIAC MUSCULOSKELETAL DIFFERENTIATION:



POS. _____

test: examine if pain in thorax exists.
rationale: if trigger point increases pain, or move, decreases = neuromusculoskeletal involvement.

27. RELATED AREAS-ELBOW: RANGE OF MOTION:

FLEX. MEAS. _____	EXT MEAS _____
NORM. 135°	NORM 0°
LIMIT _____	LIMIT _____
SUP. MEAS. _____	PRON MEAS _____
NORM. 90°	NORM. 90°
LIMIT _____	LIMIT _____

28. COZEN'S TENNIS ELBOW TEST:

POS. ____/____

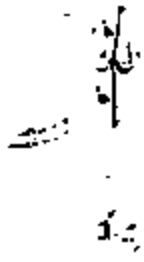
test: stabilize forearm, make fist and extend wrist, force fist into flexion against resistance.
rationale: pain at lateral collateral ligament.

29. LIGAMENTOUS STABILITY TEST:

POS. ____/____

test: stabilize elbow, hold wrist, force forearm medial.
rationale: positive for gapping on medial or lateral side.

30. CIRCUMFERENCE:



UPPER____/____

LOWER____/____

rationale: nerve, muscle or vascular damage producing muscle atrophy.

31. TRICEPS REFLEX:

POS. ____/____

test: tap tricept tendon
rationale: increased or decreased response = C7 involvement.

32. BICEPS REFLEX:

POS ____/____

test: tap crease of elbow
rationale: increased or decreased response = C5 involvement

33. BRACHIORADIALIS REFLEX:

POS. ____/____

test: supinate forearm 90°, percuss radial side proximal to wrist.
rationale: increased or decreased response = C6 involvement.

34. DERMATOME DISTRIBUTION:

POS. ____/____

rationale: nerve root compression.

35. DYNAMOMETER GRIP TEST:

L R

POS. ____/____

POS. ____/____

POS. ____/____

test: average three tries each hand.
rationale: primary hand is 10% stronger.
"MALINGERING TEST"

36. MEDIAN NERVE TEST:

POS. ____/____

test: opposition of thumb and ring finger
rationale: weakness = median nerve involvement

37. TINEL SIGN:

POS ____/____

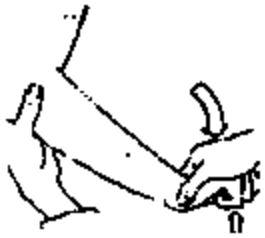
test: tap palmar surface of wrist
rationale: pain into or but little finger = Carpal Tunnel Syndrome

38. PHALEN'S TEST:

POS. ____/____

test: hyperflex wrists bid for 60 seconds.
rationale: paresthesia in fingers = Carpal Tunnel Syndrome.

39. RADIAL NERVE TEST:



POS. ____/____

test: make fist, extend wrist against resistance.
rationale: inability = radial nerve involvement.

40. ULNAR NERVE TEST:

POS. ____/____

test: hands palmar side down, spread fingers.
rationale: unequal separation of middle and ring finger = ulnar nerve involvement.

41. WRIST CLONUS:

POS. ____/____

test: forceful extension of wrist.
rationale: sustained fibrillations = upper motor neuron lesion

Tricep -/-

Bicep -/-

Hard to do clonus pulling wrist back

[redacted]

[redacted]

06-25-03 HISTORY: [redacted] is a 53 year old white, married female. [redacted] is 5 feet 7 inches tall. She is the mother of 4 children. She helps her son with some of the farm work. She is presenting today for pain from getting hit by an air bag. On June 6, 2003 Elaine was a passenger in their car. The car is a 2001 Lincoln Town Car four door signature. She was a passenger while traveling on a gravel road with her husband as the driver. There was a road grader in front of them that was pushing up a wind row of gravel. They went across the wind row from the left to the right. They were on the good side, or smoother side, before the air bag went off. The air bag in the passenger side of the car went off and hit Elaine on the right side of her body. Elaine indicates that at first it knocked the wind out of her and she could not talk. At first she thought she was shot. She told Martin, her husband, what happened. She states that it caused her to turn totally black and blue underneath and around her right arm and into her back. She states that there is a large lump there and it is still very bruised. She was having difficulty at first, especially right after the accident, with raising her arm up to wash her hair or to reach into a cupboard. She continues to have difficulty with moving her arms above shoulder height or moving her head in certain directions. When she moves her right arm or her head, she can feel it pulling down through the right side of her neck, her right side of her back and under her right arm. She indicates that when the air bag went off, due to the noise and her immediate pain, that she thought that someone had shoot her. She was in excessive pain with difficulty breathing for a period of time right after it hit her. After she was able to breath easier they continued on their way. She indicates that when the got to their destination, which was about 45 minutes later, she indicates that they looked at her right side and she was already badly bruised. She is not able to use her right arm for doing things. She states that she cannot hold certain objects, like the weed eater when she is trying trim up the grass. She indicates that her pain is about a 7 in her neck. In her back and side it is between a 5-7. She states today that her neck pain is very stiff and it has only decreased down to about a 5. She has not used any heat or ice on it. She has been taking Tylenol and Excedrin as she needs to. She is using it on a daily basis. She has not used the Tylenol on a daily basis before this. She states that she does not try to sleep on her right side because it still hurts really bad. The water from the shower hurts when it sprays this area. She is not able to left up her grandchildren. She has to be very careful when she is holding them because she does have the strength in her arm and she does not want to drop them. She is trying to be very careful so that they do not bump this area and

[redacted]

[redacted] CONT 06-25-03

cause it to be more painful. She states that if she lays her left hand in her lap, that her index and middle fingers go numb. Elaine denies having any headaches, dizziness, feeling faint or visual disturbances as a result of this injury. She is not having any trouble with her hearing, smell or taste at this time. She does not have any trouble with pain in the jaw area, her teeth, gums or any discharge from her teeth. She does not have a sore throat, laryngitis trouble with speech or swallowing as a result of this injury. She is indicating that she has stiffness in her neck and through the shoulder and back. She indicates that there was swelling in this area at first. She does not have a cough at this time and she is not short of breath. She indicates that right after the accident it was difficult for her to take a deep breath because it caused pain in her side. She is not having any trouble with indigestion, nausea or pain in the abdominal area. She is not having trouble with her bowels. She has not noticed any temperature change in her hands, but she has noticed the numbness in her left hand. She is not having any trouble with genitourinary tract. Past History indicates that she had a hernia operation on 01-07-1998. She had a broken ankle in 1984 and broken leg in 1971. She indicates that she sleeps 8-9 hours a night. She does not smoke. She does use alcohol except on an occasional basis.

OBJECTIVE FINDINGS: See examination. I am finding that she is having difficulty with the movement of her right arm. Movement of her head and neck causes increased pain down into this area. Elaine is still bruised and swollen underneath her right arm. It goes from the axillary area back into below the shoulder blade. She has a lump in this area which is very tender to very light palpation.

ASSESSMENT: 847.1, 847.0, 728.85, 723.4, she is bruised and swollen from under the shoulder blade area down and under her arm going into the anterior portion of the rib cage. I am going to utilize some electrical therapy and we will be using some moist heat to help increase the circulation to help reduce her pain and to help the muscles relax. We will be doing some muscle work and I will be manipulating.

PROCEDURE: T8,5,3,2 C0,1,2,5,7 Interferential (IF) to right shoulder and thoracic region with ice for 15 minutes each area. Muscle work was done for 45 minutes. We started lightly massaging and working through the cervical and down through the thoracic area. We did some gentle stretching to help try and break up any of the fibrous tissue that is in that area. We were using massage and muscle work along with the therapies to help

[redacted] CONT 06-25-03
increase the circulation for this area to heal. Elaine is going to return on the 27th.

06-27-03 S: "It felt better after you worked on me last time. It was easier to move my right arm and I did not have as much pain under my arm or as much pain with movement. But I am still very nervous about holding my grandchildren. It still bothers me under there. It is difficult when I am sleeping or when I am dressing and I have to try and move that arm a lot."
O/A: I am finding that Elaine still has difficulty with the movement of the right arm. She still has the pain in through the cervical area and across the top of her shoulders. She still has the irritation down underneath the right arm. Elaine's pain has decreased but nothing has changed with her movement or muscle tension. It was better after her last visit but it has tightened up again with the use and movement of her right arm. She has been favoring her right side. She states that there are so many things that you automatically reach to do and she can't do them. She states that she is learning and starting to remember more often when she should not try to use her right arm. She states that it is so hard because she is right handed and she is very active. She states that it is hard not doing things that she was use to doing. We are going to continue as we did last time. We will be using electrical therapy and ice. I will do massage to help the muscles relax and increase circulation. The ice will help take down some of the swelling that she still has under her right arm and back toward the shoulder blade area.
P: T8,7,5,2 C0,1,5 IF to T's and right shoulder with ice for 15 minutes each area. Muscle work was done for 45 minutes. We started out lightly and gradually worked in deeper. We were able to work closer to the knot and the bruised area that Elaine has. We did not go onto the bruised area. I lightly palpated it to see if it was still as tender. We are trying to increase the circulation into this region with the therapies and light muscle work. We spent 45 minutes doing the muscle work. She indicates that she is feeling better. It is easier for her to move her arm. We are going to have her return on the 2nd.

07-02-03 S: "It felt better again after it was worked on. But it seems to get sore as time passes. It was easier to move my arm, as well as my head and neck. But I can still feel it under there. I can definitely tell you when I go to reach for something."
O/A: I am finding that Elaine has better movement of the cervical area. She is not as sore when I palpate into this area very lightly. The muscles through the cervical area and down into the thoracic region are about a 3/5 on the muscle tension.

[redacted]

[redacted] CONT 07-02-03
She still has a lump in this area, with some discoloration underneath her arm. It is not as tender when I lightly palpate over this area as it was on her last visit. It is still slightly swollen under her right arm and back under the scapula. We are going to continue with the electrical stimulation to this area. We will continue with the muscle work. She states that this has helped improve it.
P: T8,7,5,2 C0,1,5,7 IF to T's and right shoulder with ice for 15 minutes each area. Muscle work was done for 45 minutes. We started in the base of the skull area and worked down both sides of the neck and down through the thoracic area. She is able to move her head now with greater ease and less pain. She does not have as much irritation when she is laterally flexing to the left. She states it does not pull all the way down into the shoulder. I massaged just as lightly as I did before. I was able to work deeper in the cervical and thoracic paraspinals. I lightly worked around the bruised area. She is now able to move her right arm with greater ease. We are going to have her continue with as much movement of her arm as she can to keep stretching this area some. She needs to do this gently and with in her pain tolerance when she is stretching the sore tissue. She is going to return on the 10th.

07-10-03 S: "It depends upon what I am doing. I can use my arm better now, but it is still painful. If I touch it or I move it just right the pain is about a 5 yet. It gradually starts to hurt again after I have been in. It gets better after you work on it. It is not as painful and I can move my arm better. It then gets sore from just using it lightly."
O/A: Elaine is indicating that the more she uses her arm the sorer she will get. She is still very careful with the amount of movement that she does. She states it is not as bad when she is washing her hair or reaching up in the cupboard as it was at first. She states that she still has to watch how she is doing things with her arm and the movements that she does. But she states that longer the time passes in between visits, the sorer that she will get. I am finding that there is less swelling and irritation in through the thoracic area and under her arm. There is still some discoloration in this area. She does not feel as much pain when I am lightly touching the lump under her arm. The size of the lump has decreased. We are going to continue with the electrical stimulation and we will be using moist heat to increase circulation. We will continue with muscle work.
P: T7,5,3 C0,1,5 IF to T's and right shoulder with moist heat for 15 minutes. Muscle work was done for 30 minutes. We were able to work deeper in through the cervical and down I to the thoracic areas. She has better movement now of her head and neck. As she

[redacted]

[redacted] CONT 07-10-03
is moving her head and neck she does not have as much pulling or irritation. She states that pain down in the shoulder area is down to a 1-2 right now. We are going to have her return on the 15th.

