



esis

ESIS, Inc.
ESIS/GM Claims Unit
Routing M/C 482 C20 D71
300 Renaissance Center
Detroit, MI 48225-3000

800.888.0164 tel/
313.886.0911 fax

www.esis.com

Tiffni Halls
Claims Administrator

February 04, 2003

[REDACTED]
Bryan, OH [REDACTED]

RE: Claim Number: [REDACTED]
Claimant: [REDACTED]
Date of Event: January 25, 2003
Client/Account: General Motors Corporation

Dear [REDACTED]

ESIS provides claims handling services to General Motors involving product liability claims. I am the Claims Administrator assigned to this file. Forward all future correspondence to my attention.

I am writing as a follow up to our conversation of February 4, 2003. Since you are alleging that a product defect contributed to your injuries, it will be necessary that you support your allegation. You have an obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their immediate post-incident condition for as long as you intend to pursue a claim and/or cause of action against General Motors.

Jon Ball of Ball Investigations Group has been assigned to assist me in the investigation of this claim. He will contact you to schedule an appointment to interview you and photograph the vehicle. Please forward the alleged defective parts to Mr. Ball if you are in possession of them.

Once the investigation has been concluded, I will be in a better position to consider your claim. If you have any questions or concerns, please give me a call. I can be reached 800.888.0164, between 8:00 a.m. to 4:30 p.m., Eastern Time.

Sincerely,

Tiffni Halls

vw 2/5



esis

ESIS/OM Central Claims Unit
P.O. Box 309
Mail Code 482 C20 D771
Detroit, MI 48265-3000

800.888.0164 ext
313.665.0911 fax

June 23, 2003

[REDACTED]
Bryan, OH [REDACTED]

RE: Date of Event: January 25, 2003
File Number: [REDACTED]
Client: General Motors Corporation

ESIS provides claims handling services to General Motors involving product liability claims.

I am writing as a follow up to our conversation of June 23, 2003. We reached a settlement agreement in the amount of Seven Hundred Fifty dollars (\$750.00) and also for you to take the vehicle to your local Chevrolet dealership for repairs to the tailgate. This is the full and final settlement amount of any and all claims.

Enclosed is a release that I need for you to read, sign, date, have your signature notarized and return the release to my attention. Once I have received the properly executed release, I will issue a check in the above-referenced amount.

Sincerely,

Tiffini Hails

Enclosure

JOB STATUS REPORT

TIME : 07/25/2003 09:49
NAME :
FAX# :
TEL# :

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

07/25 09:49

08
BUSY
STANDARD

BUSY: BUSY/NO RESPONSE

RECEIVED

INDIVIDUAL RELEASE AND INDEMNIFICATION OF ALL CLAIMS

JUL 01 2003

FILE NUMBER: [REDACTED]

ESIB-GM CLAIMS UNIT

KNOW ALL MEN BY THESE PRESENTS:

The undersigned, [REDACTED] being of lawful age, for the sole consideration of SEVEN HUNDRED FIFTY dollars, (\$750.00) to the undersigned in hand paid, receipt whereof is hereby acknowledged, does hereby and for my heirs, executors, administrators, successors and assigns, release, acquit, and forever discharge ESIB/General Motors Corporation, and Jim Smith Chevrolet, and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, suppliers, corporations, associations or partnerships, the "Releasedes", of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have, or which may hereafter accrue on account of, or in any way growing out of, any and all known and unknown, foreseen and unforeseen bodily, personal injury and property damage, and the consequences thereof resulting to or resulting from the accident, casualty or event which occurred on or about the 25th day of January, 2003, at or near Bryan, OH.

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

The undersigned hereby declare(s) and represent(s) that the injuries sustained are, or may be, permanent and progressive and that recovery therefrom is uncertain and indefinite, and in making this Release, it is understood and agreed, that the undersigned relies wholly upon the undersigned's own judgment, belief and knowledge of the nature, extent, affect and duration of said injuries and liability therefore, and it is made without reliance upon any statement or representation of the party or parties hereby released, or their representatives, or by any physician or surgeon by them employed.

It is understood and agreed that this Release is intended to cover, and does cover, without limitation, claims which are known and unknown, claims for known and unknown injuries, and/or damage claims for anticipated or unanticipated injuries and/or damage; and claims for expected or unexpected consequences of injuries and/or damages, which have resulted or may result from any alleged conduct, acts, or omissions of any of the Releasedes.

It is understood and agreed that the undersigned, his/her heirs, executors, administrators, and assigns does agree to indemnify, save harmless and defend the Releasedes from all claims and demands for damages, costs, expense or compensation on account of, or in any way arising out of the accident, casualty or event which occurred on or about January 25, 2003, including actual damages, actual attorneys fees and all other costs arising out of claims for contribution and/or common law indemnification, and/or contractual indemnification brought against the Releasedes by any person whatsoever.

JOB STATUS REPORT

TIME 07/28/2003 09:51
NAME [REDACTED]
FAX# [REDACTED]
TEL# [REDACTED]

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

07/28 09:58
[REDACTED]
OK
STANDARD
ECM

RECEIVED

INDIVIDUAL RELEASE AND INDEMNIFICATION OF ALL CLAIMS

JUL 01 2003

FILE NUMBER: [REDACTED]

ESIS-GM CLAIMS UNIT

KNOW ALL MEN BY THESE PRESENTS:

The undersigned, [REDACTED] being of lawful age, for the sole consideration of SEVEN HUNDRED FIFTY dollars, (\$750.00) to the undersigned in hand paid, receipt whereof is hereby acknowledged, does hereby and for my heirs, executors, administrators, successors and assigns, release, acquit, and forever discharge ESIS/General Motors Corporation, and Jim Smith Chevrolet, and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, suppliers, corporations, associations or partnerships, the "Releasees", of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/has, or which may hereafter accrue on account of, or in any way growing out of, any and all known and unknown, foreseen and unforeseen bodily, personal injury and property damage, and the consequences thereof resulting to or resulting from the accident, casualty or event which occurred on or about the 25th day of January, 2003, at or near Bryan, OH.

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It is understood and agreed that this Release is intended to cover, and does cover, without limitation, claims which are known and unknown, claims for known and unknown injuries, and/or damage claims for anticipated or unanticipated injuries and/or damage; and claims for expected or unexpected consequences of injuries and/or damages, which have resulted or may result from any alleged conduct, acts, or omissions of any of the Releasees.

It is understood and agreed that the undersigned, his/her heirs, executors, administrators, and assigns does agree to indemnify, save harmless and defend the Releasees from all claims and demands for damages, costs, expense or compensation on account of, or in any way arising out of the accident, casualty or event which occurred on or about January 25, 2003, including actual damages, actual attorneys fees and all other costs arising out of claims for contribution and/or common law indemnification, and/or contractual indemnification brought against the Releasees by any person whatsoever.

RECEIVED**INDIVIDUAL RELEASE AND INDEMNIFICATION OF ALL CLAIMS****JUL 01 2003**

FILE NUMBER: [REDACTED]

ESIS-GM CLAIMS UNIT**KNOW ALL MEN BY THESE PRESENTS:**

The undersigned [REDACTED] being of lawful age, for the sole consideration of **SEVEN HUNDRED FIFTY** dollars, (\$750.00) to the undersigned in hand paid, receipt whereof is hereby acknowledged, does hereby and for my heirs, executors, administrators, successors and assigns, release, acquit, and forever discharge **ESIS/General Motors Corporation, and Jim Smith Chevrolet**, and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, suppliers, corporations, associations or partnerships, the "Releasees", of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/has, or which may hereafter accrue on account of, or in any way growing out of, any and all known and unknown, foreseen and unforeseen bodily, personal injury and property damage, and the consequences thereof resulting to or resulting from the accident, casualty or event which occurred on or about the 25th day of January, 2003, at or near Bryan, OH.

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

The undersigned hereby declare(s) and represent(s) that the injuries sustained are, or may be, permanent and progressive and that recovery therefrom is uncertain and indefinite, and in making this Release, it is understood and agreed, that the undersigned relies wholly upon the undersigned's own judgment, belief and knowledge of the nature, extent, affect and duration of said injuries and liability therefore, and it is made without reliance upon any statement or representation of the party or parties hereby released, or their representatives, or by any physician or surgeon by them employed.

It is understood and agreed that this Release is intended to cover, and does cover, without limitation, claims which are known and unknown, claims for known and unknown injuries, and/or damage claims for anticipated or unanticipated injuries and/or damage; and claims for expected or unexpected consequences of injuries and/or damages, which have resulted or may result from any alleged conduct, acts, or omissions of any of the Releasees.

It is understood and agreed that the undersigned, his/her heirs, executors, administrators, and assigns does agree to indemnify, save harmless and defend the Releasees from all claims and demands for damages, costs, expense or compensation on account of, or in any way arising out of the accident, casualty or event which occurred on or about January 25, 2003, including actual damages, actual attorneys fees and all other costs arising out of claims for contribution and/or common law indemnification, and/or contractual indemnification brought against the Releasees by any person whatsoever.

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

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

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

Signed, sealed and delivered this 30 day of June, 2003

CAUTION: READ BEFORE SIGNING

WITNESS

LS

LS

State of Ohio

County of Williams

On the 30 day of June, 2003, before me personally appeared

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

My term expires _____, 20____

SHIRLEY A. SMITH

Notary Public, State of Ohio

My commission Expires 8-28-2004

Shirley A. Smith
Notary Public

SR No. 1-67188207

Last Name [REDACTED]

Evening # [REDACTED]

Make Chevrolet Mileage 3900

Model Silhouette Year 2000

Customer Description BRC/PAF CASE. Refer calls to Ted Moleson (800) 231-1841 x58222.

Ref No. OH

Site

First Name Dan

Street [REDACTED]

City Bryan

State OH ZipCd [REDACTED]

Serial #VIN 1GCEC19T0Y2200283

Warr. Start 11/11/2000

BRC Type PAF Safety Yes

Bus. Unit Area PAF

Approval Not Initiated

Sub-Area Initial PAF-Injury

Phone

Updated 1/25/03 11:00:37 AM

MOMEAUT

1/27/03 2:56:42 AM

Abstract Product Allegation - Tailgate Cable Closed

(s) - C11 Bodily Injury

Owner 1/25/03 1:00:00 PM

Weighted Dan

6662 58'

0 0

Y Dry

JIM SCHMIDT CHEVROLET-
OLDSMOBILE-PONTIAC-BUICK
PO BOX 223
HICKSVILLE, OH 43028-0223
(419) 542-7781

NONE

NONE

Component Tailgate

Dir

NONE

NONE

Customer states that he getting hay on Sat. Standing on the tailgate, someone handed him a ball of hay from above. Customer states that the cables broke. Customer fell & lost his legs & his back.

He slid w/ his legs & back off the tailgate. States that the tailgate was bent & scratched. States that he has a bruise on his side & he is sore.

At a farmhouse off of I-76. Customer does not know the address or the county road.

Vehicle Location 1201 Burdette Ln. Bryan, OH 43008

UNKNOWN UNKNOWN

Insurance Agency Statefarm Insurance (419) 485-3800

If he is not there, just leave a msg & a # to get a hold of PAF Rep.

PAR Detail

_____	_____ Y	_____	_____	_____	_____	_____	_____
_____ 0		_____	CLEAR & DRY	_____	_____	_____	_____
_____		_____		_____	_____	_____	_____
_____		_____	Dealer	_____	_____	_____	_____
_____	Business	_____		_____	_____	_____	_____
_____		_____		_____	_____	_____	_____

Prop Est
Repair Cost
Broken tailgate cables & back, scratched tailgate

01/29/03 MOINEAU BRC PAR Close-No Offer to Repair/Rep Done

Closing PAR file.
Confidential
Comment

Comment

FORWARDING TO ESIS
Business necessary-1-crm reviewed par file 2-crm contacted customer and confirmed 1241 facts. 3-crm decided to assign file to ESIS. 4-crm advised customer that file is to be forwarded to ESIS, due to injuries. 5-crm provided customer with ESIS contact information. 6-crm closed file and forwarded to ESIS, due to injuries. NO REPAIR OR REPURCHASE HAS BEEN OFFERED CUSTOMER. TED MOINEAU / PAR / 58222

01/29/03 MOINEAU BRC PAR ESIS- Injuries Done

File forwarded to ESIS due to injuries, compensation

Comment

Crm advised: Crm explained that file would be forwarded to ESIS, address furnished, due to injury. Pls fax medical documentation, if available, to toll-free fax # (888) 311-2778, otherwise, mail to ESIS. TED MOINEAU / PAR / 58222.

Confidential
Comment

01/29/03 MOINEAU BRC PAR Inspection Not Required Done

NO INSPECTION REQUIRED

Comment

File forwarded to ESIS due to injuries. ESIS Address furnished. TED MOINEAU / PAR / 58222.

Confidential
Comment

01/29/03 MOINEAU BRC PAR Initial Contact-AVM Done

Crm called Area Lovers @ (800) 823-0035 1/29/03

Comment

Crm left detailed FYI memo for AVM Lovers with the facts concerning the Westfall veh Alleged Tailgate Cable Failure Event, including VIN, SR #, crm act., veh in daily service & forwarding of file to Esis, due to injuries. TED MOINEAU / PAR / 58222.

Confidential
Comment

01/29/03 MOINEAU BRC PAR Initial Contact- Dealer Done

Crm called Dir Bvc Mgr Beelenbaugh @ (418) 842-7731.

Comment

Crm Contacted Svc Mgr, Mr. Beelenbaugh, to inform him of the facts concerning the Alleged Tailgate Cable Failure Event, including VIN, SR #, crm act., veh in daily service & forwarding of file to Esis, due to injuries. TED MOINEAU / PAR / 58222.

Confidential
Comment

01/29/03 MOINEAU BRC PAR Initial Contact- Phone Done

Initial call from cust @ (418) 835-8172

Comment

Description of Alleged Incident: Cust states: Cust is 1st owner of veh w/ 53K miles, avail @ Jim Schmidt Chevrolet. On 25 Jan 2003, clr & dry, abt 1 pm, cust, dob 8/26/2, 210 lbs, was standing on horizontal tailgate, reaching a bag bale from above, when BOTH tailgate cables broke, causing cust to fall off back on his right side, injuring his lower back and calf of right leg (calf has bruises & bumps). Cust alleges that cables were rotted, contributing to their breakage. Cust has NOT sought medical treatment, yet, but plans to do so. Truck remains in daily BUSINESS use.
Cust granted permission to inspect.
Cust seeks: Compensation for his injuries and incapacity (tax-oversees). Inspection in order to determine cause, and assumption of appropriate repair responsibility by GM.
Crm advised: File will be forwarded to ESIS, due to serious injury, and cust's quest for INJURY COMPENSATION. ESIS Address furnished. Pls fax medical docs & any other info to toll-free fax # (888) 311-2778, and crm shall forward file to ESIS by 29 Jan 2003. ESIS should contact you within 72

Confidential
Comment

01/26/03	MOINEAU	BRC PAR	Acknowledgment	Done	Crn called cust @ [REDACTED]
<u>Comment</u>	Crn attempted call to cust @ [REDACTED] Crn left detailed msg regarding file, callback & Fax #s and how available. TED MOINEAU / PAR / 58222.				<u>Confidential Comment</u>
01/26/03	MOINEAU	Research		Done	VIN CHECK
<u>Comment</u>	CRM OPENED CAC AND VIS FILES TO PRINT AND REVIEW. CRM PERFORMED VIN SEARCHES IN COREPOINT & SIEBEL. NO OTHER FILES DISCOVERED ON THIS VEH. GMVIS INDICATED 1 OPEN RECALL CAMPAIGN ON THIS VEH: 0088, FRONT BRAKE PIPE CONTACT WITH BODY CROSS SILL. TED MOINEAU / PAR / 58222.				<u>Confidential Comment</u>
01/26/03	BOYCER	Ownership Changed		Done	Service Request Ownership has changed FROM: BOYCER TO: MOINEAU
<u>Comment</u>					<u>Confidential Comment</u>
01/26/03	MOINEAU	BRC PAR	Case Assigned	Done	THIS FILE HAS BEEN ASSIGNED TO TED MOINEAU AT 58222
<u>Comment</u>					<u>Confidential Comment</u>
01/26/03	BOYCER	Ownership Changed	Ownership Escalated to BRC	Done	Ownership Escalated to BRC
<u>Comment</u>					<u>Confidential Comment</u>
01/26/03	HEREDIAR	Ownership Changed		Done	Service Request Ownership has changed FROM: HEREDIAR TO: BOYCER
<u>Comment</u>					<u>Confidential Comment</u>
01/27/03	BOYCER	Escalation	Initial PAR	Done	Pre-PAR Form
<u>Comment</u>	File has been received and assigned in PAR Re:Boyer / PAR				<u>Confidential Comment</u>
01/27/03	HEREDIAR	Inbound Call Customer	Complex Request	Done	Alleged Injury
<u>Comment</u>	<p>Cust states: that he pulling hay on Sat. Standing on the tailgate, someone handed him a ball of hay. Cust states that the cables broke. Cust fell & hurt his legs & his back. Cust went to dr. Cust stated dr if he has had a case where both cables broke at the same time. Dr said "NO" & told him to call CAC. States that a child was killed by the cables breaking off the tailgate.</p> <p>Cust seeks: to file a claim for the injuries.</p> <p>CRM advst: would escalate this further. A Rep. would contact him in 48 bus. hrs.</p> <p>RubertHeredia/P000CAC</p>				<u>Confidential Comment</u>

C11	[REDACTED]	Broken	Body - Trunk / Tailgate / Hatchback
<u>Injury Desc</u>	Dan	05/08/02	Occupant of Owner's Vehicle
	[REDACTED]		Driver
	He slid w/ his legs & back off the tailgate. States that he has a bruise on his side & both his right legs & back are sore	Medical Rpt	NONE
			Treatment Loc
			NONE
			Treated By
			NA

Primary Address



City Bryan

State OH

Zip



1000 SILVERADO LS 1500 PICKUP 4-DR
 19U INDIGO BLUE MET/LT FLOWER MET /V8G
 12D MEDIUM GRAY CUSTOM CLOTH
 ORDER NO. CFWE12/TRE STOCK NO.
 VIN 1GC EC19 TO YZ290263

CHEVROLET MOTOR DIVISION
 GENERAL MOTORS CORPORATION
 100 RENAISSANCE CENTER
 DETROIT MI 48243-1001
 VEHICLE INVOICE 1

MODEL & FACTORY OPTIONS	MSRP	INV AMT	RETAIL - STOCK
1C15753 SILVERADO LS 1500 PICKUP	22831.00	19977.13	INVOICE 03/14/00
WJ1 DEEP TINTED GLASS	107.00	92.02	SHIPPED 03/14/00
FE9 FEDERAL EMISSIONS	0.00	0.00	EXP I/T 03/21/00
FU6 REAR AXLE 3.42 RATIO	N/C	N/C	INT COM 03/21/00
1M7 VORTEC 5300 V8 SFI GAS ENGINE	1495.00	1285.70	PRC EFF 03/14/00
130 4-SPD AUTOMATIC TRANSMISSION WITH TOW HAUL MODE	1095.00	941.70	KEYS S740D S740D
PF9 CAST ALUMINUM WHEELS	110.00	94.60	WFP-F QTR OPT-1
1CJ P255/70R16 ALS WOL TIRES	295.00	253.70	BANK: GMAC - 099
14B 6,200 LB GVW RATING	N/C	N/C	CHG-TO 09-258
1Y2 TWO-TONE PAINT	250.00	215.00	SHIP WT: 4419
185 HEAVY DUTY CHASSIS PACKAGE	95.00	81.70	HP: 44.8
18B LS DECOR INCLUDES:	N/C	N/C	GVW: 6200
* AIR CONDITIONING W/AIR FILTRATION SYSTEM			GVWF: 3600
* DUAL POWER MIRRORS			GVWR: 3686
* AM/FM STEREO W/CD PLAYER			GMS: 22843.21
* CHROME GRILLE & STYLED STAINLESS STEEL WHEELS			MTR: 1/2
* ELECTRONIC SPEED CONTROL			DAN: PFT
* POWER LOCKS & WINDOWS			MEMO 1313.90
* REMOTE KEYLESS ENTRY WITH CONTENT THEFT ALARM			
* LEATHER WRAPPED STEERING WHL			
* BODY SIDE MOLDINGS			
* 40/20/40 SEATING W/RECLINE AND ARMREST STORAGE			

TOTAL MODEL & OPTIONS	26278.00	22941.55	ACT 237	22843.21
DESTINATION CHARGE	690.00	690.00	H/B 261	788.34
DEALER CO-OP ADVERTISING		65.70	ADV 261	65.70
TOTAL	26968.00	23697.25	PAY 310	23697.25
MEMO: TOTAL LESS HOLDBACK AND APPROX WHOLESALE FINANCE CREDIT		22566.44		

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

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

JIMMY HAAG MOTORS, INC.

REMIT TO GMAC NO. 099
 VIN 1GCBC19T0YZ290263
 \$ 23697.25 INV 1AD44766029
 DUE 03/21/00 DEALER 09-258

INCAMPI

DISPLAY VIN\RELATED CAMPAIGNS

KIPSA06I
02/11/2003 12:08

VIN: 1GCEC19T0YZ290263 OPEN\CLOSED STATUS:

SEL	CAMPAIGN STATUS	REPAIR	REPAIR PREV.	CAMPAIGN
CODE NUMBER		DATE	DEALER NUMBER	TYPE
00093	OPEN	/ /		SAFETY
FRONT BRAKE PIPE CONTACT WITH BODY CROSS SILL				

INQUIRY COMPLETE

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

GM Vehicle Inquiry System

Summary

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

Help

VIN:	1GCEC19T0Y2290263
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VEHICLE INFORMATION

Merchandising Model:	CC15753 - 2000 SILVERADO PICKUP 2WD-EXT CAB	Warranty Start Date:	11/11/2000
BARB Order Type	70 - RETAIL - STOCK		
Delivering Dealer :	JIM SCHMIDT CHEVROLET-OLDSMOBILE-PONTIAC-BUICK PO BOX 223 HICKSVILLE, OH 43526-0223 (419) 542-7731	Selling Source:	13 - CHEVROLET
		Site Code:	11038
		Business Associate Code:	113006
Service Contract:	No	Branded Title:	No
		Warranty Block:	No
		FDI Status:	Paid

CAMPAIGN ELIGIBILITY

Campaign Number	Description	Owner Notified	Campaign Status
00093	FRONT BRAKE PIPE CONTACT WITH BODY CROSS SILL	02/17/2001	Open

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER - NO DEDUCTIBLE	11/11/2000	301 miles	11/11/2003	36301 miles
72/100000 SHEET METAL RUST-THROUGH	11/11/2000	301 miles	11/11/2006	100301 miles
36/36000 SHEET METAL CORROSION	11/11/2000	301 miles	11/11/2003	36301 miles
96/80000 PCM/CC EMISSIONS	11/11/2000	301 miles	11/11/2006	80301 miles
36/36000 FEDERAL EMISSIONS	11/11/2000	301 miles	11/11/2003	36301 miles

CLAIM HISTORY

R.O. Date	R.O. Number	Type	Labor Operation	Odometer Reading
12/17/2002	200239	#	Z7910 - 1-WAY SHUTTLE COURTESY TRANSPORTATION	30614 miles
12/17/2002	200239	#	J5485 - THROTTLE BODY-R&R	30614 miles
11/30/2001	186355	#	Z7910 - 1-WAY SHUTTLE COURTESY TRANSPORTATION	14806 miles

11/30/2001	186355	#	K9995 - CUST COMPLAINT NOT DUPLICATED - AUTO TRAN.	14806 miles
11/08/2001	185611	#	B7202 - CASE, IGNITION LOCK CYLINDER (PASSLOCK) REPLACE	13034 miles
11/08/2001	185611	#	T2020 - WARRANTY TOWING	13034 miles
11/08/2001	185611	#	R0943 - LF WOOFER RPL	13034 miles
11/08/2001	185611	#	C8800 - CONTACT COIL IN RPL	13034 miles
08/08/2001	182361	#	J9991 - CUST COMPLAINT NOT DUPLICATED-ENG. MECHANICAL	9434 miles
08/08/2001	182361	#	Z7910 - 1-WAY SHUTTLE COURTESY TRANSPORTATION	9434 miles
01/17/2001	175192	#	C3540 - R/R DR TRIM R&R/RPL	1763 miles
12/19/2000	174258	#	C3541 - L/R DR TRIM R&R/RPL	1098 miles
03/14/2000	Z90263	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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GM Vehicle Inquiry System

Claim History

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

Help

VIN:	1GCEC19T0YZ290263
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CLAIM HISTORY

Repair Order Date:		12/17/2002		Repair Order Number:		200239		Odometer Reading:		30614 miles	
Serviced By:	JIM SCHMIDT CHEVROLET-OLDSMOBILE-PONTIAC-BUICK PO BOX 223 HICKSVILLE, OH 43526-0223 (419) 542-7731					Selling Source:			13 - CHEVROLET		
						Site Code:			11038		
						Business Associate Code:			113006		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
12/24/2002	337	01	#	Z7910 - 1-WAY SHUTTLE COURTESY TRANSPORTATION	N/A	N/A	N/A	\$5.00	N		
12/24/2002	337	02	#	J5485 - THEROTTL BODY-R&R	N/A	N/A	N/A	\$22.12	N		

Repair Order Date:		11/30/2001		Repair Order Number:		186355		Odometer Reading:		14806 miles	
Serviced By:	JIM SCHMIDT CHEVROLET-OLDSMOBILE-PONTIAC-BUICK PO BOX 223 HICKSVILLE, OH 43526-0223 (419) 542-7731					Selling Source:			13 - CHEVROLET		
						Site Code:			11038		
						Business Associate Code:			113006		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
12/07/2001	228	01	#	Z7910 - 1-WAY SHUTTLE COURTESY TRANSPORTATION	N/A	N/A	N/A	\$5.00	N		
12/07/2001	228	02	#	K9995 - CUST COMPLAINT NOT DUPLICATED - AUTO TRAN.	N/A	E	N/A	\$53.43	N		

Repair Order Date:		11/08/2001		Repair Order Number:		185611		Odometer Reading:		13034 miles	
Serviced	JIM SCHMIDT CHEVROLET-OLDSMOBILE-					Selling Source:			13 - CHEVROLET		

By:	PONTIAC-BUICK PO BOX 223 HICKSVILLE, OH 43526-0223	Site Code:	11038
		Business Associate Code:	113006

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
12/04/2001	227	01	#	E7202 - CASE, IGNITION LOCK CYLINDER (PASSLOCK) REPLACE	26093782 - CASE	N/A	N/A	\$161.75	N
12/04/2001	227	02	#	T2020 - WARRANTY TOWING	N/A	N/A	N/A	\$105.00	N
12/04/2001	227	03	#	R0943 - LF WOOFER RPL	15038566 - SPEAKER	N/A	N/A	\$53.90	N
12/04/2001	227	04	#	C8800 - CONTACT COIL IN RPL	26087306 - COIL	N/A	N/A	\$143.24	N

Repair Order Date:	08/08/2001	Repair Order Number:	182361	Odometer Reading:	9434 miles
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Served By:	JIM SCHMIDT CHEVROLET-OLDSMOBILE-PONTIAC-BUICK PO BOX 223 HICKSVILLE, OH 43526-0223 (419) 542-7731	Selling Source:	13 - CHEVROLET
		Site Code:	11038
		Business Associate Code:	113006

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
08/17/2001	196	01	#	J9991 - CUST COMPLAINT NOT DUPLICATED-ENG. MECHANICAL	12345796 - DYB-FLUOR	B	N/A	\$57.88	N
08/17/2001	196	02	#	Z7910 - 1-WAY SHUTTLE COURTESY TRANSPORTATION	N/A	N/A	N/A	\$5.00	N

Repair Order Date:	01/17/2001	Repair Order Number:	175192	Odometer Reading:	1763 miles
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Served By:	JIM SCHMIDT CHEVROLET-OLDSMOBILE-PONTIAC-BUICK PO BOX 223 HICKSVILLE, OH 43526-0223 (419) 542-7731	Selling Source:	13 - CHEVROLET
		Site Code:	11038
		Business Associate Code:	113006

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
01/26/2001	138	01	#	C3540 - R/R DR TRIM R&R/RPL	15768366 - PNL R/S/D	N/A	N/A	\$183.73	N

Repair Order Date:	12/19/2000	Repair Order Number:	174258	Odometer Reading:	1098 miles
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Served By:	JIM SCHMIDT CHEVROLET-OLDSMOBILE-		
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By:	PONTIAC-BUICK PO BOX 223 HICKSVILLE, OH 43526-0223 (419) 542-7731				Selling Source:		13 - CHEVROLET		
					Site Code:		11038		
					Business Associate Code:		113006		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
12/29/2000	130	01	#	C3541 - L/R DR TRIM R&R/RPL	15768371 - PNL R/S/D	N/A	N/A	\$183.34	N

Repair Order Date:		03/14/2000	Repair Order Number:		Z90263	Odometer Reading:		0 miles	
Serviced By:	JERRY HAAG MOTORS, INC. 1475 N HIGH ST HILLSBORO, OH 45133-9473 (937) 393-1981				Selling Source:		13 - CHEVROLET		
					Site Code:		09258		
					Business Associate Code:		112795		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
03/21/2000	49	01	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	N/A	N/A	N/A	\$56.39	N

CHECK HISTORY

Vehicle Has No Associated Check History.

GM Vehicle Inquiry System

Vehicle Build

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

Help

VIN:	1GCBC19T0YZ290263
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VEHICLE BUILD

Merchandising Model:	CC15753 - 2000 SILVERADO PICKUP 2WD-EXT CAB		
Gross Vehicle Weight Rating:	2815 kg (6207 lb)	Order Number:	CFWZ12
Build Date:	03/14/2000	Build Plant:	1YZ53

OPTION CODES

AE7	AJ1 - DBBP, ALL EXCEPT W/S AND DRS
AM7 - REAR SEAT FOLDING	AU0 - REMOTE ENTRY
AU3 - SIDE DR, ELBC	A31 - POWER OPERATED, ALL DOORS
B30 - CARPET	B32 - FLOOR MATS, AUX
B33 - FLOOR MATS, AUX	BR5 - BODY SIDE MOULDINGS, BRIGHT
C60 - AIR CONDITIONER FRT, MAN CONTR	DK7 - INTERIOR, CUSTOM
D48 - LH & RH, REMOTE CONTROL, ELECTR	EVA - DVT, EVAP EMISSION REQUIREMENT
E24 - DOOR - SIDE CARGO, HINGED	E63 - FLKETSIDE BODY OPTION
FES - FEDERAL EMISSIONS	FW1 - GMT600 FT WAYNE INDIANA
GU6 - 3.42 REAR AXLE RATIO	JC5 - VAC POWER, 4 WHL DISC, 7,200 LB
K34 - CRUISE CONTROL	K68 - GENERATOR
LM7 - GAS, 8 CYL, 5.3L, MFL, IRON, GM	M30 - 4L60 AUTO TRANS
NF2 - EMISSION SYSTEM, FEDERAL TIER 1	NP5 - STEERING WHEEL- LEATHER WRAPPED
PF9 - 16" ALUMINUM WHEELS (4)	QCJ - P255/70R16 WOL R/PB ST TL ALS
Q4B - GVWR: 2812 KG (6200 LB)	SLM - STOCK ORDERS
UN0 - AM/FM STEREO, SEEK/SCAN, CD, AU	UQ3 - PREMIUM SPEAKER SYSTEM INCLUDES
VB3 - STEP, CHROME, IMPACT STRIP	VG3 - IMPACT STRIP
VXB - COMPLETE	V22 - RADIATOR, CHROME
V73 - USA/CANADA	XCJ - P255/70R16 WOL R/PB ST TL ALS
X88 - CHEVROLET	YCJ - P255/70R16 WOL R/PB ST TL ALS
YD1 - (BASE EQUIP) FOR SCHEDULING GVW	YD6 - RR, BASE EQUIPMENT

YES - DECOR PACKAGE	ZCJ - P255/70R16 WOL R/PB ST TL ALS
Y2 - CONVENTIONAL TWO-TONE PAINT	Z85 - TOURING SUSPENSION
18B - PREFERRED EQUIP. GROUP - 18B **	1SZ - OPTION PACKAGE
11L - EXTERIOR, DK WILLOW SAGE MET (9)	39U - EXTERIOR, DK ADRIATIC BLUE MET
6ZP - COMPUTER SEL SUSP (6ZP)	7ZP - COMPUTER SEL SUSP (7ZP)
92D - MED. GRAY SPORT CLOTH	92I - MED DK PEWTER (97)

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GM Vehicle Inquiry System

Vehicle Component

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Help

VIN:	1GCBC19T0YZ290263
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Vehicle Component

Component Code:		10 - ENGINE ASSEMBLY			
Source Plant:		W - CPC/DDA ROMULUS, MICHIGAN			
Part/Num Broadcast:		FHB	Traceability:	000701369	
Date Scanned:	03/14/2000	Time Scanned:	14.24.00	Scan Station:	02

Component Code:		35 - STEERING COLUMN - SIR SYSTEM			
Source Plant:		S - SAGINAW DIVISION SAGINAW, MI			
Part/Num Broadcast:		TKY	Traceability:	542680710	
Date Scanned:	03/14/2000	Time Scanned:	13.44.00	Scan Station:	16

Component Code:		50 - INSTRUMENT CLUSTER			
Source Plant:		3			
Part/Num Broadcast:		DCFZ	Traceability:	DCF237332	
Date Scanned:	03/14/2000	Time Scanned:	13.44.00	Scan Station:	99

Component Code:		61 - TRANSMISSION			
Source Plant:		Y - HYDRAMATIC TOLEDO, OHIO			
Part/Num Broadcast:		0CJD	Traceability:	27596338	
Date Scanned:	03/14/2000	Time Scanned:	14.36.00	Scan Station:	05

Component Code:		65 - REAR AXLE ASSEMBLY			
Source Plant:		G - SAGINAW DETROIT, MICHIGAN			
Part/Num Broadcast:		DY2	Traceability:	073465	
Date Scanned:	03/14/2000	Time Scanned:	14.39.00	Scan Station:	03

Component Code:		86 - ELECTRONIC CONTROL MODULE (ECM)			
Source Plant:		9			
Part/Num Broadcast:		CYCB	Traceability:	100690MBV	
Date Scanned:	03/14/2000	Time Scanned:	19.12.00	Scan Station:	DV

Component Code:		92 - BRAKE PRESSURE MODULATOR VALVE ASSEMBLY			
Source Plant:		K - KELSEY-HAYES JASPER, INDIANA			
Part/Num Broadcast:		2796	Traceability:	00123499	
Date Scanned:	03/14/2000	Time Scanned:	15.18.00	Scan Station:	14

Component Code:		AB - IR-MODULE ASM-INFLATOR			
Source Plant:		I - INLAND			
Part/Num Broadcast:		7245	Traceability:	6UG98R3	
Date Scanned:	03/14/2000	Time Scanned:	15.43.00	Scan Station:	12

Component Code:		AD - IR-SENSOR-FORWARD			
Source Plant:		H - HAMLIN INC, LAKE MILLS WISCONSIN			
Part/Num Broadcast:		6305	Traceability:	0171A6	
Date Scanned:	03/14/2000	Time Scanned:	15.17.00	Scan Station:	18

Component Code:		AL - IR-MODULE ASM-IF			
Source Plant:		Q - RIMIR MATAMORS MEXICO			
Part/Num Broadcast:		2835	Traceability:	2UN4W7G	
Date Scanned:	03/14/2000	Time Scanned:	13.35.00	Scan Station:	21

Component Code:		AS - SENSING DIAGNOSTIC MODULE			
Source Plant:		K - DELCO ELECTRONICS KOKOMO,IN			
Part/Num Broadcast:		3180	Traceability:	300698W7S	
Date Scanned:	03/14/2000	Time Scanned:	19.12.00	Scan Station:	DV

Component Code:		CB - SEQ NUM (FLEX) BODY ASM			
Source Plant:		N/A			
Part/Num Broadcast:		128	Traceability:	2170141	
Date Scanned:	03/07/2000	Time Scanned:	04.05.00	Scan Station:	N/A

Component Code:		CK - SEQ NUM (FLEX) GEN ASM			
Source Plant:		N/A			
Part/Num Broadcast:		1PA	Traceability:	2729115	
Date Scanned:	03/13/2000	Time Scanned:	17.09.00	Scan Station:	N/A

Component Code:		CM - SEQ NUM (FLEX) GEN ASM			
Source Plant:		N/A			
Part/Num Broadcast:		1KA	Traceability:	2728850	
Date Scanned:	03/14/2000	Time Scanned:	10.25.00	Scan Station:	N/A

Component Code:		CP - SEQ NUM (FLEX) GEN ASM			
Source Plant:		N/A			
Part/Num Broadcast:		1FA	Traceability:	2190528	
Date Scanned:	03/14/2000	Time Scanned:	12.18.00	Scan Station:	N/A

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GM Vehicle Inquiry System

Delivery Information

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[Help](#)

VIN:	1GCBC19T0YZ290263
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IN-SERVICE INFORMATION

In-Service Information Not On File

DELIVERY INFORMATION

Delivery Date:	11/11/2000	Delivery Type:	016 - GM SUPPLIER	Delivered Odometer:	301 miles
Delivering Dealer:	JIM SCHMIDT CHEVROLET-OLDSMOBILE- PONTIAC-BUICK PO BOX 223 HECKSVILLE, OH 43526-0223 (419) 542-7731	Delivery Selling Source:	13 - CHEVROLET		
		Delivery Site Code:	11038		
		Business Associate Code:	113006		

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GM Vehicle Inquiry System

Dealer Information

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[Help](#)

VIN:	1GCEC19T0YZ290263
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INVOICE INFORMATION

Invoice Date:	03/14/2000		
Site Address:	JERRY HAAG MOTORS, INC. 1475 N HIGH ST HILLSBORO, OH 45133-9473 (937) 393-1981	Selling Source:	13 - CHEVROLET
		Site Code:	09258
		Business Associate Code:	112795

SHIP-TO INFORMATION

Ship-To Date:	N/A		
Site Address:	JERRY HAAG MOTORS, INC. 1475 N HIGH ST HILLSBORO, OH 45133-9473 (937) 393-1981	Selling Source:	13 - CHEVROLET
		Site Code:	09258
		Business Associate Code:	112795

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ESIS

An Insurance Services Company

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

313.665.3406 tel
313.665.0911 fax

Michael K. Schulte
Claims Administrator

June 4, 2003

[REDACTED]
Duncanville, TX [REDACTED]

VIA U.S. MAIL

Re: File Number: [REDACTED]
Date of Event: September 24, 2002
Claimant: [REDACTED]
Client/Account: General Motors Corporation

Dear [REDACTED]

The release form we discussed is enclosed. The form requires a Notary Public to witness its signing by both you and Debbie. Upon return of the original executed Release, I will immediately forward the check in the amount of \$7,000.

Kindly put the original signed copy of the Release in the mail so that I can send the check and close my file upon receipt.

I also need to point out that this is a goodwill settlement and does not constitute an admission of liability by General Motors.

Sincerely,

Michael K. Schulte

OK
6/10/03

HUSBAND AND WIFE RELEASE AND INDEMNIFICATION OF ALL CLAIMS

FILE NUMBER: [REDACTED]

KNOW ALL MEN BY THESE PRESENTS:

The undersigned [REDACTED] and [REDACTED], being of lawful age, for the sole consideration of Seven Thousand dollars, (\$7,000) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do hereby and for our heirs, executors, administrators, successors and assigns, release, acquit, and forever discharge ESIS/General Motors Corporation, and Boyd Chevrolet, Inc., and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, suppliers, corporations, associations or partnerships, the "Releasees", of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/has, or which may hereafter accrue on account of, or in any way growing out of, any and all known and unknown, foreseen and unforeseen bodily, personal injury and property damage, and the consequences thereof resulting to or resulting from the accident, casualty or event which occurred on or about the 24th day of September, 2002, at or near Duncanville, TX.

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

The undersigned hereby declare(s) and represent(s) that the injuries sustained are, or may be, permanent and progressive and that recovery therefrom is uncertain and indefinite, and in making this Release, it is understood and agreed, that the undersigned relies wholly upon the undersigned's own judgment, belief and knowledge of the nature, extent, affect and duration of said injuries and liability therefore, and it is made without reliance upon any statement or representation of the party or parties hereby released, or their representatives, or by any physician or surgeon by them employed.

It is understood and agreed that this Release is intended to cover, and does cover, without limitation, claims which are known and unknown, claims for known and unknown injuries, and/or damage claims for anticipated or unanticipated injuries and/or damage; and claims for expected or unexpected consequences of injuries and/or damages, which have resulted or may result from any alleged conduct, acts, or omissions of any of the Releasees.

It is understood and agreed that the undersigned, his/her heirs, executors, administrators, and assigns does agree to indemnify, save harmless and defend the Releasees from all claims and demands for damages, costs, expense or compensation on account of, or in any way arising out of the accident, casualty or event which occurred on or about September 24, 2002, including actual damages, actual attorneys fees and all other costs arising out of claims for contribution and/or common law indemnification, and/or contractual indemnification brought against the Releasees by any person whatsoever.

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

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

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

Signed, sealed and delivered this _____ day of _____, 20__.

CAUTION: READ BEFORE SIGNING

WITNESS _____ HUSBAND _____ LS

WITNESS _____ WIFE _____ LS

State of _____ }
County of _____ }

On the _____ day of _____, 20__, before me personally appeared

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

My term expires _____, 20__

Notary Public

HUSBAND AND WIFE RELEASE AND INDEMNIFICATION OF ALL CLAIMS

FILE NUMBER: [REDACTED]

att. Mike Schulte

KNOW ALL MEN BY THESE PRESENTS:

The undersigned [REDACTED] and [REDACTED] being of lawful age, for the sole consideration of Seven Thousand dollars, (\$7,000) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do hereby and for our heirs, executors, administrators, successors and assigns, release, acquit, and forever discharge ESIS/General Motors Corporation, and Boyd Chevrolet, Inc., and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, suppliers, corporations, associations or partnerships, the "Releasees", of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have, or which may hereafter accrue on account of, or in any way growing out of, any and all known and unknown, foreseen and unforeseen bodily, personal injury and property damage, and the consequences thereof resulting to or resulting from the accident, casualty or event which occurred on or about the 24th day of September, 2002, at or near Duncanville, TX.

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

The undersigned hereby declare(s) and represent(s) that the injuries sustained are, or may be, permanent and progressive and that recovery therefrom is uncertain and indefinite, and in making this Release, it is understood and agreed, that the undersigned relies wholly upon the undersigned's own judgment, belief and knowledge of the nature, extent, affect and duration of said injuries and liability therefore, and it is made without reliance upon any statement or representation of the party or parties hereby released, or their representatives, or by any physician or surgeon by them employed.

It is understood and agreed that this Release is intended to cover, and does cover, without limitation, claims which are known and unknown, claims for known and unknown injuries, and/or damage claims for anticipated or unanticipated injuries and/or damage; and claims for expected or unexpected consequences of injuries and/or damages, which have resulted or may result from any alleged conduct, acts, or omissions of any of the Releasees.

It is understood and agreed that the undersigned, his/her heirs, executors, administrators, and assigns does agree to indemnify, save harmless and defend the Releasees from all claims and demands for damages, costs, expense or compensation on account of, or in any way arising out of the accident, casualty or event which occurred on or about September 24, 2002, including actual damages, actual attorneys fees and all other costs arising out of claims for contribution and/or common law indemnification, and/or contractual indemnification brought against the Releasees by any person whatsoever.

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

Thank you Mike you are an
HONOR to the people.
David.

RECEIVED

JUN 11 2003

ESIS-GM CLAIMS UNIT

PAID
DATE: 6/12/2003

U B D C L

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

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

Signed, sealed and delivered this 22nd day of June, 2003

CAUTION: READ BEFORE SIGNING

[Redacted Signature]
WITNESS

[Redacted Signature] LS
HUSBAND

[Redacted Signature]
WITNESS

[Redacted Signature] LS
WIFE

State of Texas }
County of Dallas }

On the 22nd day of June, 2003 before me personally appeared
[Redacted Name] to me known to be the
person(s) named herein and who executed the foregoing Release and _____ acknowledged to me that
they voluntarily executed the same.

My term expires 8-23, 2004

Julietta Forrester
Notary Public



Service Request Activity

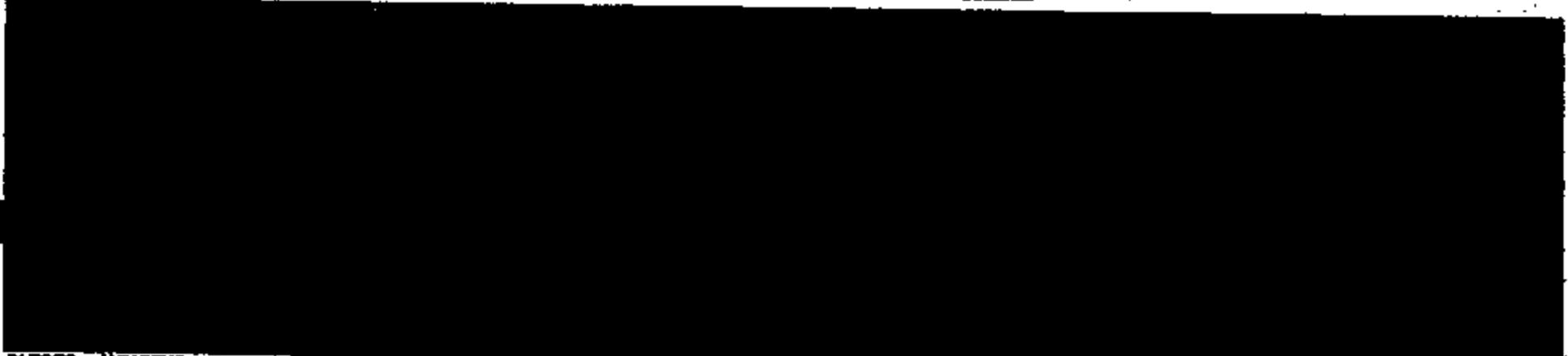
455235

01/28/03

BR No.	1-04513633	Ref No.		BRC Type	PAR	Bus. Unit	BRC
Account		Site		Goodwill		Area	PAR
Last Name		First Name		Approval	Not Initiated	Sub-Area	Initial PAR- Injury
Daytime #		Con. Acct.		URC	Body - Trunk / Tailgate / Hatchback	Safety	Yes
Involved Dealer	Check Fairbanks Chevrolet, Inc.	Source	Email			Updated	1/28/03 7:51:34 AM
Serial #VIN	YG00C34U812184129					Owner	HAWKINS
Model	Silverado	License #		Priority	Medium	Opened	1/18/03 4:18:57 PM
Make	Chevrolet	Warr. Start	02/23/2001	Status	Closed	Closed	1/28/03 7:51:28 AM
Year	2001	Mileage	09187	Sub-Status	Satisfied		
Customer Description	THIS IS A PAR FILE REFER CLLS TO LATASHA HAWKINS X58042			Abstract	TAILGATE BROKE		

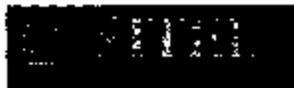
Activities

01/28/03 HAWKINS HAWKINS BRC Closed - Satisfied Done Service Request has been Closed Satisfied



01/28/03 HAWKINS HAWKINS BRC PAR ESIS- Injuries Done FWD TO EGIS REQUEST FOR INCOME LOSS. LATASHA HAWKINS/ PAR 58042

Service Request Activity



Activities

Activity Date	Customer Name	Requester Name	Request Type	Initial Contact - Phone	Done	Description
01/27/03	HAWKINS	HAWKINS	BRC PAR			<p>RCVD CALL FROM CUST WIFE, [REDACTED]</p> <p>CRM CONFIRMED INCIDENT DESCRIPTION AS PER CAC NOTES. CUST WIFE STATED THAT HUSB IS DOING A LOT BETTER. CUST WIFE STATED THAT HUSB IS CURRENTLY GOING TO THERAPY SESSIONS @ HEALTHSOUTH MED CENT, TWICE A WEEK. CUST WIFE STATED THAT CUST IS CURRENTLY ON MEDS FOR EPILEPSY. CUST WIFE STATED THAT HUSB IS SELF-EMPLOYED. CUST WIFE STATED THAT HUSB BUYS SCHOOL FURNISHINGS AND RESELLS THEM. CUST WIFE STATED THAT THEY ARE SEEKING COMPENSATION FOR DOWNTIME. CRM ADVISED CUST WIFE THAT CRM DOES NOT HANDLE THAT TYPE OF REQUEST. CRM ADVISED CUST WIFE THAT CRM WILL FORWARD FILE TO APPROPRIATE DEPT FOR HANDLING AND THEY (CUST) SHOULD BE CONTACTED W/72 HOURS.</p> <p>LATASHA HAWKINS/ PAR 0042</p>

01/27/03	[REDACTED]	Inbound White Mail	Customer	Done	LTR FROM CUST BRC PAR Scanned: 2003-01-27-09:10:01.00000, MSKDocNum: HAW3E30197
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Service Request Activity



Activities

01/27/03 [REDACTED] BRC PAR Acknowledgment Done CLLD CUST @ 972-366-4660 CUST NOT AVAIL. CRR LFT MSG ON VME
LATASHA HAWKINS PAR 88042



01/24/03 BURCHAM BOYGER Ownership Changed Done Service Request Ownership has changed FROM: BOYGER TO: HAWKINS



01/23/03 MARTING MARTING Inbound Voice Mail Inquiry Done Cust seeks to know if CRR received fax
Cust wife, Debbie White, seeks to know if fax was received. Seeker call at 1-214-268-7418
Greg Martin?Email/Temps



01/23/03 BOYGER HAWKINS BRC PAR Case Assigned Done THIS FILE HAS BEEN ASSIGNED TO LATASHA HAWKINS AT 88042



01/23/03 BOYGER MARTING Ownership Changed Done Service Request Ownership has changed FROM: MARTING TO: BOYGER



Activities

01/22/03	MARTING	MARTING	Inbound Fax	Customer	Done	Inbound fax	Cost listed in docs with PAR info and letter and doctors info. Greg Martin/Email/Temps
[REDACTED]							
01/21/03	DELICAM	MARTING	Notify CRM		Done	CUST GOT THE FAX NUMBER DOCUMENTED	
[REDACTED]							
01/20/03	MARTING	MARTING	Scheduled Outbound Call Cust		Done	Call to cust if no message	Cancelled Greg Martin/Email/Temps
[REDACTED]							
1/16/03	SINDEL	MARTING	Notify CRM		Done	Cost sent in e-mail	

Service Request Activity

Activities

01/16/03 BINCELT Email - Inbound Done RE: GM Other Comment

Thank you very much for your response. I will get my facts and figures together and be available for the conversation. I am under a doctor's care right now - undergoing physical therapy and am able to resume light duties. I do have a doctor's report and will be glad to forward a copy if need be. The two months I was out of work commission created a traumatic financial set back for me of which I have not been able to catch up. I look forward to speaking with you.