07-15-03 S: "My pain is back up to a 5. It was so much better and I could move my arm easier. I was able to do more things. I noticed that it was easier when I was driving. I guess I didn't realize how sore I got when I would raise my arm up to hold it on the steering wheel. But after you worked on me I noticed that, that was better. It is not as sore when I am taking a shower. The water does not bother like it did before."
O/A: Elaine is improving. Her back pain is back up to a 5, but she still has better movement of the cervical area and her right arm. She is able to get her arm up above her head without having as much increased pain and irritation down through the thoracic area where she was injured underneath her right arm. As I palpate, I am finding that the muscles in through the cervical and thoracic area are between a 2-3/5. She is not a sore and she has much better movement. The bruising and discoloration is getting better. The large lump in this area is getting much smaller. We are going to continue with the electrical therapy and the moist heat.
P: T8,5,3 C0,3,5 IF to T's and right shoulder with moist heat for 15 minutes. Muscle work was done for 30 minutes. We were able to work in deeper to her tolerance. She states it is not quite as sore. We were able to get some of the muscles to release. She states that her pain is down to about a 1 when she is moving her head and her arm now after the treatment. She states that now it just has to stay that way. We are have her return on the 21st. We were going to try and go further in between visits, but I am going to be gone so I need her to return on the 21st.

07-21-03 S: "I have been doing better. It is not as bad. I can move my arm and it does not hurt as bad. My pain will be up to a 4-5 if I move just right. But I can still feel it right in that area. If I touch it or if [redacted] touches me there it can be quite painful."
O/A: [redacted] indicates that she had a hard time touching that area where the lump was before. She states that if anyone would touch her there that she would just about jump out of her skin. She states it was very sensitive and it really bothered her. We are finding that she is not as tender or as sore in through the area underneath her arm and back underneath the shoulder blade. The lump is not as large and the bruising is just about gone. We are finding that she can move her right arm all the way up

[redacted] CONT 07-21-03
above her head before she starts having pulling and irritation underneath her arm. The pain is not as bad as it was before. She has full range of motion of her neck. She has pulling and irritation at the end of movement. She notices it more on the right side when she is laterally flexing or rotating to the left. We are going to continue with the electrical therapy and the moist heat. We will be doing muscle work to help the muscles relax that are about a 2/5.
P: T7,5,3 C0,2,5,7 IF to T's and right shoulder area with moist heat for 15 minutes. Muscle work was done for 30 minutes. We started out lightly and gradually worked into her tolerance. We spent most of the time working around the scapula and underneath. We worked down underneath her arm on the right. She states it is tender, but it is getting better. She does not have as much irritation now. She is going to return on the 31st.

07-31-03 S: "I can tell it has been longer in between visits. But I am able to move my arm better. It is about a 5 if someone touches me in that spot. But I can move my arm and I do more things with my arm. It does not bother as much when I go outside to do work. I am able to use the weed eater now, but I have to switch it from hand to hand. It still pulls after a while when I have weight in my right hand."
O/A: Elaine is starting to add back in more of her activities that she used to do. She has better movement of her right arm. She does not have as much irritation as I palpate underneath the axilla and down through the tissue on the sit side, around her ribs or into the scapular region. The bruising is gone. She does not have the large lump in this area as she did before. She has full movement of the cervical area, but some slight pulling on the right when she is laterally flexing and rotating to the left. We are going to use electrical therapy and some moist heat. We will do muscle work again for 30 minutes.
P: T0,7,5,3 C0,1,2,5,7 IF to T's and right shoulder area with moist heat for 15 minutes. Muscle work was done for 30 minutes. We were able to work deeper and more aggressively into the tissue. We worked through the intercostals and she was not as sore. She states it is now easier to move her arm and it is easer to breath. She does not have the intense pain underneath her arm when we are palpating in this area. She indicates that it is tender and sore, but it is not like it was when she started. She is going to see how she does. She is to contact us when she needs to return. She is to continue the movement of her right arm to keep her ROM. She can use ice or moist heat if she needs to in this area. She is not taking Tylenol at this time. She can use it if she needs to if the pain increases.

PERSONAL HISTORY

Date: 6-25-03 Social Security [redacted]

Name: [redacted] Address: [redacted]
(Last) (First) (Middle I.)

City: Albany State: Or Zip: [redacted]

Home Phone: [redacted] Business Phone: _____

Birthdate: [redacted] Sex: _____ Height: 5'7" Weight: —

Name of Employer: Self-employed Type of Work: _____

Address of Employer: _____ Employer Phone#: [redacted]

Circle If You Are: (Married) Single Widowed Divorced Separated
Name & Phone # of Person to Contact in Case of Emergency: _____

Name of Husband or Wife: [redacted]

Husband or Wife's Employer: _____

Ages of Your Children: [redacted]

Referred to this Office By: _____

Who Is Responsible For Your Bill? ( ) Self (X) Husband or Wife
( ) Insurance ( ) Employer ( ) Other: _____

PAST HEALTH HISTORY

PLEASE CHECK APPLICABLE ITEMS:

OPERATIONS:
Appendectomy _____ Rectal _____ Tonsillectomy _____
Gall Bladder _____ Female Organs _____ Hernia 1-7-1998
Others: _____

VACCINATIONS & INJECTIONS:
Diphtheria _____ Polio _____ Tetanus _____
Typhoid _____ Small Pox _____ Spinal Tap or Injection _____

ACCIDENTS OR FALLS: (Please describe) _____
Broke ankle - 1984
Broke leg - 1991

FRACTURES OR DISLOCATIONS: _____

HABITS:
Sleep (hours) 8 or 9 hrs Coffee X Tea _____ Alcohol _____
Tobacco _____ Exercise _____ Hobbies _____

Are you now taking any drugs? (Please name) No

Have you ever had a nervous breakdown? No
Have you or any member of your family been treated for a menta. disorder? NO
Present Symptoms:

Date Symptoms began: 6-6-03
If accident/fall, date occurred: 6-6-03

FAMILY HEALTH HISTORY

RELATION	NAME	AGE	PRESENT SYMPTOMS	PREVIOUS SERIOUS ILLNESS
Father	[redacted]			
Mother				
Brothers	4 Brothers		6 Sisters	
Sisters				
Children	4 Children			

Check type of insurance coverage:

__ Worker's Compensation
__ Medicare
__ Medicaid
X Personal Policy
__ Automobile Insurance Policy
__ Group Policy
__ Other

Ins. Company BlueCross BlueShield Address
Policy Number I.D. Number
Insured's Name
If you have more than one policy, please list name and address here

X
Patient's Signature

2003-814 1571

PATIENT EXCEPTION FORM

I _____ have had a brief exam and history with the off of Miller Chiropractic and I am being accepted as a patient. I/my insurance coverage will be responsible for the full examination and X-rays that I will receive to commence treatment. I/my insurance coverage will be responsible for any future examinations or X-rays to determine my progress.

I have read and understood the above mentioned material and the responsibilities.

Signature_____

Date_____

In your own words, state the reason or reasons why you are coming to see Dr. Miller. Include in you statement the following:

1. How long have you been experiencing this problem (1 hour, 2 days, 3 weeks, 4 months, 5 years, etc.)
2. The severity of pain for each problem. (1. mild or slight, 2. moderate, 3. severe)
3. The frequency the problem occurs (once an hour, twice a day, three times per week, etc.)
4. Once you experience the physical discomfort/pain, how long does it or has it been lasting before you have relief? (example: constant/no relief, all day, two hours, every day only at night, only in the morning.)

Please write your answer below.

_____

_____

_____

_____

_____

_____

_____

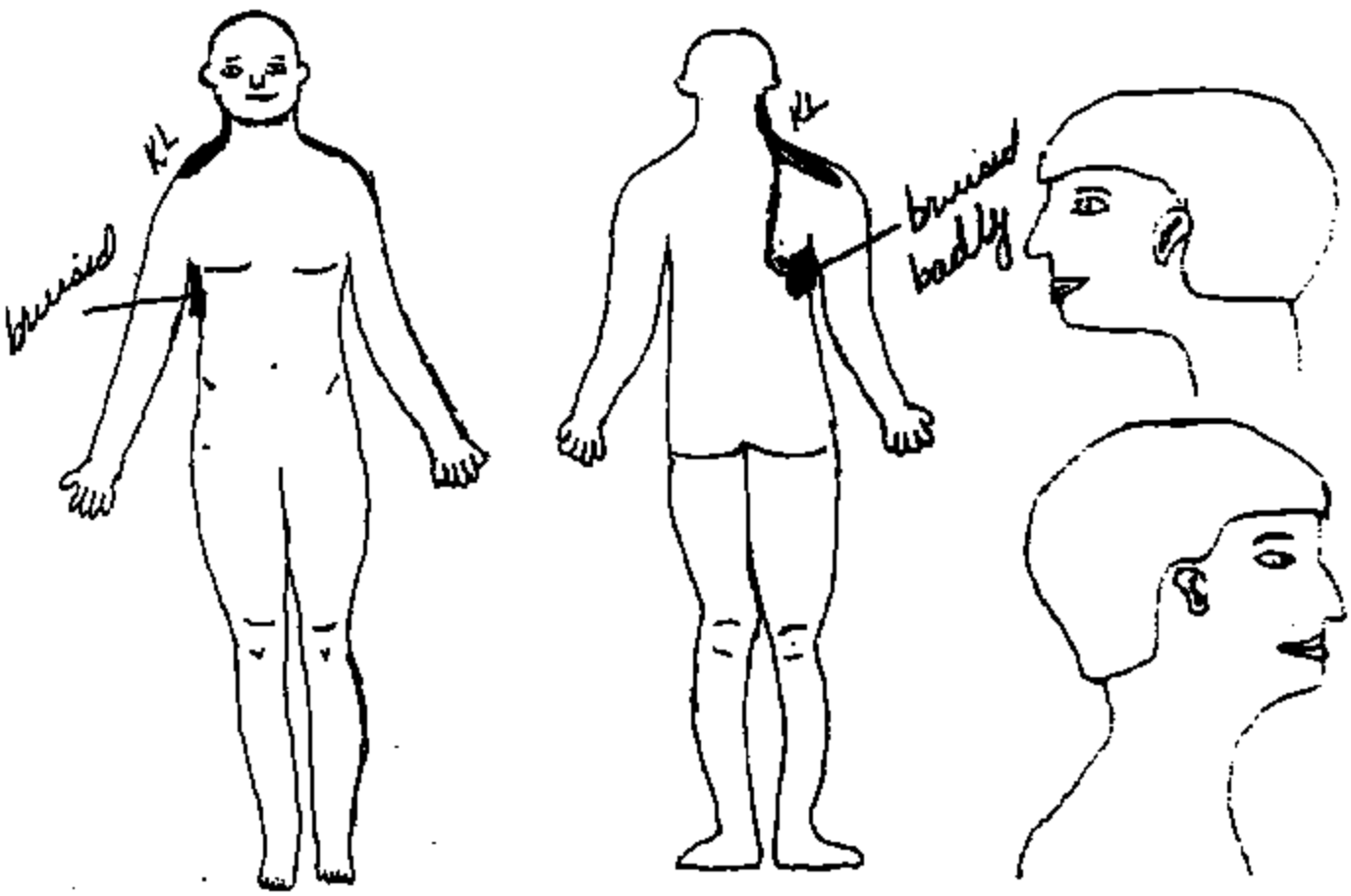
_____

_____

_____

Signature:_____ Date:_____

1. Using the drawings b ow locate your areas of pai... Be specific and shade the involved areas.



2. Attempt to describe the pain/sensation using any of the following words. Use the letter/letters which correspond with the type of pain you feel then draw an arrow to the part of the body in which you feel this pain.

a. prickling
b. burning
c. slow & progressive
d. dull
e. throbbing
f. knifing
g. aching
h. boring
I. crushing
j. cramping
k. soreness
l. tenderness
m. tickling
n. superficial
o. short duration
p. long duration
q. diffuse
r. numbing
s. itching
t. sickening
u. abrupt onset
v. sharp
w. localized
x. generalized
y. deep
z. immobilizing - at first when you move
aa. constant
bb. intermittent
cc. occasional

3. Estimate the number of hours you have pain or difficulty.

Per day _____ Per week _____ Per month _____

4. Circle activities which aggravate your condition or make the pain worse.

Walking
Sitting
Standing
(lying)
Tension or anxiety
Work duties(explain)

Lack of sleep
Weather
(riting)
Sports activities (explain)

Describe your daily work routine: face, house work

5. What decreases your pain (i.e. inactivity, exercise, medication, heat, meditation, rest, ice, etc.)

6. Describe any and all treatments you have received for this pain/problem since the time it began:

Doctors	Hospitals	Medications	Treatments	Dates

7. Has anyone ever told you the reason or cause of your pain/problems?_____ If so what was the cause?

8. How has the pain/problem effected your ability to work? Explain:
Unrestricted work
Restricted work
Unable to work at all (dates)
Have you returned to work fully? (If so when?)