-----Original Message-----
From: info@gn.com
[mailto:info@gn.com]
Sent: Thursday, January 16, 2003 2:27 PM
To: MAKI, DEB (SECS)
Subject: RE: GM Other Comment

Dear Mr. Mak,

Thank you for contacting the GM Customer Assistance Center. We are sorry to learn of your recent accident. In order for us to best serve you, I will be contacting you via telephone on January 20 between the hours of 7 and 9 p.m. Eastern Time.

Service Request Activity

01/31/03

Activities

01/16/03	MARTING	MARTING	Scheduled Outbound Call Cust	Done	Call cust for PAR info	Call to cust Greg Martin/Email/Tampa
01/16/03	MARTING	MARTING	Outbound Call Customer	Left Message Done	Call cust for par	Left message on machine with ext and file number Greg Martin/Email/Tampa

Service Request Activity

07/18/03

Activities

Date	Requester	Description	Status	Category	Comments
------	-----------	-------------	--------	----------	----------

07/18/03	MARTINS	Email - Inbound	Done	GM Other Comment	
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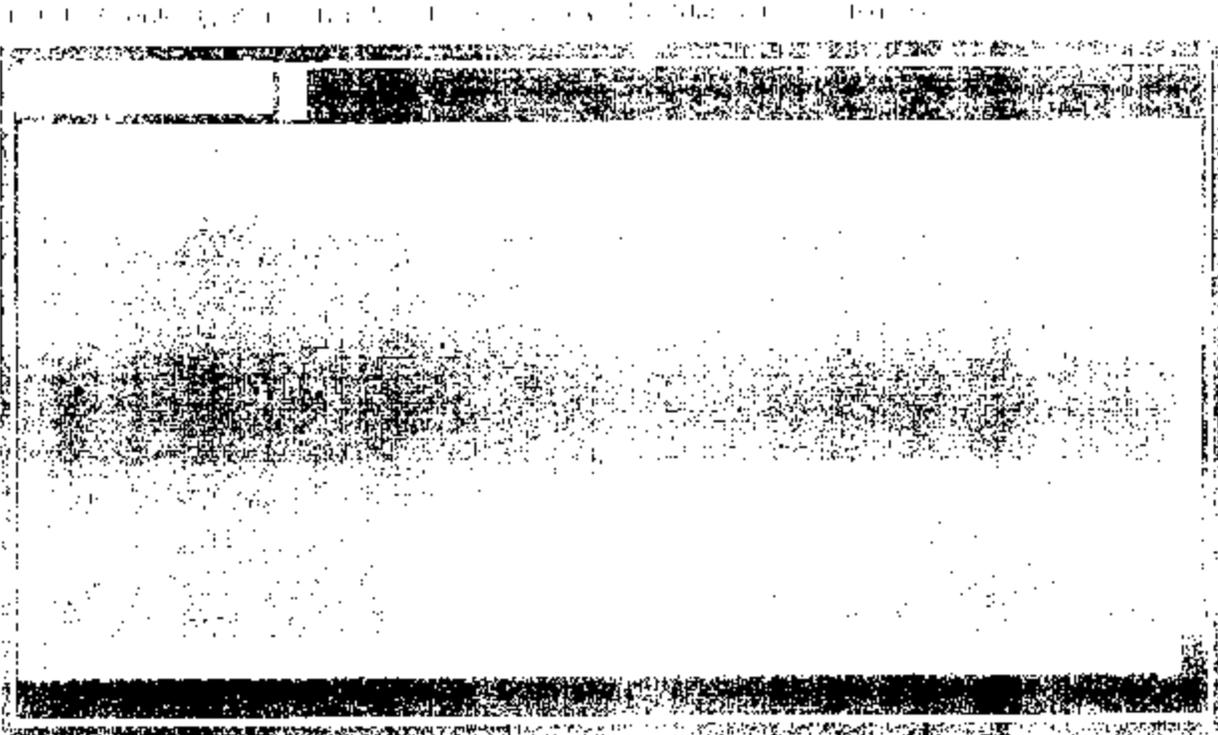
Name [REDACTED]
Address [REDACTED]

TX [REDACTED] DUNCANVILLE,

Daytime Phone Number [REDACTED]

Evening Phone Number [REDACTED]

Comments : I WOULD LIKE, PLEASE AN ADDRESS TO MAIL MY LETTER TO AT GENERAL MOTORS. A FEW MONTHS AGO I HAD AN ACCIDENT WHICH WAS RELATED TO A DEFULTY TAILGATE ON MY NEW TRUCK WHICH I HAD PURCHASED FROM GENERAL MOTORS. LUCKLY, I HAVE MEDICAL INSURANCE WHICH HAS TAKEN CARE OF THE MEDICAL BILLS BUT BEING THAT I AM SELF EMPLOYEED, WAS NOT ABLE TO WORK AS SUFFERED FINANCIAL SET BACKS. I AM ASKING GENERAL MOTORS TO PLEASE PAY THE FINANCIAL LOSS I SUFFERED DUE TO THE ACCIDENT. CAN YOU PLEASE GAVE ME A NAME AND DEPARTMENT NAME OF



[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
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[Redacted]	[Redacted]	[Redacted]	[Redacted]

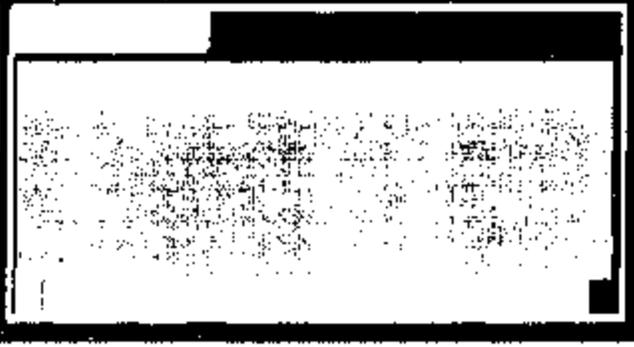
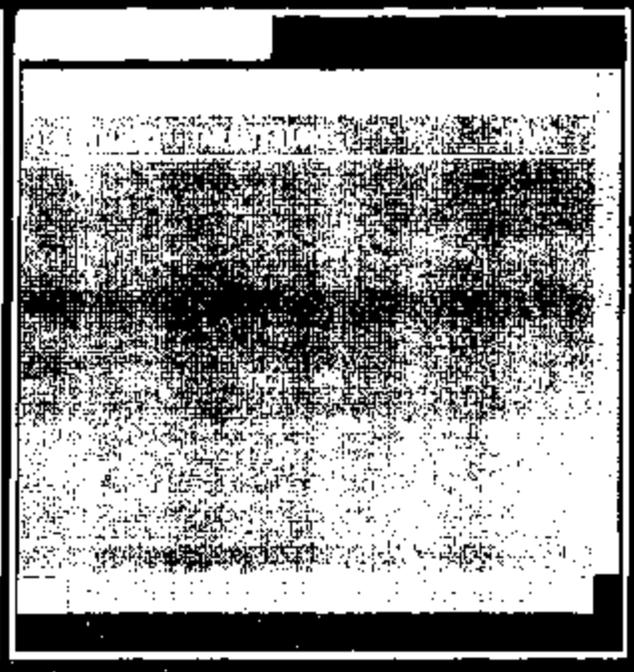
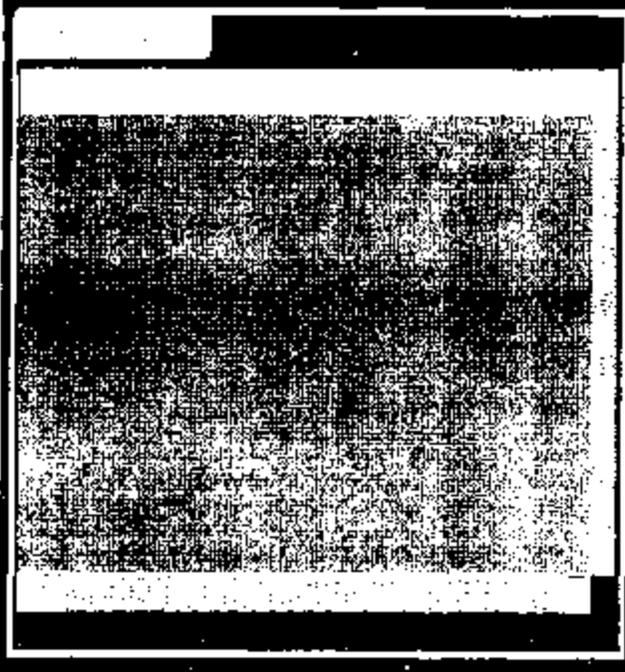
455235

[REDACTED]

[REDACTED]

SECRET

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	Omaha	TX
[REDACTED]	[REDACTED]	Home Mail	USA
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



INCAMPI

DISPLAY VIN\RELATED CAMPAIGNS

KIPSA06I

03/07/2003 12:16

VIN: 1GCGC24U81Z184129

OPEN\CLOSED STATUS:

SEL	CAMPAIGN STATUS	REPAIR	REPAIR PREV.	CAMPAIGN
CODE NUMBER		DATE	DEALER NUMBER	TYPE

NO CAMPAIGNS CURRENTLY AFFECTING THIS VEHICLE

FW:

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

GM Vehicle Inquiry System Summary

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Service Contract - Warranty Block - Branded Title

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VIN:	1GCGC24U81Z184129
------	-------------------

VEHICLE INFORMATION

Merchandising Model:	CC25903 - 2001 SILVERADO 2500 REG 2WD	Warranty Start Date:	02/23/2001				
BARIS Order Type	70 - RETAIL - STOCK						
Delivering Dealer :	CARLISLE CHEVROLET OLDSMOBILE CADILLAC PO BOX 100 WAXAHACHIE, TX 75168-0100 (972) 938-8000	Selling Source:	13 - CHEVROLET				
		Site Code:	07099				
		Business Associate Code:	112227				
Service Contract:	Yes	Branded Title:	No	Warranty Block:	No	PDI Status:	Paid

CAMPAIGN ELIGIBILITY

Vehicle Has No Current Record Of Outstanding Campaigns.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER - NO DEDUCTIBLE	02/23/2001	35 miles	2/23/2004	36035 miles
72/100000 SHEET METAL RUST-THROUGH	02/23/2001	35 miles	2/23/2007	100035 miles
36/36000 SHEET METAL CORROSION	02/23/2001	35 miles	2/23/2004	36035 miles
96/80000 PCM/CC EMISSIONS	02/23/2001	35 miles	2/23/2009	80035 miles
36/36000 FEDERAL EMISSIONS	02/23/2001	35 miles	2/23/2004	36035 miles
60/50000 HEAVY DUTY EMISSIONS	02/23/2001	35 miles	2/23/2006	50035 miles

CLAIM HISTORY

R.O. Date	R.O. Number	Type	Labor Operation	Odometer Reading
01/15/2002	046045	#	F2383 - RING AND PINION REPLACE.	37199 miles
12/03/2001	045040	#	K2720 - TRANSMISSION RFL.	32429 miles
12/03/2001	045040	#	Z7903 - 5-DAY COURTESY TRANSPORTATION	32429 miles
12/03/2001	045040	#	Z5001 - VIP FREIGHT/POSTAGE REIMBURSEMENT	32429 miles

11/08/2000	A84129	1	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles
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CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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GM Vehicle Inquiry System Claim History

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VIN:	1GCGC24U81Z184129
-------------	-------------------

CLAIM HISTORY

Repair Order Date:		01/15/2002	Repair Order Number:		046045	Odometer Reading:		37199 miles	
Serviced By:	CARLISLE CHEVROLET OLDSMOBILE CADILLAC PO BOX 100 WAXAHACHIE, TX 75168-0100 (972) 938-8000				Selling Source:		13 - CHEVROLET		
					Site Code:		07099		
					Business Associate Code:		112227		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
01/25/2002	242	01	#	F2383 - RING AND PINION REPLACE	12471291 - GEAR SET	A	N/A	\$1252.54	N

Repair Order Date:		12/03/2001	Repair Order Number:		045040	Odometer Reading:		32429 miles	
Serviced By:	CARLISLE CHEVROLET OLDSMOBILE CADILLAC PO BOX 100 WAXAHACHIE, TX 75168-0100 (972) 938-8000				Selling Source:		13 - CHEVROLET		
					Site Code:		07099		
					Business Associate Code:		112227		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
12/11/2001	229	01	#	K2720 - TRANSMISSION RPL	15747232 - M/TRANMW3	B	N/A	\$2641.13	N
12/11/2001	229	02	#	Z7903 - 3-DAY COURTESY TRANSPORTATION	N/A	N/A	N/A	\$90.00	N
12/11/2001	229	03	#	Z5001 - VIP FREIGHT/POSTAGE REIMBURSEMENT	N/A	N/A	N/A	\$85.04	N

Repair Order Date:		11/08/2000	Repair Order Number:		A84129	Odometer Reading:		0 miles	
Serviced By:	BOYD CHEVROLET, INC. P. O. BOX 851230				Selling Source:		13 - CHEVROLET		

GM Vehicle Inquiry System Vehicle Build

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[Help](#)

VIN:	1GCGC24U81Z184129
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VEHICLE BUILD

Marketing Model:	CC25903 - 2001 SILVERADO 2500 REG 2WD		
Gross Vehicle Weight Rating:	3904 kg (8608 lb)	Order Number:	CTQRD5
Build Date:	11/08/2000	Build Plant:	11Z03

OPTION CODES

AE7 - SPLIT BENCH RECLINING FRT SEAT	B71 - WHEEL OPENING FLARES
C6P - GVW RATING-8600 LB	C60 - AIR CONDITIONING
DF2 - EXTERIOR CAMPER TYPE MIRRORS	E63 - FLEETSIDE BODY
FE9 - FEDERAL EMISSIONS	FT2 - ARM TORS BAR SPRING ADJ
FT3 - ARM TORS BAR SPRING ADJ	FWI - FORT WAYNE PLANT
GT4 - REAR AXLE - 3.73 RATIO	JH6 - 4 WHEEL POWER DISC BRAKES, HD
KC4 - ENGINE OIL COOLING SYSTEM	K34 - CRUISE CONTROL W/RESUME SPEED
K68 - 105 AMP DELCOTRON GENERATOR	LQ4 - VORTEC 6000 V8 SFI GAS ENGINE
MW3 - 5-SPD MANUAL TRANS W/OVERDRIVE	NA4 - (OVER 8500 GVWR)
NP2 - EMISSION SYSTEM, FEDERAL TIER 1	QEZ - LT245/75R16/E ALS BW TIRES
R6C - CSV IDENTIFIER	SLM - STOCK ORDERS
UL1 - AM/FM STEREO W/2 SPEAKERS	UQ5 - EXT RANGE SOUND FRT & RR SPKRS
UY7 - HD 7-LEAD TRAIL WIRING HARNESS	VG3 - FRONT DELUXE CHROMED BUMPER
VXS - COMPLETE VEHICLE LABEL	V43 - PAINTED REAR STEP BUMPER
V73 - STATEMENT OF VEHICLE CERT.-U.S.	XHH - LT245/75R16/E ALS BW TIRES-FRNT
X88 - THIRD ROW FLOOR MAT DELETE	YD3 - BASE EQUIP FOR SCH GVW FL-FT AX
YD6 - BASE REAR SPRING	YHH - LT245/75R16/E ALS BW TIRES-REAR
ZHH - LT245/75R16/E ALS BW TIRE-SPARE	ZY1 - SOLID PAINT
Z83 - SMOOTH RIDE	18A - OPTION PACKAGE 01
18Z - TRAILBLAZER EQUIPMENT SAVINGS	12C - GRAPHITE CLOTH
121 - GRAPHITE INTERIOR TRIM	50U - SUMMIT WHITE/INDIGO BLUE MET

6GK - FRONT SPRING

7GK - FRONT SPRING SELECTOR RH

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GM Vehicle Inquiry System

Vehicle Component

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VIN:	1GCGC24U81Z184129
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Vehicle Component

Component Code:		10 - ENGINE ASSEMBLY			
Source Plant:		W - CPC/DDA ROMULUS, MICHIGAN			
Part/Num Broadcast:		PSD	Traceability:	002926106	
Date Scanned:	11/06/2000	Time Scanned:	22.33.00	Scan Station:	02

Component Code:		35 - STEERING COLUMN - SIR SYSTEM			
Source Plant:		S - SAGINAW DIVISION SAGINAW, MI			
Part/Num Broadcast:		UFX	Traceability:	760463010	
Date Scanned:	11/06/2000	Time Scanned:	22.07.00	Scan Station:	16

Component Code:		50 - INSTRUMENT CLUSTER			
Source Plant:		3			
Part/Num Broadcast:		DHRM	Traceability:	DHR243955	
Date Scanned:	11/06/2000	Time Scanned:	22.07.00	Scan Station:	99

Component Code:		61 - TRANSMISSION			
Source Plant:		M - HYDRAMATIC MUNCIE, INDIANA			
Part/Num Broadcast:		GBDU	Traceability:	000000921	
Date Scanned:	11/06/2000	Time Scanned:	22.46.00	Scan Station:	05

Component Code:		65 - REAR AXLE ASSEMBLY			
Source Plant:		G - SAGINAW DETROIT, MICHIGAN			
Part/Num Broadcast:		BN3	Traceability:	002744	
Date Scanned:	11/06/2000	Time Scanned:	22.43.00	Scan Station:	03

Component Code:		86 - ELECTRONIC CONTROL MODULE (ECM)			
Source Plant:		9			
Part/Num Broadcast:		DFNN	Traceability:	10307LPXW	
Date Scanned:	11/08/2000	Time Scanned:	11.08.00	Scan Station:	DV

Component Code:		92 - BRAKE PRESSURE MODULATOR VALVE ASSEMBLY			
Source Plant:		K - KELSEY-HAYES JASPER, INDIANA			
Part/Num Broadcast:		119B	Traceability:	00010426	
Date Scanned:	11/06/2000	Time Scanned:	23.22.00	Scan Station:	14

Component Code:		AB - IR-MODULE ASM-INFLATOR			
Source Plant:		I - INLAND			
Part/Num Broadcast:		7245	Traceability:	6UJR5NB	
Date Scanned:	11/07/2000	Time Scanned:	00.19.00	Scan Station:	12

Component Code:		AD - IR-SENSOR-FORWARD			
Source Plant:		H - HAMLIN INC, LAKE MILLS WISCONSIN			
Part/Num Broadcast:		6305	Traceability:	01Z9B0	
Date Scanned:	11/06/2000	Time Scanned:	23.46.00	Scan Station:	18

Component Code:		AL - IR-MODULE ASM-IP			
Source Plant:		Q - RIMIR MATAMORS MEXICO			
Part/Num Broadcast:		2834	Traceability:	ZUJZWN6	
Date Scanned:	11/06/2000	Time Scanned:	21.23.00	Scan Station:	21

Component Code:		AS - SENSING DIAGNOSTIC MODULE			
Source Plant:		K - DELCO ELECTRONICS KOKOMO,IN			
Part/Num Broadcast:		3180	Traceability:	20306AS67	
Date Scanned:	11/08/2000	Time Scanned:	11.08.00	Scan Station:	DV

Component Code:		CB - SBQ NUM (FLEX) BODY ASM			
Source Plant:		N/A			
Part/Num Broadcast:		1ZS	Traceability:	0900901	
Date Scanned:	10/28/2000	Time Scanned:	04.07.00	Scan Station:	N/A

Component Code:		CK - SEQ NUM (FLEX) GEN ASM			
Source Plant:		N/A			
Part/Num Broadcast:		1PA	Traceability:	2896832	
Date Scanned:	11/06/2000	Time Scanned:	11.52.00	Scan Station:	N/A

Component Code:		CM - SEQ NUM (FLEX) GEN ASM			
Source Plant:		N/A			
Part/Num Broadcast:		1KA	Traceability:	2897566	
Date Scanned:	11/06/2000	Time Scanned:	17.55.00	Scan Station:	N/A

Component Code:		CP - SEQ NUM (FLEX) GEN ASM			
Source Plant:		N/A			
Part/Num Broadcast:		1PA	Traceability:	3084149	
Date Scanned:	11/06/2000	Time Scanned:	20.08.00	Scan Station:	N/A

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GM Vehicle Inquiry System

Delivery Information

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VIN:	1CGGC24U81Z184129
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IN-SERVICE INFORMATION

In-Service Information Not On File

DELIVERY INFORMATION

Delivery Date:	02/23/2001	Delivery Type:	010 - RETAIL/INDIVIDUAL	Delivered Odometer:	35 miles
Delivering Dealer:	CARLISLE CHEVROLET OLDSMOBILE CADILLAC PO BOX 100 WAXAHACHIE, TX 75168-0100 (972) 938-8000	Delivery Selling Source:	13 - CHEVROLET		
		Delivery Site Code:	07099		
		Business Associate Code:	112227		

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GM Vehicle Inquiry System

Dealer Information

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VIN:	1GOGC24U81Z184129
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INVOICE INFORMATION

Invoice Date:	11/08/2000		
Site Address:	BOYD CHEVROLET, INC. P. O. BOX 851230 YUKON, OK 73085-1230 (405) 350-8091	Selling Source:	13 - CHEVROLET
		Site Code:	05078
		Business Associate Code:	112402

SHIP-TO INFORMATION

Ship-To Date:	N/A		
Site Address:	BOYD CHEVROLET, INC. P. O. BOX 851230 YUKON, OK 73085-1230 (405) 350-8091	Selling Source:	13 - CHEVROLET
		Site Code:	05078
		Business Associate Code:	112402

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GM Vehicle Inquiry System

Service Contract

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VIN:	1GCGC24U81Z184129
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SERVICE CONTRACT

Policy Number:	[REDACTED]		
Description:	36/36000 GMPP MAJOR GUARD USED		
Deductible Amount:	\$ 50		
Inception Date:	06/24/2002	Expiration Date:	06/24/2005
Inception Odometer:	57620 miles	Expiration Odometer:	93620 miles

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135693A

112108

ACCOUNTING CHUCK FAIRBANKS CHEVROLET

829 N. Beckley DeSoto, TX 75118 (872) 230-0035

DUNCANVILLE, TX HOME: [REDACTED] BUS: [REDACTED]

PAGE 1

SERVICE ADVISOR: 406 TIM WILSON

WHITE 01 CHEVROLET SILVERADO 1G03C24081E184129 70339/70339 T651

24JUN2002 WAIT 20FEB03 74.00 CASH 20FEB2003

OPTIONS: STK:135693A

08:50 20FEB03 10:29 20FEB03

LINE OPCODE TECH TYPE A/HRS S/HRS COST SALE COMP LIST NET TOTAL

CAUSE: 6 W99 0.48 0.20 370 1363 13.63 13.63

FC: 1D

COINT: 1

AITH CODE:

B5751 SUPPORT, TAILGATE CABLE - REPLACE LEFT

1 88892972 CHEL-E/GRT 553 774 0 9.71 7.74 7.74

PART#: 88892972

CLAIM TYPE:

VB

740 2726 TLABOR

TAILGATE SUPPORT CABLES

COM COMMENTS

02-20-03 09:49 10:18 0.48 W 6 A

ACCOUNT SALE COST CONTROL ACCOUNT SALE COST CONTROL

46000 0 0 26300 *****

POLICY ON SERVICE WORK PRICING IT IS OUR POLICY TO ADVISE YOU OF OUR LABOR CHARGE PER HOUR, AND TO PROVIDE A WRITTEN ESTIMATE OF THE COST OF REPAIRS REQUIRED FOR YOUR VEHICLE. YOU WILL NOTIFIED PRIOR TO BEGINNING THE WORK, IF CHARGES ARE EXPECTING TO EXCEED THE ORIGINAL ESTIMATE BY MORE THAN

DISCLAIMER OF WARRANTIES: Any warranties on the products sold hereby are those made by the manufacturer. The Seller, CHUCK FAIRBANKS CHEVROLET, Inc. hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and CHUCK FAIRBANKS CHEVROLET, Inc. neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

* SUPPLIER... charge... 10% of the labor charge is billed for... parts used on your vehicle. Applies... parts, labor, etc. window... etc.

Table with columns: LABOR AMOUNT, PARTS AMOUNT, GAS, OIL, LUBE, SUBLET AMOUNT, MISC. CHARGES, TOTAL CHARGE, LESS INSURANCE, SALES TAX, PLEASE PAY THIS AMOUNT. Includes handwritten signature and initials.

AN ESTIMATE CAN BE MADE... YES NO

WARRANTY/INTERNAL SALES

135693A

112105

ACCOUNTING CHUCK FAIRBANKS
CHEVROLET

629 N. Beckley
DeSoto, TX 75115
(872) 230-0035

DUNCANVILLE, TX

PAGE 2

HOME: [REDACTED] BOB: [REDACTED]

SERVICE ADVISOR: 406 TIM WILSON

WHITE 01 CHEVROLET SILVERADO 1G0GC24U812184129 70339/70339 T651

24JUN2002 WAIT 20FEB03 74,00 CASH 20FEB2003

OPTIONS: STK: 135693A

08:50 20FEB03 10:29 20FEB03

LINE OPCODES TECH TYPE A/HRS S/HRS COST SALE COMP LIST NET TOTAL

COST, SALE, & COMP TOTALS 1845 4274 0

POLICY ON SERVICE WORK PRICING
IT IS OUR POLICY TO ADVISE YOU OF OUR LABOR CHARGE PER HOUR, AND TO PROVIDE A WRITTEN ESTIMATE OF THE COST OF REPAIRS REQUIRED FOR YOUR VEHICLE. YOU WILL BE NOTIFIED PRIOR TO COMMENCING THE WORK, IF THE CHARGES ARE EXPECTED TO EXCEED THE ORIGINAL ESTIMATE BY MORE THAN 10%.

DISCLAIMER OF WARRANTY: Any warranties on the products sold hereby are those made by the manufacturer. The Seller, CHUCK FAIRBANKS CHEVROLET, Inc. hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and CHUCK FAIRBANKS CHEVROLET, Inc. neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

* BULLET - A labor charge equivalent to 10% of the labor charge is included for supplies used on your vehicle. Applicable supply items are: tires, brake pads, discs, plus, conveyor, chains, solvent, rag, customer grease, spark, cables, battery charger, trim, window seals, etc.

LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
BULLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00

BEFORE AN ESTIMATE CAN BE MADE
...ON COMPONENT PARTS BEING
ASSEMBLED YES NO

PLEASE PAY THIS AMOUNT

WARRANTY/INTERNAL SALES

[REDACTED]

Day

or

[REDACTED]

#

[REDACTED]

URGENT

ESIS

CONSENT TO DEVELOP MEDICAL AND WAGE INFORMATION

CLAIM NUMBER:	[REDACTED]
----------------------	------------

ADMISSION DATE(S) ON OR ABOUT	DATE OF RECORD
[REDACTED]	[REDACTED]

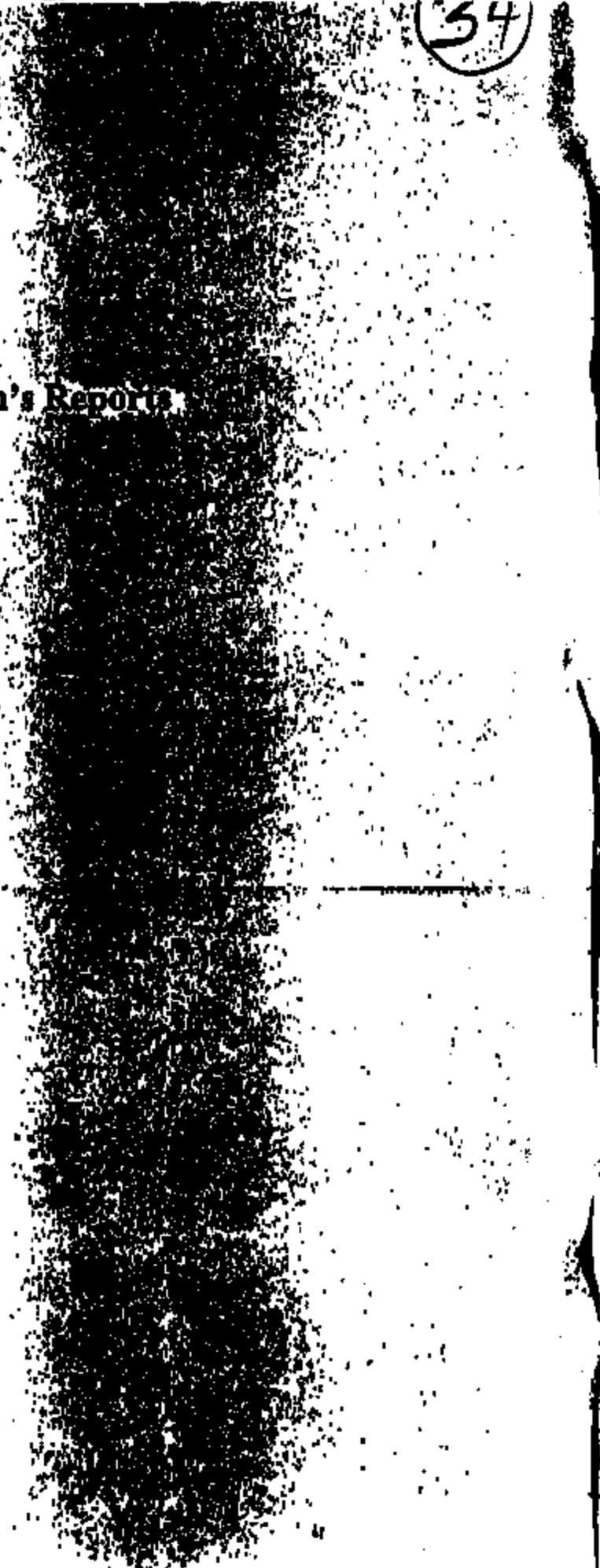
"I hereby consent and request that the bearer be permitted to examine and obtain copies of all hospital and medical records of every sort and kind, interview doctors and other attendants regarding all matters relating to examination, diagnosis, care and treatment of myself. I further consent and request that the bearer be permitted to interview and correspond with all employers and former employers regarding all matters relating to my earnings and loss of earnings."

"I am willing that a photocopy of this authorization be accepted with the same authority as the original."

NAME (PRINTED) [REDACTED]	DATE SIGNED 02-17-03
SIGNATURE [REDACTED]	[REDACTED]
ADDRESS DUNCANVILLE, TX	DATE OF BIRTH (MM/DD) [REDACTED]

54

Physican's Reports



ATTENDING PHYSICIAN STATEMENT

Patient

Date of birth 2/4/51

Diagnosis Bilateral cervical pain - Dtraced strain - strain of neck

History of condition provided by patient At job out of work of truck in 9/2002 - then started having pain in Dtraced - the truck knocked over

Accident? Yes No Date 9/24/02 Work related? Yes No

Hospitalization required? Yes No Admitted N/A Discharged N/A

Hospital N/A (Name) (City/State)

Did loss require surgery? Yes No Date N/A

Procedure N/A

DISABILITY REPORT

1. Date patient became disabled 10/31/02 was taken off work 10/31/02

2. Treatment (a) Date of first visit 10/31/02 (b) Date of last visit 10/31/02 (c) Frequency of visits Weekly Monthly Other NONE

3. Extent of disability (a) Is patient now totally disabled? Yes No (b) If no, when was patient able to work? (c) If yes, when will patient be able to return to work? Approximate date N/A Regular occupation Yes No Any occupation Yes No

It was sent to a neurologist Dr. Bill Swaney - 972 5724000

Attending physician M. Freeman M.D. M.D. M.P.A. Specialty Family Practice

Address 545 W. Wheatland Duncan TX 75111

Phone # 972 2987191 Fax # 972 2968242

Signature M. Freeman Date 2/10/03

ATTENDING PHYSICIAN STATEMENT

(3)

Patient [Redacted] Date of birth 02/01/53

Diagnosis Whiplash, Cervical/Shoulder MFS

Cervical radiculopathy

History of condition provided by patient Patient fell off tailgate of a truck

Accident? Yes No Date 07/02 Work related? Yes No

Hospitalization required? Yes No Admitted 1/1/ Discharged 1/1/

Hospital [Redacted] (Name) [Redacted] (City/State)

Did loss require surgery? Yes No Date 2/11/03

Procedure [Redacted]

DISABILITY REPORT			
1. Date patient became disabled	<u>9/24/02</u>		
2. Treatment	(a) Date of first visit	<u>11/18/02</u>	
	(b) Date of last visit	<u>1/23/03</u>	
	(c) Frequency of visits	<input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly Other <u> </u>	
3. Extent of disability	Regular occupation	Any occupation	
	(a) Is patient <u>not</u> totally disabled?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) If no, when was patient able to work?	Mo. <u>01</u> Day <u>27</u> Yr. <u>03</u>	Mo. <u> </u> Day <u> </u> Yr. <u> </u>
	(c) If yes, when will patient be able to return to work?	Mo. <u> </u> Day <u> </u> Yr. <u> </u>	Mo. <u> </u> Day <u> </u> Yr. <u> </u>
Approximate date	<input type="checkbox"/> Indefinite	<input type="checkbox"/> Indefinite	
	<input type="checkbox"/> Never	<input type="checkbox"/> Never	

Attending physician William J. Hwang, M.D. Speciality Neurology of Physiatrist

Address 3450 W. Wheatland Rd.
R.O.B. 1, Suite 115
Dallas, Texas 75237

Phone # (972) 532-4000 Fax # (972) 532-3992

Signature [Signature] Date 2/11/03

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WILLIAM J. HWANG, M.D.NEUROLOGY/PHYSICAL MEDICINE AND REHABILITATION
CLINICAL NEUROSCIENCE, P.A.3450 W. Woodland Rd., POB 1, Suite 115, Dallas, Texas 75237
Phone 972-572-4000; Fax 972-572-3992**NEUROLOGY CONSULTATION****PATIENT:** [REDACTED]**DATE:** 11/18/02**REFERRING:****MICHAEL FREEMAN, M.D.****REASON FOR REFERRAL:** Neck pain, shoulder pain, history of seizures, hand weakness and numbness.

[REDACTED] is a [REDACTED]-year-old gentleman with a history of seizure and left elbow injury with left hand weakness; referred for the above complaints. He was loading chairs on to his new pickup truck, when the safety bracket broke. The patient fell out of the truck and landed on his feet, but was not able to catch his balance and had to run forward a few feet until he caught the wall. About 2-3 days later, the patient experienced left neck and shoulder pain, with neck pain and a numbness sensation radiating down the left neck and shoulder to the left arm. The patient also experienced increasing weakness in the left hand, and dropped things a few times within the last month. He denies any bowel or bladder incontinence, but the pain, numbness and weakness of the left upper extremity, arm, neck and shoulder, certainly was severe enough to interfere with his activities of daily living, his work and quality of life. As a result, the patient also has difficulty sleeping due to pain. He had taken a muscle relaxant, but still has significant pain. He denies any direct head or neck injury. He has not seen an eye doctor for 3 years. He denies any dizziness or trouble walking while on Dilantin. He had a history of Dilantin toxicity, and Dilantin was cut down from 600 mg to 500 mg a day.

PAST MEDICAL HISTORY: As above.**CURRENT MEDICATIONS:** Dilantin 500 mg po qhs.**ALLERGIES:** Ampicillin.**FAMILY HISTORY:** [REDACTED]**SOCIAL HISTORY:** Denies any alcohol, tobacco, IV or drug use. Patient is a self-employed [REDACTED]**REVIEW OF SYSTEMS:** Denies any transient monocular blindness, diplopia, vertigo, chest pain, chest pressure, unilateral weakness, numbness or dysarthria. Denies any weight loss, fever, chills, nausea or vomiting. See also above.

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[REDACTED] - PAGE 2

11/18/02

PHYSICAL EXAMINATION: Blood pressure is 155/80. Pulse is 68. Respiratory rate 20. Height [REDACTED], stated weight [REDACTED] lbs. In general, patient is well-developed, well-nourished. Heart regular rhythm, no carotid bruits. Gait is within normal limits. Romberg's is negative. Funduscopic examination is normal, no papilledema. Optic disk margins are sharp. Cognitive Function: Awake, alert and oriented to time, person and place. Cranial Nerve Examination: Visual fields are full to confrontation. Extraocular muscles intact. No significant nystagmus. Pupils react to light. Facial muscles and sensation symmetrical. Tongue protrudes in midline, no dysarthria. Hearing functional. Shoulder shrug symmetrical. Motor function shows left hand intrinsic muscle atrophy including first dorsal interossei. Positive claw fingers in the left 4th and 5th fingers. Decreased hand grip on the left side, with hand grip at 4+ to 5-/5. Right lower extremity and bilateral lower extremities 5/5. Sensation is decreased in the distal right hand and medial left hand and forearm. Deep tendon reflexes are symmetrical at 1+ bilaterally. Babinski's equivocal. Cerebellar Function: Finger-to-nose shows no significant tremor or ataxia. On musculoskeletal examination, the patient does have cervical paraspinal muscle taut bands and trigger point tenderness, positive left AC joint tenderness, positive cross arm test. Left shoulder rotator cuff is nontender to palpation. Impingement sign is negative. Positive left proximal bicep tendon tenderness.

IMPRESSION:

1. Status post fall off a truck a month ago. Suspect the patient has a whiplash syndrome with left neck and shoulder myofascial pain syndrome.
2. Since patient's neck pain radiated down the left arm, suspect the patient may also have cervical radiculopathy.
3. Left shoulder acromioclavicular joint DJD, arthritis and arthralgia.
4. Left shoulder proximal biceps tendinitis.
5. Insomnia.
6. Left hand and wrist numbness and weakness in the first 3 fingers. Suspect the patient may have carpal tunnel syndrome.
7. History of traumatic injury to the left elbow ulnar nerve. The patient does have classic ulnar nerve distribution muscle atrophy and sensory deficit.
8. History of epilepsy. Currently patient has not had a seizure in the last 6-8 years. Currently taking Dilantin without significant toxicity side effects such as gingival hypertrophy.

PLAN:

1. Patient instructed to see a dentist on a regular basis to treat his gingival hypertrophy.
2. Patient instructed to see an ophthalmologist for routine eye examination.
3. Discontinue other medications for pain and muscle spasm.

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[REDACTED] - PAGE 3

11/18/02

4. Start patient on Medrol Dosepak, 1 pack as needed.
5. Relafen 500 mg po bid prn pain.
6. Baclofen 10 mg 1-2 tablets po qhs prn muscle spasm and insomnia.
7. Cervical spine MRI without radiculopathy.
8. Obtain lab results from Dr. Freeman's office for CBC, metabolic profile and Dilantin levels.
9. Will start patient on vitamin D, calcium and folate 100 mg a day for Dilantin side effect prophylaxis.
10. Return to clinic in the next 2-3 weeks for Nerve Conduction Study of the left upper extremity and to follow the patient's progress.
11. Patient was instructed to discontinue other muscle relaxants and pain medications while on Relafen and Baclofen.



WILLIAM J. EWANG, M.D.

WJE/bls

Cc: Dr. Michael Freeman

Dictated: 11/18/02

findings on numbness & tingling -

(4) neural damage left a

WILLIAM J. HWANG, M.D.
 NEUROLOGY/PHYSICAL MEDICINE AND REHABILITATION
 CLINICAL NEUROSCIENCE, P.A.
 3450 W. Wheatland Rd., POB1, Suite 115, Dallas, Texas 75237
 Phone 972-372-4000; Fax 972-372-3992

FOLLOW-UP VISIT

PATIENT: [REDACTED]

DATE: 12/13/02

REFERRING:

DR. MICHAEL FREEMAN

Patient returned to the clinic today. His MRI of the cervical spine showed degenerative disc disease at C6-7 with disc protrusion and lateral osteophytosis. There is neural foraminal narrowing at that level. The patient reports that Relafen and Baclofen have helped him with the neck pain, shoulder pain and left elbow pain. Patient still has significant left elbow pain on the inside and outside of the elbow. However, he is slowly getting better. He has not had the chance to take the Medrol Dosepak, because he was not that bad. No reported recurrent seizure since the last visit. Patient has high blood pressure, but according to his wife, he does not take his medication as directed frequently.

PHYSICAL EXAMINATION: Blood pressure is 160/100. Pulse is 80. Respiratory rate 20. Mental Status: Awake, alert. Cranial Nerve Examination: Visual fields are full to confrontation. Extraocular muscles intact. Pupils react to light. Facial muscles and sensation symmetrical. No dysarthria. Hearing functional. Shoulder shrug symmetrical. Motor function is decreased in the left hand grip. Patient does have intrinsic muscle atrophy. Sensation is decreased in the left forearm and hand, ulnar aspect. Deep tendon reflexes are 1+ bilaterally. Gait is within normal limits. Positive left lateral epicondyle tenderness.

IMPRESSION:

1. Mild carpal tunnel syndrome with median sensory nerve entrapment across the wrist.
2. Left ulnar nerve traumatic neuropathy. Patient still has severe cubital tunnel syndrome.
3. Left tennis elbow.
4. Hypertension. Patient is noncompliant with medication.
5. Memory difficulties.
6. Patient complained of being depressed due to stress.

PLAN:

1. Patient instructed to take medications as directed.
2. Physical therapy for cervical radiculopathy and occupational therapy for cubital tunnel syndrome and carpal tunnel syndrome.
3. Follow-up with Dr. Michael Freeman for hypertension.

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WILLIAM J. HWANG, M.D.
NEUROLOGY / PHYSICAL MEDICINE & REHABILITATION
CLINICAL NEUROSCIENCE, P.A.
3450 W. Wheatland Rd., POB 1, Suite 311
Dallas, Texas 75237
Phone 972-572-4000; Fax 972-572-3992

Date: 12/13/02

Patient Name: [REDACTED]

Referring Physician: DR. MICHAEL FREEMAN

INDICATIONS: left hand numbness, weakness and tingling .

SUMMARY OF FINDINGS:

1. The left median motor nerve revealed normal distal latency, normal amplitude and normal conduction velocity.
2. The left ulnar motor nerve revealed prolonged distal latency, decreased amplitude and decreased conduction velocity.
3. The left median sensory nerve revealed prolonged distal latency, decreased amplitude and normal conduction velocity.
4. The left ulnar sensory nerve revealed prolonged distal latency, normal amplitude at the wrist and unobtainable with stimulation below and above the elbow.
5. The left median and ulnar F-wave latencies were normal.

IMPRESSION:

1. The above electrodiagnostic study reveals evidence of a severe left cubital tunnel syndrome (ulnar nerve entrapment at elbow) affecting sensory and motor components.
2. The above electrodiagnostic study reveals evidence of a severe left Guyon canal syndrome (ulnar nerve entrapment at wrist) affecting sensory and motor components.
3. The above electrodiagnostic study reveals evidence of a mild left carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory components.

PLAN: See progress note . Return in 2-3 months



William J. Hwang, MD.

cc. DR. MICHAEL FREEMAN

(12)

[REDACTED]

- PAGE 2

12/13/02

4. Will start patient on Paxil 12.5 mg XR po q d for 2 weeks, then increase to Paxil XR 25 mg po q d, 6 week supply given. Patient to return in 4-6 weeks for memory deficit and evaluation.



WILLIAM J. HWANG, M.D.

WJH/bls

Dictated: 12/13/02

Diagnostic Center of Dallas

A5

Patient Name: [REDACTED]
 Ref. Physician: HWANG, WILLIAM
 Account #: [REDACTED]
 Date of Birth: [REDACTED]
 Day Phone: [REDACTED]
 Evening Phone: [REDACTED]
 Date of Service: [REDACTED]

MRI SCAN OF THE CERVICAL SPINE:

CLINICAL HISTORY:

Neck pain and left shoulder pain.

TECHNIQUE:

Sagittal images with T1 and T2 weighting. Axial images from the inferior aspect of C2 to the superior aspect of T1 using a T1-weighted spin echo sequence and gradient echo sequence.

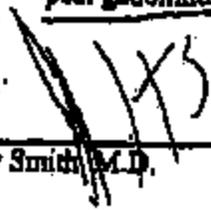
FINDINGS:

C6-C7: Disk desiccation, 3 mm of central posterior disk bulge or protrusion without cord compression. Lateral osteophytosis with mild or moderate bilateral foraminal stenosis. 6-mm diameter soft tissue mass in the left lateral recess of C6 vertebra, which probably represents a sequestered disk fragment. The possibility of a neural tumor originating from the C7 nerve root cannot be excluded; further evaluation with a post gadolinium scan is recommended. Small anterior disk bulge with early anterior osteophyte formation.

The spine is imaged from the inferior aspect of the skull to the superior aspect of T4. The vertebrae and disks are normal except as mentioned. The alignment is normal. There is no spinal stenosis. The posterior vertebral arches and facets joints are all normal. The visible portions of the brainstem and spinal cord are normal. The paraspinal soft tissues are normal.

CONCLUSION:

1. Degenerative disk disease at C6-C7 with a small central posterior disk protrusion and lateral osteophytosis. Mild or moderate bilateral foraminal stenosis.
2. 6-mm diameter soft tissue mass in the left lateral recess of C6 vertebra, probably representing a sequestered disk fragment originating at the C6-C7 disk level. Further evaluation with a post gadolinium scan to exclude the possibility of a neural tumor is recommended.


 Troy Smith, M.D.

TS DMT: 12/10/02
 KD2/RK2
 HSDC of Dallas

March 3, 2003

Attn: Mr. Mike Schulte
Re: file# 455235

**Please find attached 43 faxed pages of which originals
will follow directly in U.S. mail; postmarked today.**

[REDACTED]

Cover Sheet

February 27, 2003

General Motors
EMIS-GM Claims Unit
Attn: Mr. Mike Schultz
P.O. Box 300
Mail Code 482C20H71
Detroit, MI 48268

RE: GM File No. 453235

The attached is an incurred account of and details expenses, financial setbacks and credit negative occurrences that myself and consequently my family suffered during, relative to, and as a direct result of the accident referred to in the above noted claim which caused my disablement to work and provide an income beginning September 24, 2002 through January 24, 2003.

I consider to be very fortunate that my medical bills were basically paid by the medical insurance provided through my wife's employment. Therefore, there will be no medical fees involved here except for a very small amount of co-payments as listed.