9. Have you had a previous injury to the presently injured area? If so, describe when, how, who treated, etc.

10. Present reason for consulting the office:
___ I have no special problem; I understand the role of chiropractic in my general health care.

___ I have a **DISEASE/SYMPTOM** (circle one) and I am interested in help with this **specific problem**; in addition I am interested in learning about my **Health Potential** and the role of chiropractic in improving my **family's health**.

___ I have a DISEASE/SYMPTOM (circle one) and I am interested in help with this problem and in learning how to PREVENT it in the future.

___ I have a DISEASE/SYMPTOM (circle one) and I am ONLY interested in help with this specific problem.

CIRCLE ANY OF THE FOLLOWI ~ DISEASES YOU HAVE HAD:

Appendicitis	Malar ~	Chicken Pox	Alcoholism
Scarlet Fever	Tuberculosis	Diabetes	Venereal Infection
Diphtheria	Whooping Cough	Cancer	Arthritis
Typhoid Fever	Anemia	Heart Disease	Epilepsy
Pneumonia	Measles	Goiter	Mental Disorder
Rheumatic Fever	Mumps	Influenza	Lumbago
Polio	Small Pox	Pleurisy	Eczema

Please Underline All Of The Following Symptoms You Have Had Previously
Please Circle All Of The Following Symptoms You Have Now

GENERAL SYMPTOMS
Headache
Fever
Chills
Sweats
Fainting
Dizziness
Convulsions
Loss of sleep
Fatigue
Nervousness
Loss of weight
Numbness or pain in arms, hands, or legs
Allergy
Wheezing
Neuralgia

E.E.N.T.
Failing vision
Near sightedness
Far sightedness
Crossed eyes
Deafness
Earache
Ear noises
Ear discharge
Nose bleeds
Nasal obstruction
Sore throat
Hoarseness
Asthma
Dental decay
Gum trouble
Frequent colds
Enlarged thyroid
Tonsillitis
Sinus infection
Nasal drainage
Enlarged glands
Hay fever

SKIN
Skin Eruptions
Itching
Bruises easily
Dryness
Boils
Varicose veins
Sensitive skin
Hives or Allergy

RESPIRATORY
Chronic cough
Spitting up phlegm
Spitting up blood
Chest pain
Difficult breathing

CARDIO-VASCULAR
Rapid beating heart
Slow beating heat
High blood pressure
Low blood pressure
Pain over heart
Previous heart stroke
Hardening of arteries
Swelling of ankles
Poor circulation
Paralytic stroke

MUSCLE & JOINT SYMPTOMS
Stiff neck
Backache
Swollen joints
Tremors
Painful tail bone
Foot trouble
Pain between shoulders
Hernia
Spinal curvature
Faulty posture

GENITOURINARY SYMPTOMS
Frequent urination
Painful urination
Blood in urine
Pus in urine
Kidney infection stones
Bed wetting
Inability to control urine
Prostate Trouble

GASTROINTESTINAL SYMPTOMS
Poor appetite
Difficult digestion
Excessive hunger
Belching or gas
Nausea
Vomiting
Vomiting of blood
Pain over stomach
Distention of abdomen
Constipation
Diarrhea
Hemorrhoids (Piles)
Intestinal worms
Liver trouble
Gall bladder trouble
Jaundice
Colitis

FOR WOMEN ONLY
Painful menstrual periods
Excessive flow
Hot flashes
Irregular cycle
Cramps or backache
Previous miscarriage
Vaginal discharge
Lumps in breast
Menopausal symptoms
Are you pregnant?
____Yes ___No

ALL CHARGES/PAYMENTS

I T E M I Z E D S T A T E M E N T

INSURED: FORD MOTOR COMPANY
PATIENT: [redacted] 10184
[redacted]
ALBANY MN [redacted]
DATE/INJ: PERMANENT GRP#

TO: FORD MOTOR COMPANY
PO BOX 6248 MD SNE-8
DEARBORN MI 48126

DIAGNOSIS:
847.1 THORACIC SPRAIN/STRAIN

847.0 HYPEREXTENSION / HYPERFLEXION [illegible]

728.85 SPASM OF MUSCLE

723.4 BRACHIAL NEURITIS/RADICULITIS
FC: COMM-INS
DATE OF LAST BILL: 07/31/2003 PR# [illegible] ID# [illegible]

DATE	CPT	DESCRIPTION	* POS	TOS	*	AMOUNT
06/25/2003	9920225	INTERMEDIATE EXAM	[illegible]			
06/25/2003	98941	MANIPULATION 3-4 REG	[illegible]			
06/25/2003	97010	CRYOTHERAPY	[illegible]			
06/25/2003	97032	ELECTRICAL MUSCLE STIMULATION	[illegible]			
06/25/2003	97124	TRIGGER POINT THERAPY-MASSAGE	[illegible]			
06/27/2003	98941	MANIPULATION 3-4 REG	[illegible]			
06/27/2003	97010	CRYOTHERAPY	[illegible]			
06/27/2003	97032	ELECTRICAL MUSCLE STIMULATION	[illegible]			
06/27/2003	97124	TRIGGER POINT THERAPY-MASSAGE	[illegible]			
07/02/2003	98941	MANIPULATION 3-4 REG	[illegible]			
07/02/2003	97010	CRYOTHERAPY	[illegible]			
07/02/2003	97032	ELECTRICAL MUSCLE STIMULATION	[illegible]			
07/02/2003	97124	TRIGGER POINT THERAPY-MASSAGE	[illegible]			
07/10/2003	98941	MANIPULATION 3-4 REG	[illegible]			
07/10/2003	97010	CRYOTHERAPY	[illegible]			
07/10/2003	97032	ELECTRICAL MUSCLE STIMULATION	[illegible]			
07/10/2003	97124	TRIGGER POINT THERAPY-MASSAGE	[illegible]			
07/15/2003	98941	MANIPULATION 3-4 REG	[illegible]			
07/15/2003	97010	HYDROCOLLATOR-THERAPY	[illegible]			
07/15/2003	97032	ELECTRICAL MUSCLE STIMULATION	[illegible]			
07/15/2003	97124	TRIGGER POINT THERAPY-MASSAGE	[illegible]			
07/21/2003	98941	MANIPULATION 3-4 REG	[illegible]			
07/21/2003	97010	HYDROCOLLATOR-THERAPY	[illegible]			
07/21/2003	97032	ELECTRICAL MUSCLE STIMULATION	[illegible]			
07/21/2003	97124	TRIGGER POINT THERAPY-MASSAGE	[illegible]			

CONTINUED

SUBTOTAL:

ALL CHARGES/PAYMENTS

I T E M I Z E D S T A T E M E N T

INSURED: FORD MOTOR COMPANY
PATIENT: [redacted] 101643
[redacted]
ALBANY MN [redacted]
[redacted]
DATE/INJ: PERMANENT GRP#

TO: FORD MOTOR COMPANY
PO BOX 5248 MD ZNE-B
DEARBORN MI 48126

DIAGNOSIS:
847.1 THORACIC SPRAIN/STRAIN

847.0 HYPEREXTENSION / HYPERFLEXION INJURY TO NEC

728.85 SPASM OF MUSCLE

723.4 BRACHIAL NEURITIS/RADICULITIS
FC: COMM-INS
DATE OF LAST BILL: 07/31/2003 PR# 26710 ID# 26710M1

DATE	CPT	DESCRIPTION	POS	TOS	AMOUNT
07/31/2003	98941	MANIPULATION 3-4 REG	11	1	
07/31/2003	97010	HYDROCOLLATOR-THERAPY	11	1	
07/31/2003	97032	ELECTRICAL MUSCLE STIMULATION	11	1	
07/31/2003	97124	TRIGGER POINT THERAPY-MASSAGE	11	1	

PROVIDER: KATHRYN MILLER D.C.
SS# 469-88-3488

BALANCE

RECEIVED

OCT 13 2003

Ford Motor Company

Office of the General Counsel

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

September 11, 2003

[redacted]
Albany, MN [redacted]

Re: *2001 Town Car*

Dear [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.

   - ☐ Medical records for each person alleged injured from all treating physicians/facilities
   - ☐ Medical bills for each person alleged injured from all treating physicians/facilities.
   - ☐ Original photographs or laser copies of the vehicle's collision/fire damage from several different angles.
   - ☐ 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]	Name:_____
Address: [redacted]	Address:_____
Spouse's Name: [redacted] Albany, MN.	Spouse's Name:_____
DOB: [redacted]	DOB:_____
Soc Security#: [redacted]	Soc Security#:_____
Occupation: Farming Dairy	Occupation:_____
Injury: Shoulder & Arm	Injury:_____

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

Wiring or something because we continuously have problems from air bag to signal lights to brake lights to ignition switch

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

5. Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information). Our Garage -
2560 30th St. Albany, GA. 31707

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.

7. What are you seeking from Ford Motor Company in this matter?

A different car & medical expenses & personal injury award.

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
Claims Analyst

Rochelle has the photos & copies of Dr's reports. all service records from Andy Kullok at Miller Auto Center should be faxed also.