I am also very fortunate that as my wife is employed, her salary during this time paid our basic living expenses and needs such as house payment, utilities and food. Therefore, there are no expenses of that type listed in here except a deposit charged by the electric company; they did cut our electricity off - for five days - due to lack of payment which we were able to get turned back on - by borrowing the money to pay the deposit. I have listed two credit card payments that have not been paid due to my wife's salary (which normally pays these) sufficing the necessity to keep the utilities turned on and food on the table - (I have two teenagers at home). You will note that I have also attached copies of doctor's reports and income tax sheets that I thought might help authenticate and support my statements here. It is because I am self employed and do not get compensated an income when I do not work that I institute this claim with GM, due to the nature of the accident which caused my disablement.

I do represent myself and believe General Motors will value fairly as they always uphold their leading standard.

Very Truly Yours,


Expense Sheet

*the attached
receipts in order
of listing* 3

Monthly Building Lease Rental:

Dougherty's Buildings
Owner Rose Dougherty
Alexander Street
Duncanville, TX

Sept Rental - 8400.00
Oct Rental 400.00
Nov. Rental 400.00
Dec. Rental 400.00
Jan Rental 400.00
Total Rental Lost in Lease

\$1,000.00 ✓

(while being evicted for lack of payment -
I also lost all of my sellable merchandise and equipment
and inventory that was inside which lists as follows):

Chairs -500each @ \$8.00 each =	3400.00
Air Compressor	250.00
Craftsman Canopy Brackets/150@\$5.00ea	750.00
Nuts & Bolts	200.00
Metal Pallet Rack Flooring /28@\$5.00ea.	140.00
Tie Down Straps	100.00
School Desks/ 35@\$15.00ea	525.00
Two Wheel Dolly/Heavy Duty	50.00
Four Wheel Floor Dolly/Heavy Duty	70.00
Total Product Value Lost	\$6,085.00

\$6,085.00 ✓

Knick Knacks Antique Mall
Owner: Kathy Jones
2911 E. Division
Arlington, TX. 76011

(I leased two spaces):

1st booth		2nd booth	
Nov.	\$55.00	Nov.	\$175.00
Dec.	\$55.00	Dec.	\$175.00

Retail Value of Items:

Antiques: \$300.00	Antiques: \$600.00
--------------------	--------------------

Total Lost Value of Rental Spaces and Antique Items\$1,360.00

(4)

Lake Property:
Granbury, TX.

R.A. Jackson
Real estate Agent
P.O. Box 92712
Southlake, TX 76092

Repossessed my Lot:

Sept. \$55.00
Oct. 55.00
Nov. 55.00
Dec. 55.00
Jan. 55.00
Feb. 55.00

Total Lost Payments Invested

\$ 330.00

Co-Payments - Prescriptions & Dr. Bills:

Dr. Hwang - 3 visits = \$40.00
Dr. Freeman - 1 visit = 10.00
Medical 5 fills = 30.00

Total Medical Expense Cost Incurred

\$ 80.00

Wife's Vehicle:
Carmax
Loan #1994984

\$ 278.00

Provident Visa Credit:

\$181.00

Capital One Credit:

\$749.19

Electric Services:

Billed Deposit \$295.00
ReConn Fee 89.00
Conn Fee 8.00
Late Fee 4.24

Total Electrical Penalty Fee

\$126.24

Automobile Insurance Coverage Deposit

\$238.00

Grand Total of Expenses and Assets Lost \$11,698.43

(5)

Other Supportive Receipts as noted on Expense Sheet

(6)

KNICK KNACKS #1, INC.
 115 West Camp Wisdom Road
 Duncanville, TX 75116
 (972) 283-9007

LEASE AGREEMENT

This Lease Agreement is made and entered into by and between Knick Knacks #1, Inc., hereinafter referred to as "Landlord" and _____, hereinafter referred to as "Tenant".

1. Landlord, in consideration of the covenants and agreements to be performed by Tenant and upon the terms and conditions hereinafter stated, does hereby lease unto Tenant space in Knick Knacks #1, Inc., such space being identified as 37116th St. Dr. S. E.

2. This Lease Agreement is for a term of 6 months beginning on the 1 day of April, 2003.

3. Tenant must occupy their booth within 10 days of the lease commencement date or their booth may be relet. There will be no refund of any monies upon Tenant's failure to occupy and Landlord's reletting of the booth.

4. Tenant agrees to pay Landlord the first month(s) rent and security deposit totaling \$ 110.00 and monthly rental of \$ 18.00 per month thereafter. Monthly payments shall be due and payable on or before the 1st calendar day of the month. In the event that payment is not received by the 5th calendar day of the month, a late fee of \$30.00 will be assessed to Tenant. Landlord further reserves the right to withhold settlement checks from Tenant until payments are brought current. In the event that payment is not received by the 10th calendar day of the month, Tenant will be considered in default of the terms and conditions of this Lease.

5. All sales are required to go through Landlord's cash registers. Landlord agrees to accept major credit cards for payment. Personal checks will be accepted with proper identification. Landlord agrees to collect and pay all state sales taxes. Tenant understands that 3% of gross sales will be deducted to offset credit card and check processing costs.

6. Each month contains, (2), pay-periods. Pay periods are as follows:

Pay-period 1 is the period from the 1st through the 15th of the month;

Pay-period 2 is the period from the 16th through the end of the month.

Landlord agrees to pay to Tenant all amounts collected for sale of Tenant's items, less deductions, on the 5th business day following the close of the pay-period. Only one check per booth contract will be issued.

7. Landlord reserves the right to utilize photographs, videos, drawings, etc. of Tenant's merchandise, booth and items in advertisements, and Tenant hereby authorizes same.

8. Landlord agrees to promote the Mall through various advertising methods.

9. Mall will be open to the public 7 days a week except for certain holidays to be determined by Landlord. Hours of operation are: Monday through Wednesday 10:00 a.m. to 6:00 p.m., Thursday 10:00 a.m. to 8:00 p.m., Friday and Saturday 10:00 to 6:00 p.m., and Sunday 12:00 p.m. to 5:00 p.m.. Landlord reserves the right to change these hours and days of operation without notice.

10. Tenant shall maintain the Leased Premises in a clean, safe and orderly manner. Tenant is responsible for the decoration of R's booth. Such decoration may include painting, wallpaper or wallpaper border. Written approval of Landlord is required for all changes.

11. The Mall is to be used exclusively as a showroom and showroom for handmade crafts, art, antiques and gifts. Landlord reserves the right to remove and have(s) from Tenant's space that Landlord judges to be non-

8

may be retained by the Landlord as liquidated damages for Tenant's failure to give such notice, (without prejudice to or waiver by Landlord of any other remedy of Landlord for any other breach or default by Tenant hereunder), and shall not be applied to Tenant's obligation for rent. Upon proper written notice to Landlord, and provided Tenant is not in default under any other term or provision of this Lease, Landlord shall return the Deposit to Tenant within 10 days after termination of this Lease.

22. Tenant shall not perform any acts or carry on any practices which may injure the building or be a nuisance to other Tenants, or use the Leased Premises for any business or purpose which is unlawful or violates any public, county, city, state, or federal ordinances. The Tenant will not use the booth to manufacture or repair items. Tenant shall under no circumstances sublease or assign its interest under this Lease without Landlord's prior consent. All partnerships, co-op partners, or shared booth partners must be listed on the Lease, and are jointly and severally liable hereunder.

ENTERED into this 24 day of March, 2002

LANDLORD:

KNICK KNACKS #1, INC.
215 West Camp Wisdom Road
Dentonville, TX 75116

BY: [Signature]

TITLE: Store Manager

TENANT:

NAME

SIGNATURE

(H)

(W)

(Fax) TELEPHONE NUMBER(s)

ADDRESS

SOCIAL SECURITY NUMBER

CITY, STATE, ZIP CODE

DRIVER'S LICENSE NUMBER

TENANT:

NAME

SIGNATURE

(H)

(W)

(Fax) TELEPHONE NUMBER(s)

ADDRESS

SOCIAL SECURITY NUMBER

CITY, STATE, ZIP CODE

DRIVER'S LICENSE NUMBER

(9)

KNICK KNACKS #2, Inc.
2911 E. Division
Arlington, TX 76011

LEASE AGREEMENT

This Lease Agreement is made and entered into by and between Knick Knacks #2, Inc., hereinafter referred to as "Landlord" and _____, hereinafter referred to as "Tenant".

1. Landlord, in consideration of the covenants and agreements to be performed by Tenant and upon the terms and conditions hereinafter stated, does hereby lease unto Tenant space in Knick Knacks #2, Inc., such space being identified as _____.

2. This Lease Agreement is for a term of 12 months beginning on the 1 day of September 2002.

3. Tenants must occupy their booths within 10 days of the lease commencement date or their booth may be relet. There will be no refund of any monies upon Tenant's failure to occupy and Landlord's reletting of the booth.

4. Tenant agrees to pay Landlord the first month(s) rent and security deposit totaling \$ 360⁰⁰ and monthly rental of \$ 175 per month thereafter. Monthly payments shall be due and payable on or before the 1st calendar day of the month. In the event that payment is not received by the 3rd calendar day of the month, a late fee of \$20.00 will be assessed to Tenant. Landlord further reserves the right to withhold settlement checks from Tenant until payments are brought current. In the event that payment is not received by the 10th calendar day of the month, Tenant will be considered in default of the terms and conditions of this Lease.

5. All sales are required to go through Landlord's cash registers. Landlord agrees to accept major credit cards for payment. Personal checks will be accepted with proper identification. Landlord agrees to collect and pay all state sales taxes. Tenant understands that 5% of gross sales will be deducted to offset credit card and check processing costs.

6. Each month contains, (3), pay-periods. Pay periods are as follows:

Pay-period 1 is the period from the 1st through the 15th of the month;
Pay-period 2 is the period from the 16th through the end of the month.

Landlord agrees to pay to Tenant all amounts collected for sale of Tenant's items, less deductions, on the 3rd business day following the close of the pay-period. Only one check per booth contract will be issued.

7. Landlord reserves the right to utilize photographs, videos, drawings, etc. of Tenant's merchandise, booth and name in advertisements, and Tenant hereby authorizes same.

8. Landlord agrees to promote the Mall through various advertising methods.

9. Mall will be open to the public 7 days a week except for certain holidays to be determined by Landlord. Hours of operation are: Monday through Wednesday 10:00 a.m. to 6:00 p.m., Thursday 10:00 a.m. to 8:00 p.m., Friday and Saturday 10:00 to 6:00 p.m., and Sunday 12:00 p.m. to 5:00 p.m. Landlord reserves the right to change these hours and days of operation without notice.

10. Tenant shall maintain the Leased Premises in a clean, safe and orderly manner. Tenant is responsible for the decoration of his booth. Such decoration may include painting, wallpaper or wallpaper border. Written approval of Landlord is required for all changes.

11. The Mall is to be used exclusively as a showroom and salesroom for handmade crafts, art, antiques and gifts. Landlord retains the right to remove and item(s) from Tenant's space that Landlord judges to be non-

175
175
350
-50
300 owed
420
-300
130.00
451
Oct.

10

conforming to the general atmosphere of the Mall, in order that Landlord can protect the integrity of the Mall. All reproduction items in antique booths must be labeled "reproduction".

12. Handmade crafts may be sold from any booth in this Mall. Antiques and collectibles will be permitted for sale only in booths of 24 square feet or larger. A limited number of booths have been leased for selling "resale" items. Resale items will be permitted only in booths originally leased as a "resale" booth. *Resale*, for the purpose of this contract, means items purchased through catalogues, imports, market items, or other stores to sell at Knick Knacks

ONLY: (Check appropriate spaces)

_____ CRAFTS _____ ANTIQUES AND COLLECTIBLES _____ (Tenant's initials).

13. If Tenant uses lighting in their booth, a timer must be used to operate with store hours. If tenant does not comply, a fee of \$100.00 per month will be added to the rent.

14. Any sign in booths must first be approved by Landlord.

15. All merchandise tags shall be marked according to the instructions below. No marked-over or altered tags will be accepted.

Booth #	Description	\$ Price

16. Neither Landlord nor Building Owner, shall be liable to Tenant for any damage to person or property caused by an act, omission or neglect of Tenant, Landlord, Shopper or other Tenant of the building of which the Leased Premises are a part, due to any cause whatsoever and Tenant agrees to indemnify and hold Landlord and Building Owner free and harmless from all claims.

17. Tenant is responsible for all fire damage, theft and other damages to Tenant's property located within the mall. Landlord nor building owner assume any risk for damage, theft, mysterious disappearance, or any other harm to Tenant's property within the mall. (Contact your insurance provider for any coverage you feel you need).

18. In the event Tenant shall fail to promptly pay rent when same is due or violate or omit to perform any provision of this Lease, Tenant shall be in default and Landlord shall be entitled to, and Tenant hereby authorizes Landlord to immediately deduct all amounts due to Landlord from Tenant's check and/or hold back Tenant's checks. Additionally, Landlord may sell Tenant's merchandise to recover amounts owed to Landlord. Landlord may take possession of the leased premises and remove all property therefrom. Upon default, Landlord may elect to either cancel this Lease or sell the Leased Premises, and apply rent received to Tenant's account, but Tenant shall remain liable for any deficiency and all expenses of relating. No action by Landlord shall be deemed an election to terminate this lease unless Landlord notifies Tenant in writing of same.

19. Tenant shall pay to Landlord upon demand, all legal fees, expenses and court costs of Landlord incurred enforcing any obligations of Tenant under this Lease.

20. All property left in the Mall by Tenant upon termination hereof shall be deemed to be abandoned by Tenant to Landlord and Landlord is authorized to sell same without further notice to Tenant.

21. All move-in and move-out activities must be monitored by Mall security. *Tenant must give Landlord a minimum of 30 days written notice of their intent to vacate their booth at the end of the Lease term. Failure to give such notice will result in continual automatic renewals of this Lease, for the term of the Lease.* Landlord reserves the right not to renew this Lease and will notify Tenant 30 days before this Lease expires. If Tenant should abandon the Leased Premises prior to the end of the

(11)

Lessee or should fail to give the required notice of intention to vacate at the end of the Lease term, then the Deposit may be retained by the Landlord as liquidated damages for Tenant's failure to give such notice, (without prejudice to or waiver by Landlord of any other remedy of Landlord for any other breach or default by Tenant hereunder), and shall not be applied to Tenant's obligation for rent. Upon proper written notice to Landlord, and provided Tenant is not in default under any other term or provision of this Lease. Landlord shall return the Deposit to Tenant within 10 days after termination of this Lease.

22. Tenant shall not perform any acts or carry on any practices which may injure the building or be a nuisance to other Tenants, or use the Leased Premises for any business of purpose which is unlawful or violates any public, county, city, state, or federal ordinances. The Tenant will not use the booth to manufacture or repair items. Tenant shall under no circumstances sublease or assign it's interest under this Lease without Landlord's prior consent. All partnerships, co-op partners, or shared booth partners must be listed on the Lease, and are jointly and severally liable hereunder.

ENTERED into this 31 day of August, 2002

LANDLORD:

KNICK KNACKS #2, INC.
2911 E. Division
Arlington, TX 76011

BY: Roxy Jones

TITLE: Store Manager

TENANT:	SIGNATURE
NAME	(H) _____
	(W) _____
	(Fax) _____
ADDRESS	TELEPHONE NUMBER(s)
CITY, STATE, ZIP CODE	SOCIAL SECURITY NUMBER
	DRIVER'S LICENSE NUMBER

TENANT:	SIGNATURE
NAME	(H) _____
	(W) _____
	(Fax) _____
ADDRESS	TELEPHONE NUMBER(s)
CITY, STATE, ZIP CODE	SOCIAL SECURITY NUMBER
	DRIVER'S LICENSE NUMBER

12

YAHOO! Mail

Close Window

From: rted@eol.com
Date: Tue, 31 Jan 2003 23:48:33 EST
Subject: update
To: ramm12@yahoo.com

Hi there,

It looks as if you've given up on your property. IF I don't hear from you by the end of the month, I'll be taking it back.

Regards,

RA Jackson

Attachment



Mak_9_81pmt_record.doc
.doc file

13

YAHOO! Mail

Cross Window

Date: Wed, 19 Feb 2003 07:00:05 -0800 (PST)

From:

Subject: high lighting reasons of failure

To: Mkt@aol.com

Hi Rex,

not that it would matter but i would like a moment to explain,

june we rented another antique booth, construction delays held up our money til september. in june we stopped all ebay accounts one of those was mymalks oldest collector series. (profits from this co. made grandbury land payment.)

july: we went to mich. 2 warehouses in erlington 1 in duncerville left dormant. merchandise consigned to others while we were gone did not sell.

september we shut down small warehouses rented. moved everything under 1 roof. started knew business called chairs-4-sale.com

september: talgate softstraps on my knew pick up broke with me standing on it, down i went, wrecked my neck, left side paralyzed up. absolute excruciating pain. crushed vertebrae.

october started shuffling money from one credit card to next scrambling for funds. Unable to lift or load. no sales.

november doctors finally put me on pain medication and therapy. knew landlord take me to court for back 2 months rent. then allows me to keep my stuff in her building. till she rents it.

december i vacate building. but leave her 400 chairs and all inventory neatly stacked and sorted, approximately \$4000. inventory, and a 200 mailing list of schools within 10 mile radius. december traditionally was a good month for chairs. schools would resupply for second semester. the story i was hearing was they have chairs they cant fill now. enrollment seemed to be down in most of our customers.

december we vacate both antique booths one of which we were in for 8 years. we left them approx. \$2000. inventory.

january we start owing it out with general motors. our \$325.00p.mo. truck payment is now dec, jan, feb, past due.. yesterday they finally got around to taking pictures of broke talgate straps: and asked for an itemized list of funds out of pocket expense. i will let the lawyer take care of the payment to you for property. i dont know if they will recover all my loss or not. i do not have an attorney. but in my presentation i will ask for payments of land owed you, paid to you. that will be the best i can do for now. iam in totally unfamiliar wter. and have never had an attorney for a law suit.

i thank you for being understanding.

[Redacted]

[Redacted]

Dave,

Touching base...please let me know if you want to try and keep the lot or let it go...fd hate to see you lose it if you want it or would like to keep it and try to sell on your own. prices continue to go up, but if you need to let it go, i understand.

14

Please let me know what you'd prefer to do. Can also do some kind of trade on a lot in Indian Harbor if that was better for you. Have some very nice 1/4 acre lots and 1/2 acres, priced from \$4990 up.

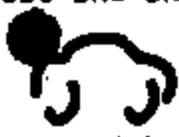
Regards,

RA Jackson

Do you Yahoo?
Yahoo! Shopping - Send Flowers for Valentine's Day

15

CarMax Auto Finance



November 17, 2002

A Division of CarMax Auto Superstore, Inc.
www.carmax.com

143 113/000070

[Redacted]
Duncanville TX [Redacted]

Re: Account Number [Redacted]

Dear [Redacted]

You have failed to respond to our previous requests for payment of \$278.06 on your past due installment loan with CarMax Auto Finance. Because you have failed to respond to these requests, we may find it necessary to pursue all options legally available to us as lienholder of the vehicle.

You must contact our office immediately at 1-800-337-3612 to make payment arrangements to prevent further collection activity.

Sincerely,

Account Management Representative

[Redacted]
Duncanville TX [Redacted]

November 17, 2002
Account Number [Redacted]
Past Due Amount: \$278.06

CarMax Auto Finance
P.O. Box 3174
Milwaukee, WI 53201-3174



Pay This Amount: \$278.06

16



Class Window

Subject: Account # 1500064
To: mrsmaid@yahoo.com
From: Denise_Taylor@carmax.com
Date: Thu, 27 Feb 2003 14:14:00 -0500

[REDACTED]

In reference to the conversation you had with Decovin yesterday, I am sending the requested account information for your 1999 Ford Ranger. The account, as of today is 37 days past due. This means that you are due for the payments for January 20, 2003 and February 20, 2003. The payoff on the loan good through today 2/27/03 is \$11,851.63. This includes a principal balance of \$11,801.40.

Please feel free to call us with any further questions at 800-337-3612.
Thank you,
Denise Taylor
Collections Supervisor
Carmax Auto Finance

charlotte maki family member financial hardship due to faulty equip fail

17

YAHOO! Mail

Close Window

From: CAF_Internet_Responses@carmax.com
Subject: Re: CarMax Auto Finance Contact
To: mramaki@yahoo.com
Date: Wed, 26 Feb 2003 13:45:38 -0500

Thank you for your recent inquiry.

A payment history has been requested for you. Please allow 7-10 business days before you receive it.

Sincerely,
Customer Service

[Redacted]

CAF_Internet_Responses@carmax.com
on>

To:
cc:
Subject: Re: CarMax Auto

Finance Contact

02/22/03 11:47 AM

Hi again re-requesting financial statement and current payment status from sept. 2002 through jan. 2003

buyer [Redacted] (student)

assigne [Redacted] (Mother)

Account Number: [Redacted]

Husband father [Redacted] was injured and and incapable of financial responsibilities for a period of 4 months, putting the family in a financial dilemma. requesting carmax to inform of any past due payments and and procedure of catching up. thankyou mramaki

CAF_Internet_Responses@carmax.com wrote:

Thank you for your recent inquiry.

charlotte maki family member financial hardship due to faulty equip fall

18

Payment history request for daughter student

At this time this account is past due. The last payment was made on 11/25/02 and that was for the 10/20/02 payment.

Sincerely,
Customer Service.

[Redacted]

12/01/02 10:29 AM
AM Subject: CarMax Auto Finance Contact

<?xml version="1.0" encoding="UTF-16"?>
CarMax Auto Finance Contact Form

Web Browser: Mozilla/4.0 (compatible; MSIE 6.0; AOL 8.0; Windows NT 5.0; YComp 5.0.2.4)
Requestor's IP Address: 64.12.96.168
Date: 12/1/2002
Time: 10:29:42 AM

Sender Info

Sender Name: [Redacted]
Email Address: [Redacted]
Home Phone: [Redacted]
Work Phone: [Redacted]
City: duncanville
State: TX
Cookie Zip:
Closest Store:
Account Number: [Redacted]
Contact Via: -Email -Home Phone

Concern:
co signed for daughter [Redacted], following up on past due account notice. asking has her past due amount been brought up to current.
discreetly yours [Redacted]

Suggestions:
has on line payments been made available

Do you Yahoo!?
Yahoo! Tax Center - forms, calculators, tips, and more

charlotte saki family member financial hardship due to faulty equip fall

PROVIDIANBALANCE AS
OF 11/02/02PAYMENT
DUE DATE

MINIMUM PAYMENT

AMOUNT ENCLOSED

\$2,146.78

DEC 15, 2002

\$101.00

\$

 Indicate change of address on backMake Checks Payable to
Providian**PROVIDIAN VISA CARD**

 PROVIDIAN VISA CARD
 PO BOX 90032
 DALLAS TX 75290-0032

 Please be sure
 the address appears
 in the window.
Page 1 of 1
40762

 DUNCANVILLE TX



4557512300401024001610003340760000

Your account is issued by Providian National Bank, Tlsoo, NJ.

DETACH HERE

MESSAGES FROM PROVIDIAN VISA CARD

YOUR PAYMENT IS LATE AND YOUR BALANCE IS OVER ITS CREDIT LIMIT!
 Send your past due amount of \$28.00 today or call us at 1-800-613-0190.

Paying just the minimum amount due will not change your overlimit status. Send
 the required funds to ensure your account balance is within your approved credit limit.

Need a quick answer to an account question? Be sure to try the "ASK US"
 feature on our Web site at www.ProvidianOnline.com today!

PROVIDIAN VISA CARD TRANSACTIONS

Date	Description	Amount
11-02	FINANCE CHARGE: CASH ADVANCE FEE	18.00
11-04	CASH ADVANCE FROM ATM - WASHINGTON MUT/204 W. CAN DUNCANVILLE TX	20.00
11-04	LATE PAYMENT CHARGE	28.00
11-04	OVERLIMIT FEE	20.00

FOR BILLING ERRORS AND IMPORTANT INFORMATION, SEE REVERSE SIDE.**ACCOUNT SUMMARY**

Previous Balance	\$2,095.00
+ Credits	.00
+ Payments	.00
+ Penalties & Other Charges	39.00
+ Cash Advances	20.00
+ FINANCE CHARGE: On Balance	74.87
Cash Advance Fee	18.00
+ Late Charge (Previous Due Date 11-15)	28.00
= NEW BALANCE	\$2,146.78

ACCOUNT NUMBER

Days in Billing Cycle	30
Statement Date	11/02/02
Minimum Payment	\$101.00
Payment Due Date	12/15/02
Credit Line	\$2,000.00
Available Credit as of Statement Date	\$0.00
Available Credit for Cash Advances as of Statement Date	\$0.00

Type of Balance	Average Daily Balance	ANNUAL PERCENTAGE RATE	Daily Periodic Rate
Purchase	\$2,076.77	20.99%*	.0005831%*
Cash Advance	\$69.44	29.99%*	.0008647%*
ANNUAL PERCENTAGE RATE with Billing cycle: 20.99%			

For 24-hour Automated Account Information, call 1-800-613-0111 or visit us at www.providianonline.com.



prior to the accident
my balance was
and payments were
current, ... Bank only
required payments.
Now with fees
applied, bank
request full balance
paid.

Why does good Credit Count

- getting new people.
- interest rate they offer you on your credit rating.
- or owning your own home are facilitated by good credit.
- good for up to ten years so a credit problem history can follow you.

Capital One

PLATINUM MASTERCARD ACCOUNT

Account Summary

Previous Balance	6679.67
Payments, Credits and Adjustments	2.00
Interest	288.90
Finance Charge	472.80
New Balance	7443.37
Minimum Payment Due	2748.19
Payment Due Date	March 08, 2003
Total Credit Limit	10000
Total Available Credit	2556
Credit Limit by Card	6500
Available Credit by Card	1000

Payments, Credits and Adjustments

Transactions

1	09 JAN	OVERLIMIT FEE
2	09 FEB	FAST CASH FEE

At your service
Track Customer Satisfaction or to report a loss or stolen card
1-800-983-3637

Get answers to your most common questions. Log on to
www.capitalone.com

Send payment to Auto Billmaster Payment Capital One Service P.O. Box 40000 Austin, TX 78760-0000	Send inquiries to Capital Cardholder P.O. Box 23005 Richmond, VA 23261-0005
--	--

Important Account Information
For cards in Spanish, please call (800) 227-8137. For
service in Spanish, see your manager (800) 227-8137.

Finance Charge After averaging by interest

Statement	Balance at start of cycle	Finance charge	Overpayment
02/01/03	6679.67	472.80	2.00

ANNUAL PERCENTAGE RATE applied rate period

▼ PLEASE RETURN PORTION BELOW WITH PAYMENT. ▼

Capital One

0000000 0 3178092183022249 08 0749190030000749194

Send payment to
P.O. Box 40000
Austin, TX 78760-0000

March 08, 2003

Your account number: [redacted]
Account number: 2100-2021-4300-3300

Please print name and address on the back of this envelope. Please do not staple.

Name: [redacted]
Address: [redacted]
City: [redacted] State: [redacted] Zip: [redacted]
Phone: [redacted]

Capital One Services
P.O. Box 40000
Austin, TX 78760-0000

1-800-983-3637

00000000000000000000 MAIL TO
DUNSMVILLE TX [redacted]
[redacted]

010001240734982000004878200000097714

AMOUNT DUE \$497.82

21

|||||

*****AUTOCR**6025

Send Payment To:

TXU ENERGY
P.O. BOX 100001
DALLAS, TX
75310-0001

DUNCANVILLE TX

ACCOUNT NUMBER:

PAYMENT MUST BE RECEIVED BY: JANUARY 6, 2003

DUNCANVILLE TX
ACCOUNT NUMBER:

MESSAGES

Avoid 5% late fees by paying your bill by the due date. Please refer to your Terms of Service Document for more information.

Your Service Period was from November 13, 2002 to December 14, 2002.

Thank you for your payment of \$685.00 received November 27, 2002. This deposit is to secure payment on electric service bills. Please retain this document for your records.

The balance of the deferred amount is \$270.80 after payment of this bill.

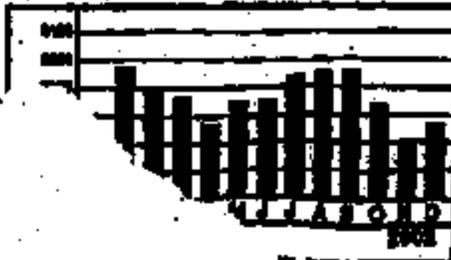
Your "Balance" from previous billing of \$8.71 was past due as of December 4, 2002.

Your "Current Bill" amount and current charges totaling \$497.82 are due by January 6, 2003.

BILLING SUMMARY

Previous Bill	\$903.60
Billed Deposit	\$295.00
Deferred Amount	\$541.19
Payment Received 11/27/02 Thank You	\$649.00
Balance	\$8.71
Current Meter Reading (12/14/02)	28183
Previous Meter Reading (11/13/02)	-25822
Kilowatt-hours Used	1370
Energy Charge (1370 kwh)	\$60.83
Basic Customer Charge	\$3.34
Sales Tax	\$2.10
Current Bill	\$107.27
Reconnect Fee	\$20.00
Disconnect Fee	\$8.00
Late Payment Charge of 5% x \$64.00 for Bill Not Paid by 12/04/02	\$4.24
Deferred Payment Amount	\$270.80

Your electricity use



L. H. E. Duncanville Outreach
paid \$50.00 on 1-3-03.

Total Amount Due

\$497.82

due \$ 437.82

ENR ID: 10443720001240634

Statement Date: 12/18/02

Meter Number: 038723684

Rate: Residential

Energy Charge Also Includes:

Cogeneration Power Cost Factor: \$0.000418 per Metered kwh

e-mail address

For information call us at: (972) 991-2888

SE HABLA ESPANOL

22

TODAY'S DATE: 11/26/02

POLICY #: 36664578-0

NAME: [REDACTED]

EFFECTIVE DATE: 11/27/02

PAYMENT OPTION: 6-PAY-24.5% RPT REQUIRED

TOTAL PREMIUM: 821.50

DUE DATE	MIN DUE
11/27/02	339.40
12/27/02	118.42 *
01/27/03	118.42 *
02/27/03	118.42 *
03/27/03	118.42 *
04/27/03	118.42 *

\$2.00 fee is included for each installment payment.

THIS IS AN APPROXIMATE PAYMENT SCHEDULE, A VERIFICATION WILL FOLLOW

23

Loss of Business Report

24

Form 1040 Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return 2002

Label

OMB No. 1545-0047 Your social security number [redacted] Spouse's social security number [redacted] DUNCANVILLE, TX [redacted]

OMB No. 1545-0047 Your social security number [redacted] Spouse's social security number [redacted] Important! You must enter your SSN(s) above.

Presidential Election Campaign (See page 21) Note: Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing jointly, intend to contribute to a qualified campaign committee? You [] Yes [X] No Spouse [] Yes [X] No

Filing Status 1 [] Single 2 [X] Married filing jointly (even if only one had income) 3 [] Married filing separately (attach Form 1040 to each return) 4 [] Qualifying widow(er) with dependent child (year spouse died) (See page 21.)

Exemptions a [X] Yourself (if your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6) b [X] Spouse c Dependents: (1) First name (2) Last name (3) Dependent's social security number (4) Dependent's relationship to you (5) If qual child for child tax cr. No. of children claimed on 68 and 69. Dependents on 68 not entered above. Add numbers on line 6. Total number of exemptions claimed

COPY ONLY

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 37,242. 8a Taxable interest. Attach Schedule B if required 8b 9 Ordinary dividends. Attach Schedule B if required 9 63. 10 Taxable refunds, tax credits, etc. 10 11 Alimony received 11 12 Business income or loss. Attach Schedule C or C-E 12 (5,107.) 13 Capital gain or loss. Attach Schedule D if required. Check box 13 14 Other gains or losses. Attach Schedule D if required 14 15a IRA distributions 15a 15b Taxable amt 15b 16a Pensions and annuities 16a 16b Taxable amt 16b 6. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or loss. Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a 20b Taxable amt 20b 21 Other income. List type and amount. Attach Form 1099-R if required. 21 22 Add the amounts in lines 7 through 21. This is your adjusted gross income 22 32,204.

Adjusted Gross Income 23 Educator expenses (see page 29) 23 24 IRA deduction (see page 29) 24 25 Student loan interest deduction (see page 31) 25 26 Tuition and fees deduction (see page 32) 26 27 Archer MSA deduction. Attach Form 8889 27 28 Moving expenses. Attach Form 3903 28 29 One-half of self-employment tax. Attach Schedule SE 29 30 Self-employed health insurance deduction (see page 33) 30 31 Self-employed SEP, SIMPLE, and qualified plans 31 32 Penalty on early withdrawal of savings 32 33a Alimony paid b Recipient's SSN 33a 33b 34 Add lines 23 through 33 34 35 Subtract line 34 from line 22. This is your adjusted gross income 35 32,204.

DO NOT FILE

Tax and Credits

36 Amount from line 34 (total gross income)
37a Check if You were 65 or older, Blind; Spouse was 65 or older, Blind.
Add the number of boxes checked above and enter the total here 37a
b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here 37b

36 32,204.

25

Standard Deduction for --

• People who checked any box on line 37a or 37b or who can be claimed as a dependent, see page 34.
• All others:

Single, 64,700
Head of household, 69,000
Married filing jointly or qualified widow(er), 11,000
Married filing separately, 5,500

38 Itemized deductions (from Schedule A) or your standard deduction (see left margin)
39 Subtract line 38 from line 36.
40 If line 39 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on line 6d. If line 39 is over \$103,000, see the worksheet on page 35
41 Taxable income. Subtract line 40 from line 39. If line 41 is more than line 39, enter -0-
42 Tax. Check if any tax is from Form 990
43 Alternative minimum tax. Attach Form 990
44 Add lines 42 and 43
45 Foreign tax credit. Attach Form 1116
46 Credit for child and dependent care expenses. Attach Form 2441
47 Credit for the elderly or the disabled. Attach Schedule R
48 Education credits. Attach Form 8863
49 Retirement savings contributions credit. Attach Form 8880
50 Child tax credit (see page 38).
51 Adoption credit. Attach Form 8839
52 Credits from: a Form 8396 b Form 8859
53 Other credits. Check appropriate box: a Form 8809 b Form 8801
54 Add lines 45 through 53
55 Subtract line 54 from line 44. If line 55 is over 0, enter -0-

38 7,850.
39 24,354.
40 9,000.
41 15,354.
42 1,708.
43 1,708.
44 1,708.
45
46
47
48
49
50
51
52
53
54 51.
55 1,655.

COPY ONLY

Other Taxes

56 Self-employment tax. Attach Schedule SE
57 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137.
58 Tax on qualified plans, including IRAs, & other tax-favored accounts. NO.
59 Advance earned income credit payments from Form(s) W-2
60 Household employment taxes. Attach Schedule H

56
57
58 1.
59
60
61 1,656.

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099
63 2002 estimated tax payments and amount withheld from 2002 payments
64 Earned income credit (EIC)
65 Excess social security tax withheld (see page 38)
66 Additional child tax credit. Attach Form 8812
67 Amount paid with request for extension to file (see page 60)
68 Other payments from: a Form 2280 b Form 4134 c Form 8882

62 1,020.
63
64
65
66
67
68 3,620.

Refund

Check deposit? See page 59 and fill in 71b, 71c, and 71d.

70 If line 68 is more than line 61, subtract line 61 from line 68. This is the amount you overpaid
71a Amount of line 70 you want refunded to you
b Routing number
c Account number
71b
71c
71d
72 Amount of line 70 you want refunded to you. If line 72 is more than line 70, enter -0-

70 1,954.
71a 1,954.
71b
71c
71d
72

Amount You Owe

73 Amount you owe. Subtract line 72 from line 71a. If line 73 is over 0, enter -0-
74 Estimated tax penalty (see page 38)

73
74

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? Yes. Complete the following. No
Designee's name Phone no. Person's ID number (PIN)

Sign Here

Under penalty of perjury, I declare that I have prepared this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than CPA) is based on all information of which preparer has any knowledge.
Your signature Date Your occupation
Spouse's signature, if a joint return, both must sign. Date Spouse's occupation

Preparer's Use Only

Preparer's signature Date Check if self-employed
Preparer's SSN or PTIN
Address and ZIP code E AND R BLOSK DALLAS, TX 75237-0000 Phone no. (214) 946-8444

SCHEDULE C
(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0047

2002

Alternative
Dispute Resolution No. 02

Department of the Treasury
Internal Revenue Service

Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

Attach to Form 1040 or 1041.

See instructions for Schedule C (Form 1040).

Name of proprietor

Social Security number (SSN)

A Principal business or profession, including product or service (see page C-1 of the instructions)
NONSTORE RETAILER - DIRECT SELLING

B Employer code from pages C-7, 8, & 9

C Business name. If no separate business name, leave blank.
DAVID KAKI

D Employer ID number (EIN), if any

E Business address (including suite or room no.) **> 651 MICHAELS DR**
City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (see instructions)

G Did you "materially participate" in the operation of this business during the year? Yes No

H If you started or acquired this business during 2002, check the appropriate box:
 New business Existing business

COPY

1	Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here.	1	9,288.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	9,288.
4	Cost of goods sold (from line 42 on page 2)	4	514.
5	Gross profit. Subtract line 4 from line 3	5	8,774.
6	Other income, including Federal and state gas taxes or fuel tax credit (see page C-10)	6	
7	Gross income. Add lines 5 and 6	7	8,774.

ONLY

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	51.	18	Pension and profit-sharing plans	18	
9	Bad debts from sales or services (see page C-3)	9		19	Rent or lease (see page C-8):	19a	
10	Car and truck expenses (see page C-3)	10	6,242.	20	Vehicle, machinery, and equipment:	20a	
11	Commissions and fees	11	829.	21	Other business property.	21b	5,967.
12	Depreciation	12		22	Repairs and maintenance	22	
13	Depreciation and section 179 expense deduction (not included in Part II) (see page C-4)	13	64.	23	Supplies (not included in Part II)	23	
14	Employee benefit programs (other than on line 16)	14		24	Taxes and licenses:	24a	150.
15	Insurance (other than health)	15		25	Trial fees, and bank service charges:	25a	
16	Interest	16		26	Utilities:	26	
17	Mortgage (paid to banks, etc.)	17a		27	Other (see instructions):	27a	
18	Other	18b		28	Subtract line 24c from line 24b	28	
19	Legal and professional services	19		29	Utilities	29	
20	Office expenses	20		30	Wages (see employment credit)	30	
21	Total expenses before expenses for business use of your home (see instructions for lines 8 through 27)	21		31	Other (see instructions from line 48 on page 2)	31	478.
22	Tentative profit (loss). Subtract line 21 from line 7	22		32		32	13,881.
23	Expense for business use of your home. Attach Form 8829	23		33		33	(5,107.)
24	Net profit or (loss). Subtract line 23 from line 22.	24		34		34	

DO NOT

FILE

* If a profit, enter on Form 1040, line 13, and also on Schedule SE, line 8 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.

* If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see page C-6).

* If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.

* If you checked 32b, you must attach Form 911.

32a All investment is at risk

32b Some investment is not at risk

OMB For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2002

27
Close Window

YAHOO! Mail

Date: Sat, 22 Feb 2003 10:57:26 -0000 (PST)
From: "DAVID MAKI" <mrmakiauctioneer@yahoo.com>
Subject: proof of exoistance of chairs-4-sale.com
To: mrmakid@yahoo.com

to whom it may concern proof of business exoistance

CloseChair4Sale@aol.com | This is Spam | Add to Address Book

From:
Date: Tue, 16 Jul 2002 08:45:33 EDT
Subject: Check out EDUCATIONAL COMPONENTS USED SCHOOL EQUIPMENT
To: mrmakid@yahoo.com, mrmakiauctioneer@yahoo.com

Check out EDUCATIONAL COMPONENTS USED SCHOOL EQUIPMENT

above is a sample of email from schoolchairs4sale@aol.com the web page titled educational components used school equipment hosted by aol. currently shut off due to non payment.

the web page www.chairs-4-sale.com hosted by yahoo currently shut off due to nonpayment. direct result of fall off truck.

Attached are photos of chairs.

one photo shows what chairs looked like when purchased.

Another photo shows chairs being sorted in warehouse.

The other photo shows chairs ready to market to schools.

450 used chairs abandoned to ROSE DAUGHTERY FOR NON PAYMENT OF BUILDING RENT. AS COLLATERAL. HAVING A FARE MARKET VALUE OF \$12.00 TO \$15.00 PER CHAIR. WE HAVE SOLD HUNDREDS FOR \$8.00 EACH AND HUNDREDS WHOLESALE FOR \$5.00 EACH. THERE ARE OVER 200 SCHOOL CAMPUS WITHIN 10 MILES OF WAREHOUSE OWNED BY ROSE DAUGHTERY 1309 BUILD. C SOUTH ALEXANDER DUNCANVILLE TX. 75137.

PHONE NUMBER OF ROSE DAUGHTERY 872 295 2821

lease of \$400.00 per month for 3 months still due her.

merchandise left to mrs daughterylandlord loan on merchandise not known by david makI if sold by landlord or not.

Attachment

financial set back due to fall off truck entire know business lost

28



1000_CHAIRS_BERRE_SORT_OPT.jpg
jpg file, 636x272, 32k

Attachment



3RD_LOAD_SORTED_CHAIRS_OPT.jpg
jpg file, 636x373, 29k

Attachment



8K_MED_LARGE_W_BASKETS_OPT.jpg
jpg file, 391x283, 20k

financial set back due to fall off truck entire know business lost

**BUY
SELL
AUCTION**



HAULING TRASH EQUIPMENT AND MATERIAL

972 296 4850

TO WHOM IT MAY CONCERN LETTER OF INTENT

Due to injury and choosing to stay home with children till they are able to face lifes challanges on there own. we have shut our business down.

● we have chosen not to file bankruptcy, we are not blaming any one,we are starting over. thanks to capital one for working with us in this crisis dilhema. We have been able to maintain 3 small credit cards.

Despite being 4 months past due on our new truck. gmac so far has not repossessed it.

Either way our ugly 1982 paid for 1 ton dully is for hire. we also have 3 small trallers paid for and can be used for hauling . I am a lic. bilingual auctioneer I am available for all fields of expertise with In the auction

● industry. willing to travel within usa or spanish speaking countries [REDACTED]

30

Capital One

My Recent Activity Pay My Bill Customer Service

Welcome: EDUCATIONAL COMPANIES-
 Account #: XXXX-XXXX-XXXX-1180

Feb 08, 2003

Important Disclosures

See below for information on Finance Charge and Annual Percentage Rate imposed this period.

VISA Summary

JAN 09 - FEB 08, 2003

Previous Balance	\$842.84
Payments, Credits and Adjustments	\$212.00
Transactions	\$29.00
Finance Charges	\$19.57
New Balance	\$872.51
Minimum Amount Due	\$14.00
Payment Due Date	Mar 08, 2003
Total Credit Line	\$500
Total Available Credit	\$29.49
Credit Line for Cash	\$500
Available Credit for Cash	\$29.49

When you receive a statement or other correspondence in the mail, please continue to review it, as it may contain important messages or information about your account.

Payments, Credits, and Adjustments

1	18 JAN	CAPITAL ONE ONLINE ACH PAYMENT	\$80.00-
2	08 FEB	PAST DUE FEE CREDIT	29.00-
3	08 FEB	OVERLIMIT FEE CREDIT	29.00-
4	07 FEB	OVERLIMIT FEE CREDIT	29.00-
5	08 FEB	CAPITAL ONE ONLINE ACH PAYMENT	75.00-

Transactions

6	09 JAN	OVERLIMIT FEE	\$29.00
---	--------	---------------	---------

Finance Charges

	Balance rate applied to	Periodic rate	Corresponding APR	FINANCE CHARGES
PURCHASES	\$338.17	.05429%	19.80%	\$6.86
CASH	\$50.39	.05429%	19.80%	\$1.82

ANNUAL PERCENTAGE RATE applied to this period: 19.80%

For New York residents only: New York residents may contact the New York State Banking Department (1-800-516-6666) for a comparative list of credit card rates, fees, and grace periods.

*Your available credit may have been reduced by recent authorizations that have not yet posted to your credit card (e.g. for car rental).

Get Help Downloading Your Statement
 Money 88-2001 (CFO)
 Children 88-2001 (COP)
 Equal (CER)

- Auto Ca
- Blank Ct
- Home C
- Explore J
- 2003??
- Money I
- Resourc
- YOUR M20
- Insuranc
- Free que
- Insurance
- Auto
- Auto
- Auto

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This card is destined to restart a business investing only.

payments current -THIS IS THE AMOUNT I WILL USE TO RESTART A BUSINESS

31



My Recent Activity | Pay My Bill | Customer Service

Welcome!
Account #: XXXX-XXXX-XXXX

Jan 24, 2003

Important Disclosures

See below for information on Finance Charge and Annual Percentage Rate imposed this period.

PLATINUM VISA Summary

DEC 25, 2002 - JAN 24, 2003

Previous Balance	\$395.58
Payments, Credits and Adjustments	\$109.00
Transactions	\$33.00
Finance Charges	\$2.58
New Balance	\$314.60
Minimum Amount Due	\$34.50
Payment Due Date	Feb 24, 2003
Total Credit Line	\$250
Total Available Credit	\$0.00
Credit Line for Cash	\$250
Available Credit for Cash	\$0.00

Your available credit may have been reduced by recent authorizations that have not yet posted to your credit card (e.g. for our rental).

Get Help Downloading Your Statement
Number 800-3001-COPEO
Customer 800-2001-COPEO
Email COPEO

When you receive a statement or other correspondence in the mail, please continue to review it, as it may contain important messages or information about your account.

Payments, Credits, and Adjustments

1	16 JAN	CAPITAL ONE ONLINE ACH PAYMENT	\$80.00-
2	16 JAN	FAST DUE FEE CREDIT	29.00-
3	16 JAN	OVERLIMIT FEE CREDIT	29.00-

Transactions

4	26 DEC	OVERLIMIT FEE	\$29.00
5	20 JAN	CREDITINFORM 800-820-8746	4.00

Finance Charges

	Balance rate applied to	Periodic rate	Corresponding APR	FINANCE CHARGES
PURCHASES	\$161.82	.00000%	.80%	\$0.00
CASH	\$232.89	.04082%	14.90%	\$2.58

ANNUAL PERCENTAGE RATE applied to this period: 9.00%

For New York residents only: New York residents may contact the New York State Banking Department (1-800-515-9988) for a comparative list of credit card rates, fees, and grace periods.

- Stop P
- No lit
- No cl
- Fast
- Loan

Finance

- Auto Ge
- Blank Cr
- Home G
- Explore J
- Money I
- Resourc
- YOUR MON
- Insuranc
- Free suc
- Insurance



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Note
+10 card is destined to aid Family in Food - Entertainment
Fuel, to be used FOR any Family Need

payments current - credits payments and adjustments made for us by capital one

32

Capital One

My Recent Activity | Pay My Bill | Customer Service

Welcome: [Redacted]
Account #: XXXX-XXXX-XXXX-3001

Feb 16, 2003

Important Account Messages and Disclosures

See below for information on Finance Charge and Annual Percentage Rate imposed this period.

GOLD MASTERCARD Summary

JAN 17 - FEB 16, 2003

Previous Balance	\$649.43
Payments, Credits and Adjustments	\$100.00
Transactions	\$10.81
Finance Charges	\$8.14
New Balance	\$884.48
Minimum Amount Due	\$19.00
Payment Due Date	Mar 15, 2003
Total Credit Line	\$800
Total Available Credit	\$88.52
Credit Line for Cash	\$800
Available Credit for Cash	\$85.52

*Your available credit may have been reduced by recent authorizations that have not yet posted to your credit card (e.g. for car rental).

Get Help Downloading Your Statements
Money 88-2001 (02X)
Collection 88-2001 (01B)
Fraud (02X)

When you receive a statement or other correspondence in the mail, please continue to review it as it may contain important messages or information about your account.

Payments, Credits, and Adjustments

1	15 FEB	CAPITAL ONE ONLINE ACH PAYMENT	\$100.00-
<hr/>			
Transactions			
2	16 FEB	CAPITAL ONE MONTHLY MEMBER FEE	\$8.00
3	16 FEB	PAYMENT PROTECTION 1-888-827-8904	4.81

Finance Charges

	Balance rate applied to	Periodic rate	Corresponding APR	FINANCE CHARGES
PURCHASES	\$280.18	.04082%	14.80%	\$9.89
CASH	\$583.98	.04082%	14.80%	\$4.45

ANNUAL PERCENTAGE RATE applied to this period: 14.80%

For New York residents only: New York residents may contact the New York State Banking Department (1-800-616-2889) for a comprehensive list of credit card rates, fees, and grace periods.