ERB3-814 1578

STANDARD CLAIMS LIST

AWS Online Report

Run Date: 19-AUG-2003
Note: All Costs are in US Dollars

VIN	AWS VL	WERS VL	MKT DER	BODY CAB	VEH SERIES	DRIVE TYPE	PLANT CD	TRANS CD	ENG CODE	PROD DATE	WARR DATE	SELLING DEALER	SELL CNT	TIS	QRT	WCC	PREP	BASE	SUFF	VRT	VEG	CCC	CD
1LNHM82WXYY71[illegible]2	VB	C/VC	C/M	C/PC	C/BR	C/B	BA	C/D6	C/VN	26-04-01	11-05-01	342367	USA	3	*	6Y05	*	MAINT	*	SXX	V80	A9*	82
AWS Claim Key:	2675320	Doc #:	256811A		Trs Code:		0875S	Labor Hrs:		7	Labor Cost:		35 34	Material Cost:		18 06	Total Cost:			53 4			
Dlr Cd-Sub Cd:	10910-*	Name:	MEL FARR LINCOLN-MERCURY INC				Ph:	810-6839500		St: MI	City Cd:	USA	Reg Cd:		NA	Repr Date:	31-JUL-2001			BUST(Mile):	4324		
Cust Comments:	5000 MILES (8000 KMS) MAINT. L																						
Tech Comments:	4324 CHANGE OIL AND CK FLUIDS OK ROTATE TIRE																						
1LNHM82WXYY71[illegible]2	VB	C/VC	C/M	C/PC	C/BR	C/B	BA	C/D6	C/VN	26-04-01	11-05-01	342367	USA	3		*	*	*	*	SXX	V80	*	*
AWS Claim Key:	2675321	Doc #:	256511B		Trs Code:		01521	Labor Hrs:		3	Labor Cost:		21 64	Material Cost:		0	Total Cost:			28 85			
Dlr Cd-Sub Cd:	10910-*	Name:	MEL FARR LINCOLN-MERCURY INC				Ph:	810-6839500		St: MI	City Cd:	USA	Reg Cd:		NA	Repr Date:	31-JUL-2001			BUST(Mile):	4324		
Cust Comments:	INSPECT SEATBELT BUCKLE OK																						
Tech Comments:	4324 SEATBEAT OK																						
1[illegible]NHM82WXYY71[illegible]2	VB	C/VC	C/M	C/PC	C/BR	C/B	BA	C/D6	C/VN	26-04-01	11-05-01	342367	USA	11	*	7W07	YW1Z	15607	BA	511	V41	1H2	42
AWS Claim Key:	2506699	Doc #:	0434639I		Trs Code:		2	Labor Hrs:		2	Labor Cost:		12 86	Material Cost:		31 5	Total Cost:			44 36			
Dlr Cd-Sub Cd:	10810-*	Name:	VAN BURKLEO MOTORS, INC				Ph:	936-6822838		St: TX	City Cd:	USA	Reg Cd:		NA	Repr Date:	12-MAR-2002			BUST(Mile):	49150		
Cust Comments:	CK ENGINE CRANKS WONT START																						
Tech Comments:	WDS TESTS, KOEO, KOER, PINPOINT TESTED REPLACED TRANSCEIVER																						
[illegible]NHM82WXYY71[illegible]2	VB	C/VC	C/M	C/PC	C/BR	C/B	BA	C/D6	C/VN	26-04-01	11-05-01	342367	USA	11	*	7K07	*	*	*	SXX	V80	*	*
AWS Claim Key:	2506698	Doc #:	0434639J		Trs Code:		01R6o	Labor Hrs:		2	Labor Cost:		12 86	Material Cost:		0	Total Cost:			12 86			
Dlr Cd-Sub Cd:	10810-*	Name:	VAN BURKLEO MOTORS, INC				Ph:	936-6822838		St: TX	City Cd:	USA	Reg Cd:		NA	Repr Date:	12-MAR-2002			BUST(Mile):	49150		
Cust Comments:	RECALL 00B6 ELECTRONIC CLUSTER MODULE																						
Tech Comments:	PERFORMED RECALL MODULE OK																						
[illegible]NHM82WXYY71[illegible]2	VB	C/VC	C/M	C/PC	C/BR	C/B	BA	C/D6	C/VN	26-04-01	11-05-01	342367	USA	11	*	6Y05	*	MAINT	*	SXX	V80	A9*	82
AWS Claim Key:	2496711	Doc #:	1857140I		Trs Code:		08755	Labor Hrs:		7	Labor Cost:		35 34	Material Cost:		19 29	Total Cost:			54 63			
Dlr Cd-Sub Cd:	10502-*	Name:	MILLER (INC MERC-NISSAN INC				Ph:	330-2118400		St: OH	City Cd:	USA	Reg Cd:		NA	Repr Date:	01 APR 2002			BUST (Mile):	11236		
Tech Comments:	COMPLETE LUBE OIL FILTER CK BRAKE HOSES TIRES																						
[illegible]NHM82WXYY71[illegible]2	VB	C/VC	C/M	C/PC	C/BR	C/B	BA	C/D6	C/VN	26-04-01	11-05-01	342367	USA	11	*	2Y04	*	LMAN	*	SXX	V07	[illegible]	[illegible]
AWS Claim Key	2496712	Doc #:	1857140J		Trs Code:		5G7	Labor Hrs:		1	Labor Cost:		6 23	Material Cost:		0	Total Cost:			6 23			
Dlr Cd-Sub Cd:	10502-*	Name:	MILLER (INC MERC-NISSAN INC				Ph:	330-2118400		St: OH	City Cd:	USA	Reg Cd:		NA	Repr Date:	01 APR 2002			BUST (Mile):	11236		
Tech Comments:	LABOR FILL AND ALIGN OIL FILTER																						
[illegible]	VB	C/VC	C/M	C/PC	C/BR	C/B	BA	C/D6	C/VN	26-04-01	11-05-01	342367	USA	11	*	7K11	1W1Z	10A5N	8B	511	V10	1H2	42
AWS Claim Key:	2506695	Doc #:	1857140I		Trs Code:		2R3	Labor Hrs:		2	Labor Cost:		12 86	Material Cost:		20 19	Total Cost:			33 05			

Dlr Cd-Sub Cd:	10502-*	Name:	MILLER LINC-MERC-NISSAN INC			Ph:	320-2518900		St: MN	City Cd:	USA		Reg Cd:	NA	Repr Date:25-APR-2002			DIST (Miles):12312					
Tech Comments:	DIAG. SCAN P1260 & U1147 IN MEMORY ORDERED CLUSTER PER SSM 15047. REPLACED INSTRUMENT CLUSTER REPROGRAMMED KEYS																						
1LNHM82WXY712392	VB	C/VC	C/M	C/FC	C/BR	C/B	BA	C/D6	C/VN	26-04-01	11-05-01	342767	USA	16 *	6Y05 *		MAINT *		SXX	V00	A/*	82	
AWS Claim Key:	10246838	Doc #:	19528601		Trx Code:		0875S	Labor Hrs:		.8	Labor Cost:		35.62	Material Cost:	19.79	Total Cost:	55.41						
Dlr Cd-Sub Cd:	10502-*	Name:	MILLER LINC-MERC-NISSAN INC			Ph:	320-2518900		St: MN	City Cd:	USA		Reg Cd:	NA	Repr Date:13-AUG-2002			DIST (Miles):16123					
Tech Comments:	1 COMPLETE 15000 MILE QUALITY CARE MAINTENANCE																						
1LNHM82WXY712392	VB	C/VC	C/M	C/FC	C/BR	C/B	BA	C/D6	C/VN	26-04-01	11-05-01	342767	USA	20 *	6Y05 *		MAINT *		SXX	V00	A/*	82	
AWS Claim Key:	12217015	Doc #:	20458601		Trx Code:		0875S	Labor Hrs:		.7	Labor Cost:		31.17	Material Cost:	19.79	Total Cost:	50.96						
Dlr Cd-Sub Cd:	10502-*	Name:	MILLER LINC-MERC-NISSAN INC			Ph:	320-2518900		St: MN	City Cd:	USA		Reg Cd:	NA	Repr Date:19-DEC-2002			DIST (Miles):21862					
Tech Comments:	COMPLETED,LOF,TIRE ROTATION,MULTIPOINT INSPECTION,BRAKE INSPECTION																						
1LNHM82WXY712392	VB	C/VC	C/M	C/FC	C/BR	C/B	BA	C/D6	C/VN	26-04-01	11-05-01	342767	USA	24 *	6Y05 *		MAINT *		SXX	V00	A/*	82	
AWS Claim Key:	13942599	Doc #:	21249301		Trx Code:		0875S	Labor Hrs:		.7	Labor Cost:		31.17	Material Cost:	20.24	Total Cost:	51.41						
Dlr Cd-Sub Cd:	10502-*	Name:	MILLER LINC-MERC-NISSAN INC			Ph:	320-2518900		St: MN	City Cd:	USA		Reg Cd:	NA	Repr Date:16-APR-2003			DIST (Miles):26685					
Tech Comments:	1 COMPLETED,LOF,TIRE ROTATION,MULTIPOINT INSPECTION,BRAKE INSPECTION																						
1LNHM82WXY712392	VB	C/VC	C/M	C/FC	C/BR	C/B	BA	C/D6	C/VN	26-04-01	11-05-01	342767	USA	24 *	1N03	2F1Z	9M60	AA	SUV	V83	G2N	82	
AWS Claim Key:	13969628	Doc #:	21249502		Trx Code:		S07	Labor Hrs:		.5	Labor Cost:		31.81	Material Cost:	42.59	Total Cost:	74.4						
Dlr Cd-Sub Cd:	10502-*	Name:	MILLER LINC-MERC-NISSAN INC			Ph:	320-2518900		St: MN	City Cd:	USA		Reg Cd:	NA	Repr Date:16-APR-2003			DIST (Miles):26685					
Tech Comments:	RAN DIAG SCAN P0401 WENT THRU PPT S FOUND DPFE IS SHORTED INTERNALLY REMOVED & REPLACED DPFE RAN SELF TEST																						

Any comments? You can contact

webmaster

All Action Details for Issue

VIN: 1LNHM82WX1Y712382 Year: 2001 Model: TOWN CAR Case: 134729593
Name: [redacted] Owner Status: Subsequent WSD: 2001-05-11
Symptom Desc: RESTRAINTS AIR BAG SYSTEM DEPLOYMENT Primary Phone: [redacted]
Reason Desc: LEGAL - GENERAL/OTHER Secondary Phone:
Issue Type: 07 LEGAL Issue Status: OPEN

Action: OPEN LEGAL CONTACT - PRODUCT LIABILITY
Dealer: 10502 MILLER LINC-MERC-NISSAN INC Origin Desc: CA-LITIGATION PREVENTION-FRONT DESK
Odometer: 29025 MI Comm Type: EMAIL
Analyst Name: LEICH,CHERIE Analyst: CLEICH
Action Date: 06/18/2003 Action Time: 09.38.48.426 Action Date: No

Comments **********PRODUCT LIABILITY********** EMAIL RECEIVED 6-17-03 DEALER CONTACT ANDY KUKLOK CUSTOMER ALLEGES SIDE AIR BAG DEPLOYED WITHOUT INCIDENT. CUSTOMER REQUESTS CONTACT FROM FORD REPRESENTATIVE.

- Per Cust: Eng. would n't start & was seen repaired twice for eng. failing to start.
- Per Cust: Veh. has been out for 10-15 since purch. for service concerns.

...:48.426&ISSUE_UPDATE_ID_C=CLEICH%20%20&USER_ID_C=CLEICH%20%20&STATUS_STATUS6/19/03

All Action Details for Issue

VIN: 1LNHM82WX1Y712392 Year: 2001 Model: TOWN CAR Case: 34729693
Name: [redacted] Owner Status: Subsequent WBD: 2001-05-11
Symptom Desc: RESTRAINTS AIR BAG SYSTEM DEPLOYMENT Primary Phone: [redacted]
Reason Desc: LEGAL - ALLEGED - NON-SERIOUS INJURY Secondary Phone:
Issue Type: 07 LEGAL Issue Status: CLOSED

Action: INJURY; ADVISE CUST INFORMATION WILL BE FORWARDED TO CONSUMER AFF
Dealer: 10502 MILLER LINC-MERC-NISSAN INC Origin Desc: US CONCERN CASE BASE
Odometer: 1 MI Comm Type: PHONE
Analyst Name: SHAUNA BROWNE Analyst: SBROWNE
Action Date: 06/19/2003 Action Time: 15.11.46.266 Action Date: No

Caller Information If Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship

Comments CUSTOMER SAYS: =THE SIDE AIRBAG WENT OFF AND HIS WIFE WAS INJURED. HER SIDE SHOULDER IS BLACK AND BLUE =THEY WERE NOT INVOLVED IN AN ACCIDENT, SO HE CANNOT UNDERSTAND WHY THE AIR BAG DEPLOYED. THERE WAS NO REASON =CUST IS SEEKING COMPENSATION FOR WHAT HAPPENED TO HIS WIFE =HIS WIFE IS SCARED TO DRIVE THE VE= =HE HAS OWNED 6 LINCOLNS AND DOESN'T WANT TO GET RID OF THIS ONE, BUT IT IS NO LONGER SAFE =CUST WANTS TO BE CONTACTED ON THE HOM NUMBER (320) 845-2446, THE BEST TIME IN THE MORNING AROUND 9-10 AM PER CUSTOMER. DEALER SAYS: =NONE CAC ADVISED: - THIS INFORMATION WILL BE FORWARDED TO OUR CONSUMER AFFAIRS GROUP. SOMEBODY WIL CONTACT IN TWO BUSINESS DAYS. ********** =AS PER QA MAURICE, CSR SENT THIS INFO TO CONSUMER AFFAIRS TO ADDRESS FURTHER INFERENCE CASE ID: 5341

Action: INFORMATIONAL CALL/FAX WITH OTHER PARTY
Dealer: 10502 MILLER LINC-MERC-NISSAN INC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
Odometer: 1 MI Comm Type: OTHER
Analyst Name: GRAHAM, ROCHELLE Analyst: RGRAHA41
Action Date: 06/20/2003 Action Time: 17.16.17.491 Action Date: No

Comments CONTACTED SENIOR LEGAL ANALYST REGARDING PROPER HANDLING OF DUPLICATE FILES OPENED

Action: MAKE OUTBOUND CALL TO CUSTOMER
Dealer: 10502 MILLER LINC-MERC-NISSAN INC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
Odometer: 1 MI Comm Type: PHONE
Analyst Name: GRAHAM, ROCHELLE Analyst: RGRAHA41
Action Date: 06/27/2003 Action Time: 11.25.53.393 Action Date: Yes

Comments CONTACTED CUSTOMER'S WIFE REGARDING DETAILS OF INCIDENT. CUSTOMER ALLEGES AIRBAGS DEPLOYED WITHOUT ACCIDENT AND SHE SUSTAINED BRUISES TO HER ARM. ADVISED AN INSPECTION CANNOT BE DONE SINCE VEHICLE HAS ALREADY BEEN REPAIRED. CUSTOMER MAY BE PERSUING PERSONAL INJURY CLAIM.