Finance

Auto Co
Blank C

Home C
Explore | options

Money I
Resource YOUR MONEY

Insurance
Free car insurance



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This card was originally intended to re-establish credit-in preparation to a return into business when children are on their own

payments current - credits payments and adjustments made for us by capital one

50

Capital One

My Recent Activity

View Statement

Pay My Bill

Customer Service

Welcome:

Account #: XXXX-XXXX-XXXX

Jan 16, 2003

Important Disclosures

See below for information on Finance Charge and Annual Percentage Rate imposed this period.

GOLD MASTERCARD
Summary

DEC 17, 2002 - JAN 15, 2003

Previous Balance \$703.33

Payments, Credits
and Adjustments \$108.00

Transactions \$40.81

Finance Charges \$8.28

New Balance \$649.43

Minimum Amount
Due \$46.43Payment Due Date Feb 15,
2003

Total Credit Line \$800

Total Available Credit \$0.00

Credit Line for Cash \$800

Available Credit for
Cash \$0.00

*Your available credit may have been reduced by recent authorizations that have not yet posted to your credit card (e.g. for car rental).

Get Help Downloading Your

Statement

Money 88-2001 (PDF)

Quickstart 88-2001 (PDF)

Form 7-2002

When you receive a statement or other correspondence in the mail, please continue to review it, as it may contain important messages or information about your account.

Payments, Credits, and Adjustments

1	16 JAN	CAPITAL ONE ONLINE ACH PAYMENT	\$62.00-
2	16 JAN	PAST DUE FEE CREDIT	29.00-
3	16 JAN	OVERLIMIT FEE CREDIT	29.00-

Transactions

4	17 DEC	OVERLIMIT FEE	\$28.00
5	16 JAN	CAPITAL ONE MONTHLY MEMBER FEE	4.00
6	16 JAN	PAYMENT PROTECTION 1-888-827-8804	5.81

Finance Charges

	Balance rate applied to	Periodic rate	Corresponding APR	FINANCE CHARGES
PURCHASES	\$361.85	.04062%	14.90%	\$4.56
CASH	\$271.85	.04062%	14.90%	\$4.71

ANNUAL PERCENTAGE RATE applied to this period: 14.90%

For New York residents only: New York residents may contact the New York State Banking Department (1-800-518-6888) for a comparative list of credit card rates, fees, and grace periods.

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Finance

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-Bank CarHome Car
-Explore |
-selectMoney &
-Resoure
YOUR MONEYInsurance
-Free Quote
Insurance

payments current - credits payments and adjustments made for us by capital one

4/3/03

Mr. Mike Schulte:

Please find attached physican's statements.

These statements are directly related to my fall off the tailgate and is the reason for physican's treatments.

Thank You Very Much,

[REDACTED]

ATTENDING PHYSICIAN STATEMENT

Patient [REDACTED] Date of birth [REDACTED] Myofascial pain syndrome

Diagnosis Whiplash, Cervical/Shoulder MFS
Cervical radiculopathy Cervical (neck and upper back) Radiculopathy (disk protrusion)

History of condition provided by patient Patient fell off the edge of a truck

Accident? Yes No Date Oct 02 Work related? Yes No

Hospitalization required? Yes No Admitted 1/1/ Discharged 1/1/

Hospital [REDACTED] (Name) (City/State)

Did loss require surgery? Yes No Date 2/2/03

Procedure [REDACTED]

DISABILITY REPORT

1. Date patient became disabled	<u>9/24/02</u>	
2. Treatment	(a) Date of first visit <u>4/18/02</u> (b) Date of last visit <u>1/22/03</u> (c) Frequency of visits <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Other _____	
3. Extent of disability	Regular occupation	Any occupation
(a) Is patient <u>partially</u> totally disabled?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If no, when was patient able to work?	Mo. <u>02</u> Day <u>27</u> Yr. <u>03</u>	Mo. ___ Day ___ Yr. ___
(c) If yes, when will patient be able to return to work?	Mo. ___ Day ___ Yr. ___	Mo. ___ Day ___ Yr. ___
Approximate date	<input type="checkbox"/> Indefinite	<input type="checkbox"/> Indefinite
	<input type="checkbox"/> Never	<input type="checkbox"/> Never

William J. Hwang, M.D.

Attending physician 3450 W. Wheatland Rd. Speciality Neurology of Physiatry Med.

Address P.O.B. 1, Suite 115
Dallas, Texas 75237

Phone # (972) 572-4000 Fax # (972) 572-3992
(Area Code) (City) (State) (ZIP Code)

Signature [Signature] Date 2/11/03

ATTENDING PHYSICIAN STATEMENT

Patient [Redacted] Date of birth [Redacted]

Diagnosis Bilateral cervical pain - D+neck strain - strain of neck

History of condition provided by patient At job up of back of truck

in 9/24/02 - then started having pain in D+neck - the truck

Accident? Yes No Date 9/24/02 Work related? Yes No

Hospitalization required? Yes No Admitted N/A Discharged N/A

Hospital N/A (City/State)

Did loss require surgery? Yes No Date N/A

Procedure N/A

DISABILITY REPORT

1. Date patient became disabled		<u>9/24/02</u> <u>was taken off work</u>	
2. Treatment	(a) Date of first visit	<u>10/31/02</u>	
	(b) Date of last visit	<u>12/31/02</u>	
	(c) Frequency of visits	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Other <u>NONE</u>	
5. Extent of disability	(a) Is patient now totally disabled?	Regular occupation	Any occupation
	<u>N/A</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) If no, when was patient able to work?	Mo. ___ Day ___ Yr. ___	Mo. ___ Day ___ Yr. ___
	(c) If yes, when will patient be able to return to work?	Mo. ___ Day ___ Yr. ___	Mo. ___ Day ___ Yr. ___
	Approximate date	<input type="checkbox"/> Indefinite	<input type="checkbox"/> Indefinite
		<input type="checkbox"/> Never	<input type="checkbox"/> Never

It was sent to a neurologist
Dr. Bill Swancy - 972 5724000

Attending physician M. Freeman M.D. Speciality Family Practice
Address 545 W Wheatland Duncan TX 75116
Phone # (972) 2987191 Fax # (972) 2968242
Signature M. Freeman Date 2/10/03

ESIS

An Insurance Services Company

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

800.888.0164 ext
313.665.0911 fax

JAMES L. BRADT
Claims Administrator

February 27, 2003

A. Mark Faggard, Esquire
530 Fannin Street Suite 1141
Beaumont, TX 77701

RE: Claimant: [REDACTED]
Our File No.: [REDACTED]
Our Client: General Motors Corporation
Date/Event: 01/30/2003
Subject vehicle: 2002 Chevrolet Silverado
VIN: 1GCHK29U62E140851

Dear Mr. Faggard::

This will acknowledge that I received your letter of retention regarding the above-referenced client. ESIS is the third party administrator handling claims on behalf of General Motors Corporation. Please direct all future correspondence to my attention.

I will be requesting a field investigation of this matter. You should be hearing from them in the near future.

I am enclosing a *Consent to Develop Wage and Medical Information* form which you should have your client complete and return to my attention with the names, addresses and telephone numbers of each treating physician. This authorization will also allow me to obtain wage information. Additionally, if your client is making a wage loss claim, please provide me with the employer's name, address and telephone number.

Thank you for your anticipated cooperation. If you have any questions, please feel free to contact me.

Sincerely,

James L. Bradt
Claims Administrator

Attachment

Service Request Activity

PI Ruby

BR No. 188581738	Ref No.	BRC Type PAR	Bus. Unit BRC
Account	Site	Goodwill	Area PAR
Last Name	First Name	Approval Not Initiated	Sub-Area Initials PAR- Colidon
Daytime #	Con. Acct.	UCC Body - Trunk / Tailgate / Hatchback	Safety Yes
Involved Dealer Sour Lake Motor Company, Inc.	Source Phone		
Serial # VIN 1GCHK20R2E140861			Updated 2/28/03 10:28:36 AM
Model Silverado	License # CHEVROLET	Priority Medium	Owner STPIERRE
Make Chevrolet	Warr. Start 11/7/2001	Status Closed	Opened 1/30/03 2:19:54 PM
Year 2002	Mileage 34000	Sub-Status Disabled	Closed 2/28/03 10:28:28 AM
Customer Description Call Evening Phone number first. This is a PAR file - please forward all calls to Robert St. Pierre ext. 58420		Abstract Alleged Tailgate fail	

Activities

02/28/03	STPIERRE	STPIERRE	Correspondence	Done	Fulfilled BRC PAR #A0041. SR#1-85581738
02/28/03	STPIERRE	STPIERRE	SR Closed - Disabled	Done	Service Request has been Closed Disabled.
02/28/03	STPIERRE	STPIERRE	BRC PAR	ESS- Ally Involvement Done	SRM pending for initial review Robert St. Pierre / PAR / Temps 58420

Service Request Activity

XXXXXXXXXXXX

Activities

02/28/03 STPIERRE STPIERRE BRC PAR Inspection Not Required Done CRM sending file to ESSE. Attorney involved.
Robert St. Pierre / PAR / Temps 58420

02/28/03 STPIERRE STPIERRE BRC PAR Initial Contact- Dealer Done Providing FYI to svc mgr.

CRM spoke to the svc mgr and provided an FYI on the file.
Robert St. Pierre / PAR / Temps 58420

02/28/03 STPIERRE STPIERRE Outbound Call Third Party Made Contact Done CRM contacting attorney.

There was another conversation on the line which was interference. Receptionist and the CRM agreed to call back.
Robert St. Pierre / PAR / Temps 58420

Service Request Activity

Activities

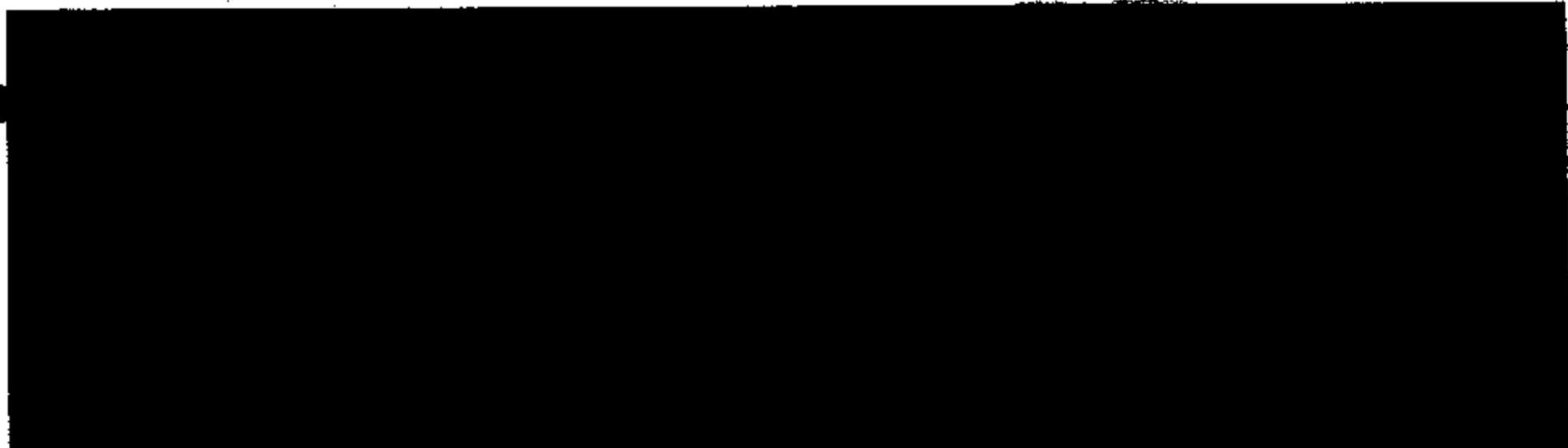
02/26/03	STPIERRE	STPIERRE	Outbound Call Customer	Made Contact	Done	2nd initial attempt.	Customer called in to report an alleged problem with his phone cut off and there was a disconnected call. Robert St. Pierre / PAR / Tampa 66240
02/25/03	STPIERRE	STPIERRE	Outbound Call Customer	Made Contact	Done	Customer states he will be in the morning. Robert St. Pierre / PAR / Tampa 66420	
02/14/03	STPIERRE	BOYCER	Ownership Changed		Done	Service Request Ownership has changed FROM: BOYCER TO: STPIERRE	
02/11/03	BOYCER	HANMAR	Ownership Changed		Done	Service Request Ownership has changed FROM: HANMAR TO: BOYCER	
02/07/03	HANMAR	BOYCER	Escalation	Initial PAR	Done	Assigning activity to PAR QUE PAR assigned in PAR Rutha Boycer-PAR	

Activities

01/30/03 HANMAR ERCPARQ Escalation Initiate PAR Done Assigning activity to PAR QLE

CRM advised that a person from the PAR Department will contact the customer within 24 to 48 hours

Ted Hamelczak



Service Request PAR

BR No.	1-8851738	Ref No.		BNC Type	PAR	Bus. Unit	BNC
Account		Slip		Goodwill		Area	PAR
Last Name		First Name		Approval	Not Initiated	Sub-Area	Initial PAR- Collision
Daytime #		Con Acct		UCC	Body - Trunk / Tailgate / Hatchback	Safety	Yes
Involved	Sour Lains Motor Company, Inc.	Source	Phone	Priority	Medium	Updated	22803 10:25:30 AM
Serial #VIN	4GCHC28U2E1M061	License #	CHEVROLET	Status	Closed	Owner	STHERRE
Model	Silverado	Warr. Start	11/17/2001	Sub-Status	Disinitiated	Opened	1/30/03 2:18:54 PM
Make	Chevrolet	Mileage	34000	Year	2002	Closed	22803 10:25:28 AM
Customer Description	Call Evening Phone number first. This is a PAR file - please forward all calls to Robert StPierre ext. 58420			Abstract	Alleged Tailgate fall		

Pre-PAR

PAR Modifier	Owner	Incident Date/Time	1/30/03 1:45:00 PM	Driver Last Name		Driver First Name	
Incident Location	Paris, TX	Incident Description	Car was standing on the side of road when tailgate stopped in the middle.	DOB		Height	
Surface	Asphalt	Conditions		Disabilities	None	Insurance	Joe
# of Other Vehicles	0	Damage	Paint on tailgate, cables damaged	Insurance Last Name	Palermo	First Name	
Ignition	Y	Description	Paint on tailgate, cables damaged	Insurance	State Farm	Agent	400532200
# People in Vehicle	0	Component	Tailgate cables	Agency		Phone #	
Maintenance Location	Sourlains Motor Company, Sourlains, TX	Vehicle Location	Parking lot of work	File Report #	N/A	Emergency	N/A
		Police Report #	N/A	Add'l Info		Name	

PAR Detail

Collision	Property	Non Collision	Y	Thermal Ext	
Vehicle	Damage	Owner Name		Property	
Serial	Weather	Property		Type	
Veh Damage	Condition	Location		Est Repair	
Description	Last Service	Prop Damage		Cost	
Est Repair	Date	Description		Inspection	
Cost	Los Last	Inspected By		Date/Time	
Primary	Service	Explain Other		Inspection	
Veh Use	Spec Equip			Type	
Spec Equip	Installer				

Activities

022803 STPIERRE Correspondence Done Pathnet:BRCPAR_J40041.SAM-00001738

022803 STPIERRE SR Closed - Dismissed Done Service Request has been Closed Dismissed.

[REDACTED]

022803 STPIERRE BRC PAR EBS- Any involvement Done CRM sending file to EBS. Attorney involved. Robert St. Pierre / PAR / Tampa 56420

[REDACTED]

022803 STPIERRE BRC PAR Initial Contact-AMM Done Providing FYI. ***CRM left a message for the AMM providing an FYI*** Robert St. Pierre / PAR / Tampa 56420

[REDACTED]

Activities

022503 STPIERRE Outbound Call Third Party Made Contact Done CRM contacting attorney. CRM left a message with a coworker for the attorney advising them to EBS. Robert St. Pierre / PAR / Temps 55420

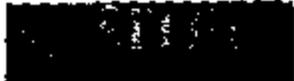
022503 STPIERRE Outbound Call Customer Made Contact Done 2nd initial attempt. CRM called the customer's mother back. Customer's mother, provided the name and number and stated this CRM needs to talk to the attorney. Aley: Mark Figgard 409-635-4300 Robert St. Pierre / PAR / Temps 55420

022503 STPIERRE BRC PAR Acknowledgment Done 1st initial attempt. (409) 763-3707 CRM left message for the customer to contact this CRM back. Robert St. Pierre / PAR / Temps 55420



Activities

02/14/03	STPIERRE	Research		Done	Case scan. No duplicates found. Robert St. Pierre / PAR / Tampa 58420
[REDACTED]					
02/14/03	STPIERRE	ERC PAR	Case Assigned	Done	THIS FILE HAS BEEN ASSIGNED TO ROBERT ST PIERRE AT 58420
[REDACTED]					
02/11/03	BOYCER	Ownership Changed	Ownership Escalated to ERC	Done	Ownership Escalated to ERC
[REDACTED]					
02/05/03	BOZSOYU	Inbound Call Customer	Simple Call Resolved	Done	seeking cust seeking update. crm adv that PAR Department will contact the customer within 24 to 48 hours ulku bozsoyubrac
[REDACTED]					



Activities

03/28/05	PARPAR	Inbound Call Customer	Complex Request	Done	Alleged: Tailgate cables broken	<p>Cust states: Alleged that both tailgate snapped (center) when cust was standing on the tailgate. cust states he fell hit tailbone, back and stomach are hurting. Blacked out when cust fell. 1 witness, Rogoberto Torres. Cust has not been to dr yet, called dr they referred cust to GAC.</p> <p>Crm advised: After crm completed pre par case, informed cust that he would receive a call within 48 business hours.</p> <p>Ted Hernandez/pdx</p>
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UCG Information

G11	Broken	Body - Trunk / Tailgate / Hatchback
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PAR Injuries

Guerra	Marciano	Occupant of Owner's Vehicle	(408) 832-1203	Nurse
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Service Request PAR

SR No. 1-5551735
 Account
 Last Name
 Daytime #
 Involved Sour Lake Motor Company, Inc.
 Dealer
 Serial # VIN 1GCH#32UR2E140861
 Model Silverado
 Make Chevrolet
 Telephone Call Evening Phone number first. This is a PAR file - please forward all calls to Robert St Pierre tel. 58420
 Reception

Ref No.
 Site
 First Name
 Con Acct
 Source Phone
 License # CHEVROLET
 Warr. Start 11/17/2001
 Mileage 34000

BRC Type PAR
 Goodwill
 Approval Not Initiated
 UCC Body - Trunk / Tailgate / Hatchback
 Priority Medium
 Status Closed
 Sub-Status Classified
 Year 2002
 Abstract Alleged: Tailgate fail

Bus. Unit BRC
 Area PAR
 Sub-Area Initial PAR - Collision
 Safety Yes
 Updated 2/28/03 10:28:30 AM
 Owner STPIERRE
 Opened 1/30/03 2:10:54 PM
 Closed 2/28/03 10:28:28 AM

Pre-PAR

PAR Number Owner
 Incident Parking lot at Work Elaine Medcan
 Location East
 Road Asphalt
 Surface
 # of Color 0
 Vehicle
 Injuries Y
 # People in Vehicle 0
 Maintenance Sour Lake Motor Company, Sour Lake, TX
 Location TX

Incident Date/Time 1/30/03 1:45:00 PM
 Description Cust was standing on the tailgate when both cables snapped (in the middle).
 Condition Road
 Damage Fuel from tailgate, cables snapped
 Description
 Component Tailgate cables
 Vehicle Parking lot of work
 Location
 Police N/A
 Report #

Driver's Last Name
 DOB
 Disabilities None
 Insurance Palermo
 Last Name
 Insurance State Farm
 Agency
 Fire Report # N/A
 Add'l info

Driver's Name
 First Name
 Height 5'04"
 Insurance Joe
 First Name
 Agent 4000362558
 Phone #
 Emergency N/A
 Name

PAR Detail

Collision
 Vehicle
 Speed
 Veh Damage
 Description
 Est Repair
 Cost
 Primary
 Veh Lien
 Spec Equip

Property
 Damage
 Weather
 Condition
 Last Service
 Date
 Loc Last
 Service
 Spec Equip
 Installer

Non Collision Y
 Owner Name
 Property
 Location
 Prop Damage
 Description
 Inspected By
 Explain Other

Theft/Ext
 Property
 Type
 Est Repair
 Cost
 Inspection
 Date/Time
 Inspection
 Type

Activities

Activity ID	Activity Name	Activity Type	Status	Description
022803	STPIERRE	Correspondence	Done	Fulfilled:BRCPAR_P90041. 8881-8881738
022803	STPIERRE	SR Closed - [Deleted]	Done	Service Request has been Closed Deleted.
022803	STPIERRE	BRCPAR	Done	CRM sending file to ESB. Attorney involved. Robert St. Pierre / PAR / Tampa 88420
022803	STPIERRE	BRCPAR	Done	Providing FYL. CRM left a message for the AVM providing on FYL. Robert St. Pierre / PAR / Tampa 88420



Activities

02/25/03	STPIERRE	Outbound Call Third Party	Made Contact	Done	CRM contacting attorney.	CRM left a message with a coworker for the attorney advising them to ESRB. Robert St. Pierre / PAR / Tampa 58420
----------	----------	---------------------------	--------------	------	--------------------------	---



02/25/03	STPIERRE	Outbound Call Customer	Made Contact	Done	2nd initial attempt.	CRM called the customer's mother back. Customer's mother, provided the name and number and stated this CRM needs to talk to the attorney. Atty: Mark Faggard 408-838-4300 Robert St. Pierre / PAR / Tampa 58420
----------	----------	------------------------	--------------	------	----------------------	--



02/25/03	STPIERRE	ERIC PAR	Acknowledgment	Done	1st initial attempt.	CRM left message for the customer to contact this CRM back. Robert St. Pierre / PAR / Tampa 58420
----------	----------	----------	----------------	------	----------------------	--



Activities

02/14/03	STPIERRE	Research		Done	Case scan. No duplicates found. Robert St. Pierre / PAR / Tampa 88420
[REDACTED]					
02/11/03	STPIERRE	BRC PAR	Case Assigned	Done	THIS FILE HAS BEEN ASSIGNED TO ROBERT ST PIERRE AT 88420
[REDACTED]					
02/11/03	BOYCER	Ownership Changed	Ownership Escalated to BRC	Done	Ownership Escalated to BRC
[REDACTED]					
02/03/03	BOZDOYU	Inbound Call Customer	Simple Call Received	Done	working cust seeking update. on adv that PAR Department will contact the customer within 24 to 48 hours ulku bozoyletmece
[REDACTED]					

Activities

01/30/03	HANMAR	Inbound Call Customer	Complaint Request	Done	Alleged: Tailgate cables broken	<p>Customer stated: Alleged that both tailgate straps (cables) when customer was standing on the tailgate. customer states he fell hit tailbone, back and sternum are hurting. Blacked out when customer fell. 1 witness, Rigoberto Torres. Customer has not been to clinic yet, called clinic they released customer to CAC.</p> <p>Clinic advised: After clinic completed pre-physical exam, informed customer that he would receive a call within 48 business hours.</p> <p>Ted Hanna/cac/cjdx</p>
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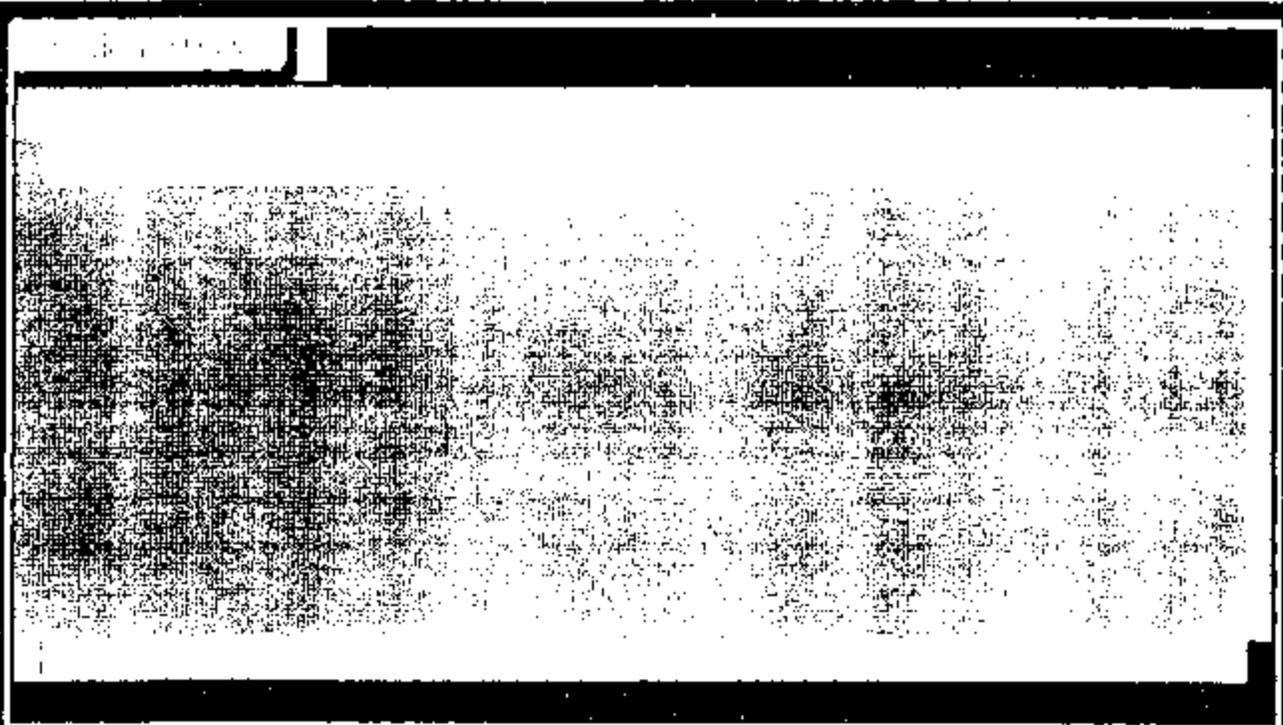
UCC Information

C11	Broken	Body - Trunk / Tailgate / Hatchback
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PAR Injuries

Occupant of Owner's Vehicle	7600 822 4200	None	Injured Back and Sternum, landed on tailbone
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ENTER ACCOUNT NUMBER AND PIN



1-800-1791

Call Evening Phone number first. This is a PWR file - please

Alleged Tailgate fail

[Redacted]
[Redacted]
[Redacted]
[Redacted]
New Lake Mo!