Data Element Name	Data Value
CONTACT PERSON	MRS. SHAY

Action: MAKE OUTBOUND CALL TO CUSTOMER
Dealer: 10502 MILLER LINC-MERC-NISSAN INC — Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
Odometer: 28025 MI — Comm Type: PHONE
Analyst Name: GRAHAM, ROCHELLE — Analyst: RGRAHA41
Action Date: 06/30/2003 — Action Time: 12.25.44.624 — Action Data: Yes

Comments CONTACTED CUSTOMER REGARDING DETAILS OF INCIDENT. CUSTOMER IS INTERESTED IN REPLACEMENT VEHICLE ADVISED NO RELATED RECALLS OR SUBSTANTIAL REPAIR HISTORY... PERSONAL INJURY CLAIM LETTER WIL BE SENT OUT FOR WIFE.

Data Element Name	Data Value
CONTACT PERSON	[redacted]

Action: FINAL CASE DISPOSITION
Dealer: 10502 MILLER LINC-MERC-NISSAN INC — Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
Odometer: 28025 MI — Comm Type: MAIL
Analyst Name: GRAHAM, ROCHELLE — Analyst: RGRAHA41
Action Date: 06/30/2003 — Action Time: 12.40.30.701 — Action Data: No

Comments NO RELATED RECALLS, NO EXTENSIVE REPAIR HISTORY...MAY BE PERSUING PERSONAL INJURY CLAIM SENT PERSONAL INJURY CLAIM LETTER. NO FURTHER ACTION REQUIRED. **********

All Action Details for Issue

VIN: 1LNHM82WX1Y712392 Year: 2001 Model: TOWN CAR Case: 134729693
Name: [redacted] Owner Status: Subsequent WBD: 2001-05-11
Symptom Desc: RESTRAINTS AIR BAG SYSTEM DEPLOYMENT Primary Phone: [redacted]
Reason Desc: LEGAL - GENERAL/OTHER Secondary Phone:
Issue Type: 07 LEGAL Issue Status: CLOSED

Action: OPEN LEGAL CONTACT - PRODUCT LIABILITY
Dealer: 10502 MILLER LINC-MERC-NISSAN INC Origin Desc: CA-LITIGATION PREVENTION-FRONT DESK
Odometer: 28025 MI Comm Type: EMAIL
Analyst Name: LEICH,CHERIE Analyst: CLEICH
Action Date: 06/19/2003 Action Time: 09.38.48.426 Action Data: No

Comments ----------PRODUCT LIABILITY---------- EMAIL RECEIVED 6-17-03 DEALER CONTACT ANDY KUKLOK CUSTOMER ALLEGES SIDE AIR BAG DEPLOYED WITHOUT INCIDENT. CUSTOMER REQUESTS CONTACT FROM FORD REPRESENTATIVE.

Action: MAKE OUTBOUND CALL TO DEALER
Dealer: 10502 MILLER LINC-MERC-NISSAN INC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
Odometer: 28025 MI Comm Type: PHONE
Analyst Name: GRAHAM, ROCHELLE Analyst: RGRAHA41
Action Date: 06/19/2003 Action Time: 11.28.59.094 Action Data: Yes

Comments CONTACTED SERVICE MANAGER, ANDY KUKLOK, AT DEALERSHIP INSPECTION WAS MADE ON VEHICLE AND NO DAMAGE WAS FOUND. VEHICLE HAS BEEN REPAIRED.

Data Element Name	Data Value
CONTACT PERSON	ANDY KUKLOK

Action: FINAL CASE DISPOSITION
Dealer: 10502 MILLER LINC-MERC-NISSAN INC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
Odometer: 28025 MI Comm Type: PHONE
Analyst Name: GRAHAM, ROCHELLE Analyst: RGRAHA41
Action Date: 06/20/2003 Action Time: 08.43.31.314 Action Data: No

Comments DEALER RESOLVED CUSTOMER CONCERN. NO FURTHER ACTION REQUIRED. ----------

Ford Motor Company

Consumer Affairs

Sent Via US Mail

June 30, 2003

[redacted]
Albany, MN[redacted]

RE: 2001 Lincoln Town Car
VIN: 1LNHM82WX1Y712392

Dear[redacted]

We have been advised of your pursuit of damages due to an accident in which you were involved. In order to conduct a complete review we are requesting that the following information be forwarded to this office:

1. A copy of the police report
2. A complete description of the incident, including a description of your product concern.
3. The name, age and address of each person injured and a complete description of all injuries
4. Documentation of all subsequent medical attention, including physician's reports and bills receipts.
5. Original photographs of both the vehicle's exterior and interior, including all damage.
6. The present location of the vehicle.
7. The name, address and telephone number of the insurance company, the claim number and agent's name.
8. A specific description of what you are seeking from Ford Motor Company.

Please send the requested information and documents to the address below within ten (10) business days. If we do not hear from you within 15 business days of the date of this letter, we will assume that you no longer wish to pursue this matter and our file will be closed. If you need to contact me or have additional information to submit, I may be reached by phone at (313) 390-3594 or by fax at (313) 845-5669

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

Sincerely,

Rochelle Graham
Consumer Affairs

PO Box 6248, MD 3NE-B, Dearborn, Michigan 48126 USA

Leich, Cherie (C.A.)

From: dcpform@ford.com
Sent: Tuesday, June 17, 2003 2:36 PM
To: fordcalp@ford.com
Subject: Dealer Request For Consumer Affairs Review

Dealer Request For Consumer Affairs Review

Dealership Name: Miller Linc-Merc-Nissan Inc
Requesting Dealer: Andy Kuklok
Contact Person: ANDY KUKLOK
Telephone: 320-251-1363
Email Address: andy.kuklok@millerautoplaza.net
PA Code: 10502
Region: 43
City: Saint Cloud
State: MN
WSD: 12/31/2001
Vehicle Year: 2001
Vehicle Model: TOWN CAR
Vehicle VIN: 1LNHM82WX1Y712392
Mileage: 28025
Customer Name: [redacted]
Street Address: [redacted]
City: ALBANY
State: MN
Zip Code: [redacted]
Home Phone: [redacted]
Work Phone: [redacted]
Customer Region: 58
Date of Incident: JUNE 8 2003
County in which incident occurred: STEARNS
Is Alleging Defect: Y
Alleging defect detail: R SIDE AIBBAG ACTIVATED
Police Report Filed: N
Insurance Company Contacted: N
Coach Builder State: AK
Resolution Sought Detail: NONE AT THIS TIME HOWEVER HE IS CONCERNED AS TO WHY IT ACTIVATED
Comments: CUSTOMER CAME IN AS THE R SIDE IMPACT AIRBAG DEPLOYED WITH NO WARNING. INSPECTION OF VEHICLE SHOWS NO SIGN OF IMPACT. THIS IS HIS 7TH TOWN CAR AND HE TRULY LIKES THE CAR HIS WIFE WSAS IN THE PASSENGER FRONT SEAT WHEN THIS HAPPENED AND HE STATES THAT SHE RECIEVED BRUISING ON HER RIGHT SIDE AND ARM. NO MEDICAL ATTENSION WAS SOUGHT AS FAR AS I KNOW.

This email was automatically generated. Please do not reply to this email. No one monitors the inbox for this email address.

Dear Rochelle,

I am answering your letter we finally received. We didn't file a police report as no other vehicle was involved in the incident. Since the vehicle was under warranty we took it to our Lincoln Dealer, Miller Auto Center in St. Cloud. They replaced the seat and air bag. We didn't notify our insurance since the car was under warranty.

We were traveling on a dirt road and it was raining. The road had just been graded and was muddy.

I received a back & underarm injury when the air bag deployed on the passenger side of the car. It hit me so hard I almost couldn't breathe. I have been going to the Chiropractor since. I want ~~my doctor bills~~ paid & compensation for my ~~pain~~ & time. The air bag should not have deployed and I am now scared to ride in the car. When you pay the kind of money we did to drive & own a car like ours you expect it to work better.

Since the accident in June the

the wiring in the signals didn't work. Everytime we signalled to turn left the fuse would blow out. We took it back three times before it got fixed. We were left stranded in Texas one month after we got the car when the starter module went out. It has been replaced again this last April. We think this car is a lemon and want to know what you are going to do about it.

I am 53 yrs old and scared to take the car anywhere for fear of what will happen next.

Sincerely,

[redacted]

Albany, Ma. [redacted]

[redacted]

July 16, 2003

RE: [redacted]
2001 Lincoln Town Car
VIN: 1LNHM82WX1Y712392

Dear Ms. Graham,

I am writing on the behalf of [redacted] I am a chiropractor that is treating [redacted] for injuries that she sustained in a accident that happened on June 6, 2003. The injuries were sustained when the side airbag went off and struck her on the right side of her body. This caused her to go sideways in the seat with her body and her neck. When it struck it took her breath away. She sustained severe bruising and a sprain strain to the cervical and thoracic regions. She is restricted on the movement of her head and neck with irritation at the end of movement. She is sore in through the rib area and under the arm on the right. This area is still discolored as of her last visit. She has been treating for the restricted movement in the cervical and thoracic areas as well as the subluxation that she is having as a result of her injuries. The soft tissue on the right under the arm is very sensitive yet to light palpation. We are going to continue to treat her for her injuries that resulted from this accident.

If you have further questions or concerns please contact my office with a signed release for further information. Elaine has given me permission to write this letter on her behalf.

Sincerely,

[redacted]

[redacted]

Rochelle Graham
P.O. Box 6248
MD 3NE-B
Dearborn, Michigan
[redacted] 48126

Dear Rochelle,
At this time I [redacted] decided to ask for a monetary [redacted] of thirty-five thousand dollars. I still have headaches occasionally and my shoulder & arm hurts. My fingers in my hand go numb & fall asleep almost everyday. I don't have much lifting strength & need to work on it that yet. I still am scared to ride in the car. Everytime we hit a bump I don't know what next will happen.

Sincerely,
[redacted]

EMS-014 1582

[redacted]
Albany, MN.
[redacted]

Attn:
Rochelle
Graham

Ford Motor Company
P.O. Box 6248 203 RCB
Dearborn, Michigan
[redacted]

ESP / Recall Information

VIN: 1LNHM82WX1Y712392

Contract: 1 Of

Status: Active

ESP Purchase Details

Purchaser: VALUED LINCOLN CUSTOMER
Expiration Date: 2004-09-11
Plan Type: USA 36/36 MAINT-NORMAL AVAILABLE AT LINCOLN DLRS ONLY
Plan Year: 2001
Expiration Miles: 40,000
Rental:
Selling Dealer:
Deductible:
Towing Allowance:
Purchase Type: N
Options:

ESP Cancellation Details

Cancel Date:
Process Date:
Refund Percent:
Dealer Received Date:
Dealer Credited:

Recall Information

Campaign Number	Type	Description	Status	Status Date	Dealer Code
01B86	O	NO START	COMPLETE	2002-03-12	10610
01S21	S	SEAT BELT	COMPLETE	2001-07-31	10910
01V05	X	SEAT BELT	CAMP-PROG SUPERCEDED	2001-11-12	
02M01	O	EGR PRES SEN	RELEASED FOR MAILING	2003-01-11	L43385

Customer Info

Customer: [redacted]	Primary Phone: [redacted]	Secondary Phone:	
Address: [redacted]	ALBANY	MN	[redacted]
Country: USA	Language: EN		
Cell Phone:	Pager:		
Preferred Contact method:	Fax:		
Preferred Contact Time:	Email:		

Update This Information in Stars

Dealer Detail

PCSD Region	Sales Region	Sales Zone	Market	F&A Code	Sales Code
10-SDR	43-TWIN/CITIES	A	C9	10502	L43385

Dealer Name:	MILLER LINC-MERC-NISSAN INC		
Dealer Address:	2930 2ND STREET SOUTH SAINT CLOUD MN 56301		
Dealer Main Phone:	320-251-1363	Dealer Service Phone:	320-251-1363

Position	Employee Name
PARTS MANAGER	THADDEUS 1 JAMESON
SALES MANAGER	BRENT ADKISSON
SERVICE MANAGER	ANDY KUKLOK

Vehicle List

VIN	Year Model	Sales Type	Owner Status	Vehicle Info
1FTSW31F81ED37861	2001 F-SERIES SUPER DUTY No Open Issues	INDIVIDUAL RTL	Original Owner	Cases Warranty History
1LNHM82W2YY625909	2000 TOWN CAR No Open Issues	INDIVIDUAL RTL	Subsequent Owner	Cases Warranty History
1LNHM82W2XY667958	1999 TOWN CAR No Open Issues	INDIVIDUAL RTL	Subsequent Owner	Cases Warranty History
1FTHX26F8VEA83345	1997 F-SERIES No Open Issues	INDIVIDUAL RTL	Original Owner	Cases Warranty History
1LNLM82F7LY669514	1990 TOWN CAR No Open Issues	INDIVIDUAL RTL	Original Owner	No Cases No Warranty History
1LNBM81F8KY769355	1989 TOWN CAR No Open Issues	INDIVIDUAL RTL	Original Owner	No Cases No Warranty History
1LNHM82WX1Y712392	2001 TOWN CAR Open Issues Exist	INDIVIDUAL RTL	Subsequent Owner	Cases Warranty History

...:48!AM&SympC=104457&rTabPage=&Reason=0714&IssTyp=07&CustNo=21475326401&CustCty=USA&19403

8/03-814 1987

Vehicle Information Report

GENERAL VEHICLE INFORMATION: (Related Claims)

VIN:	1LNHM82WX1Y712502	Veh Line:	C/VC - LINCOLN TOWN CAR (FN145) (99-04)	Eng Serial No:	7M4256
Model Year:	2001	Market Derived:	C/M - MERCURY DIVISION DERIVATIVE	Body Shell:	*
Veh Type:	C	Drive Code:	C/B - 2 WHL L/H REAR DRIVE	Engine:	C/VM - 8-M 4.6L SOHC EFI NA CVT
Inv. Dealer:	10031	Body Cab Style:	C/FC - 4 DOOR SEDAN-6 LITE	Transmission:	C/D6 - 4 SP AT W/AAD 4ODE W/
		Version/Series	C/BR - SIGNATURE VERSION		

BUILD INFORMATION:

Region: NA - [redacted] Plant: BA - WIXOM PLANT BUILD
Country: USA - [redacted] Prod Date: 26-APR-2001

SALE INFORMATION:

Region: NA - [redacted] Selling Dealer: 142767 - *
Country: USA - [redacted] Selling Dlr St/Prov: MO
Buyer St/Prov: MO

Arrival Date: 03-MAY-2001 Red Carpet Lease: *
Sale Date: 11-MAY-2001 Fleet/Retail/Co. Lease: F
Warranty Start Date: 11-MAY-2001 Modified Vehicle: *
Orig Warranty Date: 11-MAY-2001 Recaptured Vehicle: * Vehicle Export Flag: N

VOC/EOC:

---------1---------2---------3---------4---------5---------6---------7---------8---------9---------

[redacted]

[redacted]

INSTALLED OPTION INFORMATION:

Air Conditioning:	C/C - ATC AIR CONDITIONER	GVW Code:	
Alternator Amp Rating:	*	GVW Class Code:	N
Audio Disc:	* - [N/A]	Instrumentation:	* - [N/A]
Axle Ratio:	EGACC - 3.08 FINAL DRIVE RATIO	Mirror(Driver Side):	* - [N/A]
Axle Type:	EGIAB - NON-LIMITED SLIP REAR AXLE	Mirror(Psngr Side):	* - [N/A]
Battery Amp Rating:	65	Paint:	PNZOC - PERFORMANCE WHITE C/C
Brake Code:	* - [N/A]	Power Antenna:	* - [N/A]
Brake Code(Service):	* - [N/A]	Radio:	BF - ELE LUX/DIG SIGNAL STR/CET/CLK
Calibration Code:	1VC1PB0A	Sound System:	* - [N/A]
Color(Accent):	* - [N/A]	Segm Tandem Axle:	
Color(Trim):	000ZV -	Tire Brand:	AI - MICHELIN
Delivery Type:	4	Tire Size:	DI/TC - P225/60R-16 BSW-PERFORMANCE
Driveshaft Code:	*	Traction Control:	AH - ANTI-SPIN TRACT BRAKES W/O TVD
Front Seat:	* - [N/A]	Wheel Size:	
Fuel Type:	* - [N/A]		

TIRE DOT INFORMATION:

LF: B93V239X1001 RF: B93V239X1001
LR: B93V239X1001 RR: B93V239X1001
LI: * RI: *
SPARE: ADV72MN1201

ESP INFORMATION: EMISSIONS INFORMATION:

ESP Code:	*	Emission Code:	C/B - C/B
ESP Coverage(Miles):	*	Emission Cert Type:	5
ESP Coverage(Time):	*	Emission Decal Suffix:	HYK
ESP Plus Year:	*	Engine Family:	1FMXV046VF7
ESP Signature Date:			

OASIS RESULT:
1LNHM82WX1Y712392

VEHICLE INFORMATION

VEHICLE DESCRIPTION	BODY STYLE	ENGINE	ENGINE CALIBRATION
2001 TOWN CAR	4 DR SEDAN SIGNATURE	4.6L SOHC (ROMEO)	1VC1PB0A
TRANSMISSION	**AXLE CODE**		
4R70W (SHARONVILLE)	JY		

GENERAL WARRANTY INFORMATION

WARRANTY START DATE	BUILD DATE	SALE MILEAGE
05/11/2001	04/26/2001	

WARNING MESSAGES

LESS THAN TWO DEALER APPROVED AWA REPAIR VISITS PAID TO DATE

*THIS VEHICLE HAS AN OPEN CUDL LEGAL CONTACT

FIELD SERVICE ACTIONS

02M01 CAUTION: MAY NOT NEED REPAIR; SERVICE ONLY IF CONCERN IS PRESENT
PLEASE REFER TO DEALER LETTER FOR PROGRAM COVERAGE
TUBE-MOUNTED EGR PRESSURE SENSOR - ADDITIONAL COVERAGE OF 2 YEARS OR 24 000 MILES, WHICH EVER OCCURS FIRST, TO THE BASE WARRANTY.

EXTENDED COVERAGES

0875 - USA 36/36 MAINT-NORMAL AVAILABLE AT LINCOLN DLRS ONLY
STANDARD DEDUCTIBLE: 0
OWNER NAME: VALUED LINCOLN CUSTOMER
OPTIONS:
EXPIRATION DATE: 09/11/2004
DISTANCE: 40,000
RENTAL: 0 UP TO 0 DAYS
TOWING: 0
CONTRACT SOLD BY: USA 46440
ESP CONTRACT START DATE: 05/11/2001

REPAIR HISTORY

04/16/2003 DEALER: Miller Lincoln Mercury Nissan,
WARRANTY CLAIM NUMBER: 212496 **ODOMETER: 020665M**

PART NUMBER	PART DESCRIPTION	QUANTITY	LABOR OP	CONDITION CODE	CONDITION DESC
MAINT	VEHICLE MAINTENANCE	000	MISC	82	PERIODIC/SCHEDULED MAIN
F1AZ 6731BD	ELEMENT ASY OIL FLT	001			
XO 5W20GSP		001			
XO 5W20GSP		001			

1 COMPLETED,LOF,TIRE ROTATION,MULTIPOINT INSPECTION,BRAKE INSPECTION

04/16/2003 DEALER: Miller Lincoln Mercury Nissan,
WARRANTY CLAIM NUMBER: 212496 **ODOMETER: 020665M**

PART NUMBER	PART DESCRIPTION	QUANTITY	LABOR OP	CONDITION CODE	CONDITION DESC
2F1Z-[illegible]AA	SENSOR ASY EGR PR VR	001	[illegible]	42	DOES NOT OPERATE PRO

RAN DIAG SCAN-PO401. WENT THRU PPT S. FOUND DPFE IS SHORTED INTERNALLY REMO VED & REPLACED DPFE. RAN SELF TEST

12/19/2002 DEALER: Miller Lincoln Mercury Nissan.
WARRANTY CLAIM NUMBER: 204506 ODOMETER: 0218624

PART NUMBER	PART DESCRIPTION	QUANTITY	LABOR OP	CONDITION CODE	CONDITION DESC
MAINT	VEHICLE MAINTENANCE	000	[illegible]	57	[illegible]
F1AZ-6731-D	ELEMENT ASY OIL FILT	001			
XO-[illegible]		001			
XO-[illegible]		001			

COMPLETED,LOF,TIRE ROTATION,MULTIPOINT INSPECTION,BRAKE INSPECTION

08/13/2002 DEALER: Miller Lincoln Mercury Nissan.
WARRANTY CLAIM NUMBER: 195286 ODOMETER: 0161284

PART NUMBER	PART DESCRIPTION	QUANTITY	LABOR OP	CONDITION CODE	CONDITION DESC
F1AZ-6731-D	ELEMENT ASY OIL FILT	001	[illegible]	57	[illegible]
XO-[illegible]		001			
XO-[illegible]		001			
MAINT	VEHICLE MAINTENANCE	000			

1 COMPLETE 15000 MILE QUALITY CARE MAINTENANCE

END OF OASIS REPORT FOR 1LNHM82WX1Y712392

From: Lovelace, Mana (M.E.)
Sent: Tuesday, November 25, 2003 10:31 AM
To: Taulbee, Marilyn (M.F.)
Subject: TC

REDACTED

Rpt#: 3IUA3001 CQD Rpt: 09/21/2003 Odom: 19,860 M
Rvwd: File: _ Folder: _____ Attchmnts: 9 Print Smy/Disp Detail(P/D): _
Vehicle: 2003 TOWN CAR,EXEC ,SEDAN 1LNHM81W73Y605871 Bld: 04/15/2002
Engine: 4.6L ROM B Calb: 3VC1SB0A Trans: 4R70W S Axle: A/C: YES
Dlr Id: USA 13661 Terrys Lincoln-Mercury Inc Ph#: (708) 349-3400
State: Illinois City: Orland Park Orig/Caller: DAN MYERS
Symptom: 1 04 6 57 BODY,RESTRAINTS,SIDE AIR BAGS,DEPLOYMENT
Addl Sym: St: CCRG/EPRC: S Rvwd: A Dt: 10/09/2003
Fix: Caus. Comp: -- Condition Code:

Region Code: 41 Region Name: Chicago - 41

CONCER RENTAL UNIT ALLEGEDLY DEPLOYED PASSENGER "SIDE" AIR BAG WITHOUT SIDE COLLISION.
REPAIR VERIFIED THAT PASSENGER "SIDE" AIR BAG IS DEPLOYED. CODES B1231, B2295 ODDTC, B1231 CMDTC. FQE INSPECTED VEHICLE AND FOUND IMPACT AT REAR OF PASSENGER FRONT DOOR BOTTOM EDGE. ALSO FOUND SEVERAL PIECES OF GRAVEL IN THE UNDER CARRAGE OF VEHICLE. FQE ACCESSED RCM MEMORY AND DOWNLOADED TO FILE AND FORWARDED TO RICHARD RUTH. RCM REMOVED AND SENT TO SUPPLIER, TAKATA. PICTURES IN GCOIS.

REDACTED

Rpt#: 1HVKN015 CQD Rpt: 08/22/2001 Odom: 9,952 M
Rvwd: File: _ Folder: _____ Attchmnts: 0 Print Smy/Disp Detail(P/D): _
Vehicle: 2001 TOWN CAR,SIGN ,SEDAN 1LNHM82W21Y732362 Bld: 06/07/2001
Engine: 4.6L ROM B Calb: 1VC1PB0A Trans: 4R70W S Axle: 8.8 3.08C A/C: YES
Dlr Id: USA 45245 HERTZ RAC - LOS ANGELES Ph#:
State: California City: Los Angeles Orig/Caller: GORDIE KALTZ
Symptom: 1 04 4 57 BODY,RESTRAINTS,FRT AIR BAG SYS,DEPLOYMENT
Addl Sym: St: CCRG/EPRC: _ Rvwd: Dt:
Fix: Caus. Comp: -- Condition Code:

Region Code: CC Region Name: Rental - CC

CONCER DRIVER'S SIDE AIRBAG IN DRIVERS SEAT DEPLOYED
REPAIR FQE INSPECTED VEHICLE AT THE REQUEST OF HERTZ AND FOUND THAT THE

REDACTED

VEHIC
LE DID DEPLOY THE DRIVER SEAT AIRBAG. INSPECTION REVEALED THRU NGS THA T THE RCM HAD A CODE OF B1231 ACCEL THRESHOLD EXCEEDED AND THE PCM HAD
2 CODES P1260-THEFT DETECTED (POSSIBLE BAD HEC MODULE PER BROADCAST) A ND CODE P1270 ENGINE RPM/VEHICLE SPEED LIMIT REACHED. INITIAL INSPECTI ON REVEALED THAT THE SUSPENSION ON THE VEHICLE HAD TRAVELED FROM THE F ULL UP TO THE FULL DOWN POSITION AS THERE WERE WITNESS MARKS FROM THE SUSPENSION STOPS (SNUBBERS) ON THE FRAME WHERE RECENT CONTACT WAS MADE POSSIBLE VEHICLE AIRBORN AND THEN BOTTOMED OUT. NO REPAIR ACTION AT TH IS TIME. VEHICLE ON HOLD AWAITING PARTS AT HERTZ-LAX
GORDIE KALTZ FQE LOS ANGELES 661-722-7296

Rpt#: 1HHIB001 CQD Rpt: 08/08/2001 Odom: 6,300 M
Rvwd: File: _ Folder: _____ Attchmnts: 1 Print Smy/Disp Detail(P/D): _
Vehicle: 2001 TOWN CAR,SIGN ,SEDAN 1LNHM82W51Y653882 Bld: 11/16/2000
Engine: 4.6L ROM B Calb: 1VC1SB0A Trans: 4R70W Axle: 8.8 3.08C A/C: YES
Dlr Id: USA 45245 HERTZ RAC - LOS ANGELES Ph#:
State: California City: Los Angeles Orig/Caller: GORDIE KALTZ
Symptom: 1 04 4 57 BODY,RESTRAINTS,FRT AIR BAG SYS,DEPLOYMENT
Addl Sym: St: CCRG/EPRC: _ Rvwd: Dt:
Fix: Caus. Comp: -- Condition Code:

Region Code: CC Region Name: Rental - CC

CONCER DRIVER'S SIDE SIDE AIRBAG DEPLOYED
REPAIR VEHICLE CAME INTO HERTZ@LAX FOR REPAIR FROM BURBANK RENTAL OFFICE,FQE
CALLED BURBANK OFFICE,BURBANK INDICATED THAT RENTAL CUSTOMER SAID NOTH
ING,AND DEPLOYMENT WAS FOUND AT RE-FUELING/WASH. FQE USED NGS TO RETRI EVE CODES ONLY CODE WAS 92295 AND AIRBAG DASHLIGHT FLASHES CODE 22. FQ E PERFORMED CASUAL INSPECTION REVEALING NOTHING UNUSUAL. VEHICLE ON HO
LD AT HERTZ LAX AWAITING RESOLUTION.

Maria E. Lovelace - FQE Liaison
FCSD-Service Engineering Operations
Diagnostic Service Center I
1700 Fairlane Drive - Cube 262
Allen Park, MI. 48101
313-317-6309; Faxc313-621-4017

CSQI702 CQIS Technical Service Detail 11/17/03 10:41:48
==>
Next/Previous Article (N/P): _ Article #: ISM 02-08-056 Date: 08/29/2002
Symptom: 1 04 BODY RESTRAINTS
Year Vi Fm Vi Mdl Trans Engine Calib Axle
Criteria: 2001 C TW

AIR BAG HANDLING PROCEDURE, COLLECT INFO
AIR BAG HANDLING PROCEDURE:COLLECT AS MUCH LISTED INFORMATION POSSIBLE.MARK THE REPORT AS SAFETY

WHEN ANSWERING QUESTIONS REGARDING ALLEGED NON-DEPLOYMENT IN COLLISIONS OR ALLEGED UNWARRANTED OR IMPROPER DEPLOYMENT, IT IS BEST TO NOT SPECULATE WITH THE CUSTOMER ABOUT THE DEPLOYMENT THRESHOLDS OF ANY RESTRAINTS GIVEN THE DIFFERENCES IN CRASH CHARACTERISTICS BETWEEN VEHICLES AND THE VARIABLES THAT AFFECT THE MORE ADVANCED RESTRAINT SYSTEMS, ANY DESCRIPTION OF WHEN THE DEVICE IS DESIGNED TO DEPLOY MAY BE MISUNDERSTOOD BY THE CUSTOMER AND CREATE AN UNREALISTIC EXPECTATION.

PERFORM VISUAL INSPECTION AND PULL CODES FROM RESTRAINTS CONTROL MODULE. WARRENTY REPAIRS: REPAIR THE VEHICLE AND HOLD THE PARTS. FOR NON WARRENTY REPAIRS: VEHICLE OWNERS MUST CONTACT THEIR INSURANCE COMPANY

ECI WILL REVIEW ALL REPORTS THE NEXT DAY AND THE DEALER WILL BE CONTACTED IF A VEHICLE INSPECTION OR PARTS RETURN IS DEEMED NECESSARY. INFORMATION REQUIRED FOR BOTH ALLEGED NON-DEPLOYMENT AND ALLEGED UNINTENDED DEPLOYMENT

- DATE OF INCIDENT
- CUSTOMER PERCEPTION OF VEHICLE SPEED
- NUMBER AND DETAILS OF ALLEGED INJURIES
- AIR BAG SYSTEM WITH CONCERN (FRONT, SIDE, CURTAIN, DRIVER, PASSENGER)
- WAS AIR BAG WARNING INDICATOR ON PRIOR TO ALLEGED INCIDENT?
- DIAGNOSTIC TROUBLE CODES STORED (DO NOT CLEAR CODES)
- INFORMATION ON ANY FAULTS FOUND WITH AIR BAG SYSTEM

ADDITIONAL INFORMATION FOR ALLEGED NON-DEPLOYMENT INCIDENTS:

- LOCATION OF IMPACT TO VEHICLE
- OBJECT THAT WAS STRUCK (POLE, FENCE, ANOTHER VEHICLE, TREE, ETC.)
- IF CUSTOMER ALLEGES A PRODUCT DEFECT CAUSED INCIDENT

ADDITIONAL INFORMATION FOR ALLEGED UNINTENDED DEPLOYMENT INCIDENTS

- ROAD SURFACE
- IF AN OBJECT WAS STRUCK
- IF VEHICLE WAS MOTIONLESS
- IF A NOISE WAS HEARD UNDER VEHICLE
- IF VEHICLE WAS TOWING SOMETHING

DESCRIPTION AND LOCATION OF ANY IMPACT WITNESS MARKS FOUND.
UPDATED 10/03/02 MICHAEL LAPKO (MLAPKO) 82933

CQIS Report Number: 2LPFG009 Program Type: NHL Orig Rpt #:
Report Source: MSS - FCSD - TECH SVC HOTLINE Report Date: 12/16/2002

REPORT SUMMARY

Vehicle: 2001 TOWN CAR,SIGN ,SEDAN VIN: 1LNHM82WX1Y607949
Engine: 4.6L ROMEO BASE EFI Odometer: 23,983 MILES
Operating Environ: WCC:
Vehicle Use: Rsp. Act:

Symp: 1 04 6 57 BODY RESTRAINT SYSTEMS
SIDE AIR BAG SYSTEMS DEPLOYMENT (UNINTEND/
Addl Symptom: PASS. SIDE AIRBAG DEPLOYED.
Other Veh. with Concern: Severity Rating - Customer: Engineering:

Causal Component:
Causal Factor: Feature: Loc:
Causal Condition: Photo: Attachments: 0
Component Test Status: ---- Return Loc:
Vehicle Fixed?: Customer Satisfied?: Repair Effectiveness (%):

COMMENTS

Type	Comments
REPAIR	TECH STATES THAT THE PASSENGER SIDE AIRBAG DEPLOYED WHILE CUSTOMER WAS DRIVING DOWN THE ROAD. HAS A DENT IN THE FLOORBOARD. SUSPECTS THAT VEHICLE WAS TRAVELING 55-60 MPH. HAS CODES B1231 AND B2295. SEEKING INFORMATION ON WHAT NEEDS TO BE REPLACED.
RECOMM	ADVISED TECH THAT HE WILL NEED TO REPLACE THE AIRBAG AND THE RCM. ADVISED TO INSPECT CRASH SENSOR. ADVISED TO POWER UP SYSTEM WITH SIMULATORS IN PLACE AND CHECK FOR CODES. IF ALL OK, INSTALL AIRBAG AND REACTIVATE SYSTEM. ISM 02-08-056 AIR BAG HANDLING PROCEDURE, COLLECT INFO

CONCERN DETAILS

DIAGNOSTIC INFORMATION

Symp. Verif?: Base of Diagnosis: Assistance Level: E1
Comp. Timing: Base Timing: MIL Light on?:
Test Stand: Road Test: OD Number:
Prior Repair Attempts: Repair Prior to Call: NO
DTCs KOEO: KOEC:
KOER: CB:

SERVICE ACTIONS

NO SERVICE ACTION AVAILABLE

VEHICLE DETAILS

Vehicle Build Date: 08/15/2000 Warranty Start Date: 02/23/2001
Date of Sale: 02/23/2001 Selling Dlr (Mkt,Dlr,Sub): USA 12944
Dealer Special Order: Gross Vehicle Weight:
LH/RH Drive:

ENGINE

Engine: 4.6L ROMEO BASE EFI Tag: 1G 804 AA
Bld Dt: Calb: 1VC1SB0 A Serial #: Plt:

TRANSMISSION

Trans: 4R70W 4SP/WIDE RATIO Part #:
Bld Dt: Serial #:
Model: Plt: Shft:

CQIS Report Number: 2LPPG009 Program Type: NHL Orig Rpt #:
Report Source: MSS - PCSD - TECH SVC HOTLINE Report Date: 12/16/2002

VEHICLE DETAILS

AXLE

Axle: 8.8 3.08 CONVENTIONA Id Tag Code: Bld Dt:
Serial #: Plt:

ADDITIONAL

Tire: P225/60R-16 WSW Brand:
Radio: RLE LUX/DIG SIGNAL STR/CST/CLK A/C: AC C-??????????????????????
Paint: PURPLE-BLUE EXT PAINT FAMILY A ------ TRUE BLUE PEARL C/C

REPORT ORIGINATOR - REPAIR FACILITY - CUSTOMER INFORMATION

Orig/Caller: BRETT MASON Title: TECHNICIAN
Phone: - -

Rpair Dlr: USA 12906 - ROCKY MOUNTAIN LINCOLN-MERC Ph#: URY(208) 522-2911
City: Idaho Falls State: Idaho
Country: United States Regio: n Denver - 56
Claim #/Date: N/A

Specialist's
Name: JIM FONTANA

CQIS VIN HISTORY

NO VIN HISTORY AVAILABLE

SUPPLEMENTAL SURVEY: NATIONAL HOTLINE SURVEY 2000

SURVEY HAS BEEN SENT

VEHICLE'S WARRANTY HISTORY (365 days only)

Repair Dealer Id	Repair Date	Repair Order	Odometer (Miles)	Rpr Nbr	Caual Cond.	Service Pfx	Part Number Base	Sfx	Labor Operation
USA12906	12/13/02	038076	23785	1	42	1L2Z	12029	AA	MT32P
USA12906	12/26/02	038398	25495	1	82		MAINT		MA24
USA12906	12/26/02	038398	25495	1	82	F1AZ	6731	BD	
USA12906	12/26/02	038398	25495	1	82	XO	5W30	QSP	
USA12906	12/26/02	038398	25495	1	82	F3DZ	6734	A	
USA12906	03/25/03	039839	30432	1	82		MAINT		MA30
USA12906	03/25/03	039839	30432	1	82	XO	5W30	QSP	
USA12906	03/25/03	039839	30432	1	82	F1AZ	6731	BD	
USA12906	03/25/03	039839	30432	1	82	F3DZ	6734	A	
USA12906	06/16/03	041302	34497	1	82		MAINT		MA33
USA12906	06/16/03	041302	34497	1	82	XO	5W30	QSP	
USA12906	06/16/03	041302	34497	1	82	F1AZ	6731	BD	
USA12906	06/16/03	041302	34497	1	82	F3DZ	6734	A	
USA12906	09/12/03	043572	39587	1	82		MAINT		MA36
USA12906	09/12/03	043572	39587	1	82	XO	5W20	QSP	
USA12906	09/12/03	043572	39587	1	82	F1AZ	6731	BD	
USA12906	09/12/03	043572	39587	2	07	2N1Z	5460770	AAA	999A

ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
7/17/2003	[redacted]	1LNHM82WX1Y607948	2001 TOWN CAR	02
CANCEL	LEGAL - CUSTOMER WAITING FOR ACKNOWLEDGEMENT	499023312		
12/24/2002	[redacted]	1LNHM82WX1Y607948	2001 TOWN CAR	03
OPEN	LEGAL - ALLEGED SRS MALFUNCTION	499023312		
11/27/2002	[redacted]	1LNHM82WX1Y607948	2001 TOWN CAR	02
CLOSED	MISC INQUIRY - CORRESPONDENCE	499023312		
11/27/2002	[redacted]	1LNHM82WX1Y607948	2001 TOWN CAR	02
CLOSED	MISC INQUIRY - FORD MOTOR COMPANY FEEDBACK	499023312		
11/27/2002	[redacted]	1LNHM82WX1Y607948	2001 TOWN CAR	02
CLOSED	LEGAL - ALLEGED SRS MALFUNCTION	499023312		

VIN: 1LNHM82WX1Y607948 [redacted] Year: 2001 Model: TOWN CAR Case: 4990233*2
Name: [redacted] Owner Status: Subsequent WSD: 2001-02-23
Symptom Desc: Primary Phone: [redacted]
Reason Desc: LEGAL - CUSTOMER WAITING FOR ACKNOWLEDGEMENT Secondary Phone: [redacted]
Issue Type: 02 INFORMATION Issue Status: CANCEL

Action: CB-ADVISE CUST WE WILL NOTIFY THE DEPT SOMEBODY WILL BE IN TOUCH
Dealer: 12906 ROCKY MOUNTAIN LINCOLN-MERCURY Origin Desc: US CONCERN CASE BASE
Odometer: Comm Type: PHONE
Analyst Name: MARK BROWN Analyst: MBROWN
Action Date: 12/16/2002 Action Time: 12.03.29.489 Action Date: No

Comments CUSTOMER SAYS: PASSENGER SIDE AIR BAG DEPLOYED WHILE DRIVING - 70 MPH - WAS NOT IN ACCIDENT - PASSENGER WAS SLAPPED - INSURANCE COMPANY PER CUSTOMER, DEALER SAYS: NONE CAC ADVISED: THANK YOU FOR PROVIDING US WITH THIS INFORMATION IN RELATION TO YOUR CASE. I WILL FORWARD THIS TO OUR CONSUMER AFFAIRS DEPARTMENT, AND I HAVE REQUESTED THAT THEY CONTACT YOU WITHIN TWO BUSINESS DAYS. INFERENCE CASE ID: 1571

Action: CANCEL ISSUE
Dealer: 12906 ROCKY MOUNTAIN LINCOLN-MERCURY Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
Odometer: 1 MI Comm Type: OTHER
Analyst Name: BUSH, TRACY (T.L.) Analyst: TBUSH3
Action Date: 07/17/2003 Action Time: 10.29.09.948 Action Date: No

Comments NO LEGAL 07 WAS OPENED.

VIN: 1LNHM82WX1Y607948 Year: 2001 Model: TOWN CAR Case: 499023312
Name: [redacted] Owner Status: Subsequent WSD: 2001-02-23
Symptom Desc: Primary Phone: [redacted]
Reason Desc: LEGAL - ALLEGED SRS MALFUNCTION Secondary Pho[redacted]
Issue Type: 03 CONCERN Issue Status: OPEN

Action: ADVISE CUSTOMER AIRBAG SYSTEM MUST BE TESTED AT A FMM DEALER
Dealer: 12906 ROCKY MOUNTAIN LINCOLN-MERCURY Origin Desc: US CONCERN CASE BASE
Odometer: 25000 MI Comm Type: PHONE
Analyst Name: GENA BURKE Analyst: GBURKE
Action Date: 12/24/2002 Action Time: 13.37.12.559 Action Date: No

Comments: CUSTOMER SAYS: =CUST SAYS THAT HE HAS CONTACTED HIS INSURENCE COMPANY REGUARDING AIR BAG DEPLOYMENT =CUST SAYS THAT INSURENCE COMPANY DENIED CLAIM =CUST VEHS INSURENCE STATED THAT THIS AIRBAG DEPLOYMENT IS NOT COVERED INSURENCE REASON BEING THERE WAS NOTHING OR NO ONE HIT =CUST WAS ADVISED BY INSURENCE COMPANY TO CONTACT VEHS MANFACTURER PER CUSTOMER, DEALER SAYS: =NONE CAC ADVISED: =CSR ADVISED CUST PER TL CYRUS =CSR ADIVSED CUST THAT HE MUST PAY FOR AIR BAG TO BE TESTED TO DETERMINE IF THERE IS ANY RELATED DEFECT =CSR ADVISED CUST THE FOLLOWING FORMATION -AIR BAG SYSTEM MUST BE TESTED AT A FORD DEALERSHIP AND THE CRC WILL SUPPORT THE DEALERSHIPS DECISION ONCE TESTING IS COMPLETED. CUSTOMER OR THE INSURANCE COMPANY WILL BE REQUIRED TO PAY FOR THE TESTING OF THE SENSORS. INFERENCE CASE ID 5920

All Action Details for Issue

VIN: 1LNHM82WX1Y607948 Year: 2001 Model: TOWN CAR Case: 499023312
Name: [redacted] Owner Status: Subsequent WSD: 2001-02-23
Symptom Desc: Primary Phone: [redacted]
Reason Desc: MISC INQUIRY - CORRESPONDENCE Secondary Pho[redacted]
Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: CB-INFORM CUSTOMER OF CAC RESPONSE
Dealer: 12906 ROCKY MOUNTAIN LINCOLN-MERCURY Origin Desc: US INQUIRY CASE BASE
Odometer: 22000 MI Comm Type: PHONE
Analyst Name: DARREN THOMPSON Analyst: DTHOMPSO
Action Date: 11/27/2002 Action Time: 15.50.59.459 Action Date: No

Comments CUSTOMER SAYS: -CUST SAYS HE SPOKE WITH A REP ADELYN 3701 PER CUSTOMER. DEALER SAYS NONE CAC ADVISED: -ADVISED CUST THAT INFORMATION HAS BEED DOCUMENTED. -ADVISED CUST GET IN CONTACT WITH INSURANCE AGENCY FOR ASSISTANCE. -ADVISED CUST THAT INSURANCE AGENCY COULD PAY FOR THE SRS TO BE TESTED OR CUSTOMER COULD PAY. INFERENCE CASE ID: 912

Page

VIN: 1LNHM82WX1Y607945 Year: 2001 Model: TOWN CAR Case: 499023312
Name: [redacted] Owner Status: Subsequent WSD: 2001-02-23
Symptom Desc:
Reason Desc: MISC INQUIRY - FORD MOTOR COMPANY FEEDBACK Primary Phone: [redacted]
Issue Type: 02 INFORMATION Issue Status: CLOSED Secondary Pho[redacted]

Action: ADVISE CUSTOMER THE FEEDBACK HAS BEEN DOCUMENTED
Dealer: 12906 ROCKY MOUNTAIN LINCOLN-MERCURY Origin Desc: US INQUIRY CASE BASE
Odometer: 22000 MI Comm Type: PHONE
Analyst Name: ADELYN FUEGA Analyst: AFUEGA
Action Date: 11/27/2002 Action Time: 13.44.58.559 Action Date: No

Comments CUSTOMER SAYS: - NOT COMFORTING TO KNOW THAT FORD IS NOT TAKING CARE OF THIS ISSUE - UPSET THAT HE HAS TO GO TO HIS INSURANCE COMPANY PER CUSTOMER, DEALER SAYS: - NONE CAC ADVISED: THANK YOU FOR PROVIDING FORD MOTOR COMPANY WITH FEEDBACK; YOUR OPINIONS ARE VALUABLE TO US. I HAVE DOCUMENTED YOUR COMMENTS AND THE INFORMATION YOU PROVIDED REGARDING YOUR EXPERIENCE WITH OUR COMPANY. YOU WILL NOT BE CONTACTED UNLESS A SPECIFIC DEPARTMENT REQUIRES ADDITIONAL INFORMATION OR CLARIFICATION. INFERENCE CASE ID: 1026

All Action Details for Issue

Page:

VIN: 1LNHM82WX1Y607946 Year: 2001 Model: TOWN CAR Case: 499023312
Name: [redacted] Owner Status: Subsequent WSD: 2001-02-23
Symptom Desc: Primary Phone: [redacted]
Reason Desc: LEGAL - ALLEGED SRS MALFUNCTION Secondary Pho[redacted]
Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: ADVISE CUSTOMER TO CONTACT THEIR INSURANCE COMPANY FOR ASSISTANCE
Dealer: 12906 ROCKY MOUNTAIN LINCOLN-MERCURY Origin Desc: US CONCERN CASE BASE
Odometer: 22000 MI Comm Type: PHONE
Analyst Name: ADELYN FUEGA Analyst: AFUEGA
Action Date: 11/27/2002 Action Time: 13.44.58.167 Action Date: No

Comments CUSTOMER SAYS: - PASSENGER SIDE AIR BAG DEPLOYED WHILE DRIVING - 70 MPH - WAS NOT IN ACCIDENT - PASSENGER WAS SLAPPED - INSURANCE COMPANY: FARM BUREAU - TOOK VEH TO DLR: ROCKY MOUNTAIN L/M - TOTAL COST OF THE REPAIRS: $1500 - SEEKING FINANCIAL ASSISTANCE FOR THE AIR BAGS PER CUSTOMER, DEALER SAYS: - NONE CAC ADVISED: - INFORMED CUSOTMER TO CONTACT INSURANCE COMPANY FOR ASSISTANCE