[Redacted]
[Redacted]
[Redacted]
Phone

PAR
[Redacted]
Not Initiated
Body - Thank /
ORC
PAR
Unkown PWR
Yes

100703043210001

Chemist
Silverdale
2002

CHEVROLET
11/17/01 12:0
04,800

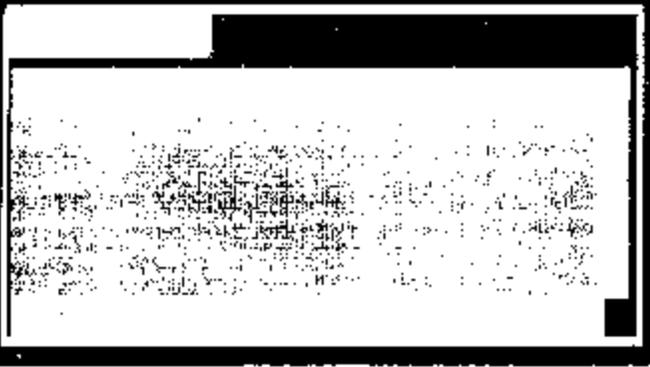
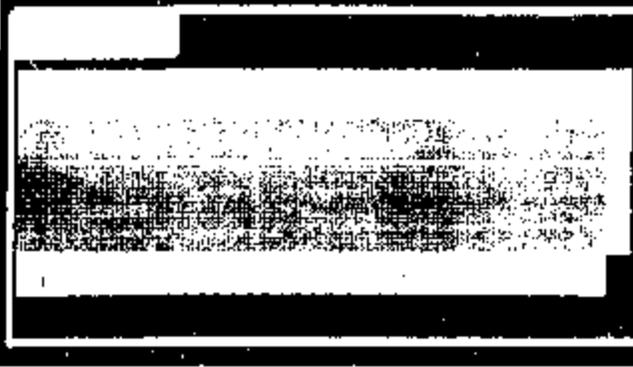
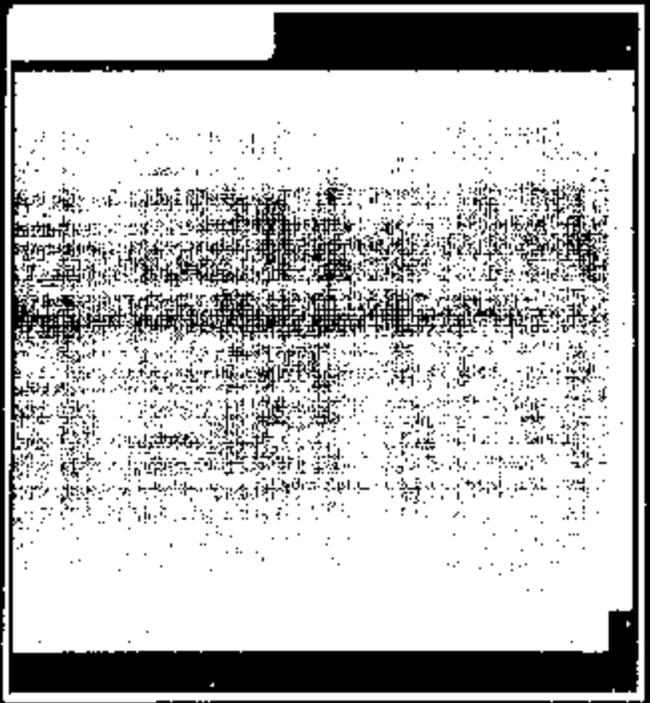
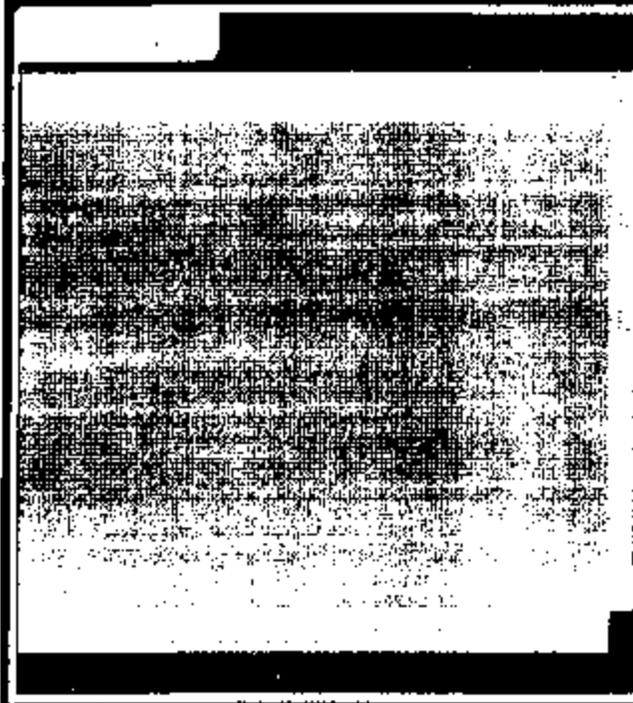
Classed
WTP08002
Radium
Discarded
1/20/03 2:19:54 P
2/24/03 10:22:29

[REDACTED]

[REDACTED]

2000 10 25 1974

[REDACTED]		[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	Comment	TK
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	Home Rating	USA
[REDACTED]	[REDACTED]	[REDACTED]	No Known Risk



GM Vehicle Inquiry System

Summary

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

[Help](#)

VIN:	1GCHK29U62E140851
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VEHICLE INFORMATION

Merchandising Model:	CK25953 - 2002 SILVERADO 2500 EXT 4WD	Warranty Start Date:	11/17/2001				
BAR# Order Type	70 - RETAIL - STOCK						
Delivering Dealer :	SOUR LAKE MOTOR COMPANY, INC. PO BOX 999 SOUR LAKE, TX 77659-0999 (409) 287-3536	Selling Source:	13 - CHEVROLET				
		Sits Code:	30385				
		Business Associate Code:	114887				
Service Contract:	Yes	Branded Title:	No	Warranty Block:	No	PDI Status:	Paid

CAMPAIGN ELIGIBILITY

Vehicle Has No Current Record Of Outstanding Campaigns.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER - NO DEDUCTIBLE	11/17/2001	165 miles	11/17/2004	36165 miles
72/100000 SHEET METAL RUST-THROUGH	11/17/2001	165 miles	11/17/2007	100165 miles
36/36000 SHEET METAL CORROSION	11/17/2001	165 miles	11/17/2004	36165 miles
96/80000 PCM/CC EMISSIONS	11/17/2001	165 miles	11/17/2009	80165 miles
36/36000 FEDERAL EMISSIONS	11/17/2001	165 miles	11/17/2004	36165 miles
60/50000 HEAVY DUTY EMISSIONS	11/17/2001	165 miles	11/17/2006	50165 miles

CLAIM HISTORY

R.O. Date	R.O. Number	Type	Labor Operation	Odometer Reading
10/04/2001	A40851	I	27000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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GM Vehicle Inquiry System Vehicle Build

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[Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

Help

VIN:	1GCHK29U62B140831
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VEHICLE BUILD

Merchandising Model:	CK25953 - 2002 SILVERADO 2500 EXT 4WD		
Gross Vehicle Weight Rating:	4177 kg (9210 lb)	Order Number:	DQHIFM
Build Date:	10/04/2001	Build Plant:	12R53

OPTION CODES

AE7 - SPLIT BENCH RECLINING FRT SEAT	AG1 - SIX-WAY POWER DRIVER SEAT
AG2 - SIX-WAY POWER PASSENGER SEAT	AJ1 - SLIDING REAR WINDOW
AM7 - FOLDING REAR SEAT	AU0 - KEYLESS REMOTE DOOR LOCK
AU3 - POWER DOOR LOCK SYSTEM	A31 - POWER WINDOWS
B30 - WHEELHOUSING & FLOOR CARPETING	B32 - FRONT COLOR-KEYED FLOOR MATS
B33 - REAR COLOR KEYED FLOOR MATS	B71 - WHEEL OPENING FLARES
B85 - BRIGHT BODY SIDE MOLDINGS	C6W - GVW RATING - 9,200 LBS
C60 - AIR CONDITIONING	DK7 - INTERIOR CUSTOM ROOF CONSOLE
D48 - ELECTRIC EXTERIOR MIRRORS	E63 - FLEETSIDE BODY
FE9 - FEDERAL EMISSIONS	FT2 - ARM TORS BAR SPRING ADJ
FT3 - ARM TORS BAR SPRING ADJ	GMC - ASSEMBLY PLANT-PONTIAC EAST
GT5 - REAR AXLE - 4.10 RATIO	G80 - LOCKING DIFFERENTIAL-REAR AXLE
HVY - IDEN 2 INCH BODY RAISE,HD MODEL	JH6 - 4 WHEEL POWER DISC BRAKES, HD
KC4 - ENGINE OIL COOLING SYSTEM	KNP - HD AUX TRANSMISSION COOLING SYS
K34 - ELECTRONIC SPEED CONTROL	K68 - 105 AMP DELCOTRON GENERATOR
LQ4 - VORTEC 6000 V8 SFI GAS ENGINE	MT1 - 4-SPEED ELECTRONIC AUTOMATIC
NA4 - HEAVY DUTY EMISSIONS	NP2 - EMISSION SYSTEM, FEDERAL TIER 1
NP1 - ELECTRONIC SHIFT TRANSFER CASE	NP5 - LEATHER WRAPPED STEERING WHEEL
PDD - COLOR-KEYED CARPET	PY2 - CHROME STEEL WHEELS
P03 - 14" SPORT WHEEL COVERS	QIW - LT245/75R16/B OOR BW TYRES
R9Z - POMS AUTO SEQUENCE	SLM - STOCK ORDERS

UN0 - (REPLACES STD/OPTION PKG RADIO)	UQ3 - ENHANCED AUDIO SPEAKERS
UY7 - HD 7-LEAD TRAIL WIRING HARNESS	VB3 - CHROMED REAR STEP BUMPER
VG3 - FRONT DELUXE CHROMED BUMPER	VXS - COMPLETE VEHICLE LABEL
VZ2 - DELUXE FRONT APPEARANCE PKG.	V73 - STATEMENT OF VEHICLE CERT.-U.S.
XGK - LT245/75R16/E OOR BW TIRES-FRNT	X88 - CHEVROLET CONVERSION
YD3 - BASE EQUIP FOR SCH GVW PL-FT AX	YD6 - BASE REAR SPRING
YE9 - SILVERADO	YGK - LT245/75R16/E OOR BW TIRES-REAR
ZGK - LT245/75R16/E OOR BW TIRE-SPARE	ZY1 - SOLID PAINT
Z85 - INCREASED CAPACITY CHASSIS PACK	1SB - * DUAL ELECTRIC MIRRORS
1SZ - 1SC SAVINGS W/SUNROOF & CD	11U - LT PEWTER METALLIC
12D - GRAPHITE CUSTOM CLOTH TRIM	12I - GRAPHITE INTERIOR TRIM
6GL - FRONT SPRING SELECTOR LH	7GL - FRONT SPRING SELECTOR RH

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A. MARK FAGGARD
ATTORNEY AT LAW - MEDIATOR

PETROLEUM TOWER
530 FANNIN STREET SUITE 1141
WHAUMONT, TEXAS 77701

409 - 835 - 4500 FAX 409 - 835 - 4555

February 6, 2003

General Motors Corporation
300 Renaissance Center
Mail Code 482C20D71
Detroit, Michigan 48265-3900

Attention: Ted

Re: [REDACTED]

Date of Incident: 1/30/03
Your Claim No. 1-68561738
AMF File No. 03-

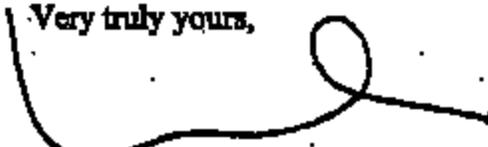
*700mm
No 1241
NO K.P.
2-18-03
93*

Dear Ted:

Please be advised the undersigned counsel has been retained by Power of Attorney and Contingency Fee Agreement to represent the interests of [REDACTED] arising out of the incident of January 30, 2003.

Please direct all future correspondence and/or inquiries to my attention.

Very truly yours,



A. Mark Faggard

AMF/rmn

PRIVILEGED MATERIAL REDACTED



esis

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C20 D71
Detroit, MI 48265-3000

800.888.0164 ext
313.465.0911 ext

September 16, 2003

[REDACTED]
Church Point, LA [REDACTED]

Re: Our File No: [REDACTED]
Our Client: General Motors Corporation
Date/Event: 05/03/03
Subject Vehicle: 2000 GMC Sierra

Dear [REDACTED]

Per our conversation Tuesday, September 16, 2003, we have reached a settlement agreement in the amount of Five Thousand dollars (\$5,000.00). This is full and final settlement of any and all claims.

Attached you will find the Release Agreement. Please sign, date, and notarized the Release. Upon receipt, a check will be sent to your attention.

Should you have any questions please give me a call on 1.800.888.0164.

Sincerely,

Tanya R. Morris

Attachment

9/16/03
[Handwritten initials]

T. Nois 4611

INDIVIDUAL RELEASE AND INDEMNIFICATION OF ALL CLAIMS

RECEIVED

SEP 29 2003

FILE NUMBER: [REDACTED]

KNOW ALL MEN BY THESE PRESENTS:

ESIS-GM CLAIMS UNIT

The undersigned [REDACTED] being of lawful age, for the sole consideration of Five Thousand dollars, (\$5,000.00) to the undersigned in hand paid, receipt whereof is hereby acknowledged, does hereby and for my heirs, executors, administrators, successors and assigns, release, acquit, and forever discharge General Motors Corporation, ESIS, and Dasi Pontiac-Cadillac-Buick-GMC Truck, Inc., and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, suppliers, corporations, associations or partnerships, the "Releasees", of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have, or which may hereafter accrue on account of, or in any way growing out of, any and all known and unknown, foreseen and unforeseen bodily, personal injury and property damage, and the consequences thereof resulting to or resulting from the accident, casualty or event which occurred on or about the 3rd day of May, 2003, at or near Church Point, LA.

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

The undersigned hereby declare(s) and represent(s) that the injuries sustained are, or may be, permanent and progressive and that recovery therefrom is uncertain and indefinite, and in making this Release, it is understood and agreed, that the undersigned relies wholly upon the undersigned's own judgment, belief and knowledge of the nature, extent, effect and duration of said injuries and liability therefore, and it is made without reliance upon any statement or representation of the party or parties hereby released, or their representatives, or by any physician or surgeon by them employed.

It is understood and agreed that this Release is intended to cover, and does cover, without limitation, claims which are known and unknown, claims for known and unknown injuries, and/or damage claims for anticipated or unanticipated injuries and/or damage; and claims for expected or unexpected consequences of injuries and/or damages, which have resulted or may result from any alleged conduct, acts, or omissions of any of the Releasees.

It is understood and agreed that the undersigned, his/her heirs, executors, administrators, and assigns does agree to indemnify, save harmless and defend the Releasees from all claims and demands for damages, costs, expense or compensation on account of, or in any way arising out of the accident, casualty or event which occurred on or about 05/03/03, including actual damages, actual attorneys fees and all other costs arising out of claims for contribution and/or common law indemnification, and/or contractual indemnification brought against the Releasees by any person whatsoever.

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

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

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

Signed, sealed and delivered this 29 day of September, 2003.

CAUTION: READ BEFORE SIGNING

WITNESSES

Christy Andropoff

LS

State of Mississippi

County of St. Landry

on 17 September 2007 before me personally appeared [redacted] to me known to be the person(s) named herein and who executed the foregoing Release and He acknowledged to me that He voluntarily executed the same.

My term expires 11/20/12, 2012

Raymond H. Jones
Notary Public

461124

PI

SR No.	1-00412820	Ref No.	LA / 8AM	BRD Type	PAR	Safety Yes	Bus. Unit	BRC
Last Name	[REDACTED]	Site	[REDACTED]	Approval	Not Initiated		Area	PAR
Evening #	[REDACTED]	First Name	[REDACTED]		Body - Tank / Tailgate / Hatchback		Sub-Area	Initial PAR-Injury Points
		Street	[REDACTED]		Diast Pontiac-Cadillac-GMC Truck, Inc.	Updated		[REDACTED]
		City	Church Point		Closed			SUE
		State	LA	ZipCd	[REDACTED]			
Make	GMC	Mileage	100000	Serial #VIN	1GTEC1MTR[REDACTED]			5/8/03 2:50:41 PM
Skim		Year	2000	Warr. Start	10/12/1999	Abstract	HARNESSE BROKE / INJURIES	Closed 5/8/03 2:54:30 PM
Customer Description	PAR FILE, TRANSFER CUST TO SUE LE EXT 68808							

DA

Latex Notes
RECEIVED

Owner MAY 08 2003 5/8/03 3:00:00 PM

ESIS-GM CLAIMS UNIT

Antisport: NO OTMNI
1241 Logger PB

D23M2: [REDACTED] 0.0 None

D: [REDACTED] 1

Y: [REDACTED] Dry

Deal GMC: [REDACTED] Asphalt

N/A: [REDACTED] N/A

Component: TALGATE CABLE

Cust states he was driving 4 wheeler onto bed of truck.
Cust states as soon as the back wheels were going over tailgate, that is when the tailgate gave in.
Cust states he fell back with the 4 wheeler landing on top of him.
Cust states his hand was crushed and he received a cut lip.
Cust states tailgate landed on ground, handle broke, hinges broke, straps broke and his tailgate is so warped that it won't go back onto vehicle.

Tailgate has in dent.
Hinges broke
Straps broke

285 Highway 701
Church Point LA 70025

Vehicle Location: Cust home address

N/A

Insurance Agency: Dupre Godchaux Carter (337) 948-8983

N/A

Cust needs to let GM know that we need to either change the steps to something stronger or we need to have writing in certain manual indicating not to load 4 wheels onto bed using tailgate.

PAR Detail

_____ N _____ Y _____ N _____ N
 _____ O _____ DRY

 _____ Personal

_____ RAMP FOR H88 4 WHEELER

 _____ Prep Est
 _____ Repair Cost
 _____ CABLE FOR THE RAMP/TAIL GATE FELL OFF

 _____ Inspection Not Performed _____

05/06/03 SULE BR Closed - Discontinued Done

Service Request has been Closed/Discontinued.

Comment

**Confidential
 Comment**

05/06/03 SULE BRC PAR E888- Injuries Done
 CRM FORWARDING THE FILE TO E888 BY E-MAIL AND BY FAX TODAY

E888

Comment

**Confidential
 Comment**

05/06/03 SULE BRC PAR GM Decision- Other Done
 BUSINESS SUMMARY: CRM RECEIVED AND REVIEWED THE CASE, CRM CONTACTED CUST, SVM AND AVM, CRM FORWARDING THE CASE TO E888 DUE TO THE INJURIES, NO OFFER TO REPAIR OR REPURCHASE MADE TO THE CUST

E888

Comment

**Confidential
 Comment**

05/06/03 SULE BRC PAR Close-No Offer to Repair/Rep Done

CRM CLOSING THE CASE

Comment

**Confidential
 Comment**

05/06/03 SULE BRC PAR Inspection Not Required Done

NO INSPECTION

Comment

**Confidential
 Comment**

05/06/03 SULE BRC PAR Initial Contact- AVM Done
 CRM PROVIDED AVM WITH CRM AND CUST'S INFO

AVM

Comment

**Confidential
 Comment**

05/06/03 SULE BRC PAR Initial Contact- Dealer Done
 CRM LEFT A MESSAGE FOR SVM. CRM PROVIDED SVM WITH CRM AND CUST'S INFO

DLR

Comment

**Confidential
 Comment**

05/08/03	SULE	BRC PAR	Initial Contact-Phone	Done	CUST CALLED IN
<u>Comment</u>	DESCRIPTION OF THE INCIDENT: CUST STATES HIS FOUR WHEELER WAS ON THE RAMP. CUST STATES HE STEPPED ON THE TRUCK, THE CABLE SNAPPED, THE TAIL GATE FELL OFF, CUST FEEL TO THE GROUND, THE FOUR WHEELER FLIPPED, CUST MOVED OUT OF THE WAY TO AVOID THE FOUR WHEELER, CUST STATES THE FOUR WHEELER LANDED ON HIS HAND, CUST STATES HE HAD TO GET 4-6 STITCHES ON HIS HAND, THE FOUR WHEELER CRUSHED HIS HAND BUT NO BROKEN BONES, CUST BEERS GM TO FIX THE VEH AND COMPENSATE HIM FOR THE MEDICAL BILLS. CRM ADVISED CUST THAT CRM WILL FORWARD THE FILE TO EBSI FOR FURTHER REVIEW, CRM ADVISED CUST OF EBSI'S TIME FRAME TO CONTACT HIM, CUST AGREED.				<u>Confidential</u> <u>Comment</u>
05/08/03	SULE	BRC PAR	Acknowledgement	Done	AT 337-643-8178
<u>Comment</u>	CRM CALLED AND LEFT A MESSAGE FOR CUST TO CALL CRM BACK. CRM ADVISED CUST THAT CRM WILL BE AWAL FROM 8-9PM EASTERN TIME. CRM ADVISED CUST TO PROVIDE CRM WITH A DAYTIME CONTACT NUMBER. CRM PROVIDED CUST WITH THE SERVICE REQUEST NUMBER.				<u>Confidential</u> <u>Comment</u>
05/08/03	SULE	Research		Done	CASE SCAN
<u>Comment</u>	CASE SCAN-NONE FOUND OPEN CAMPAIGN-00083 FRONT BRAKE PIPE CONTACT WITH BODY CROSS BELL CUSTOMER'S ADDRESS: 288 HIGHWAY 781 CHURCH POINT, LA 70625 337-643-8178				<u>Confidential</u> <u>Comment</u>
05/08/03	SULE	Ownership Changed	Ownership Escalated to BRC	Done	Ownership Escalated to BRC
<u>Comment</u>					<u>Confidential</u> <u>Comment</u>
05/08/03	LOTTM	Ownership Changed		Done	Service Request Ownership has changed FROM: LOTTM TO: SULE
<u>Comment</u>					<u>Confidential</u> <u>Comment</u>
05/08/03	SULE	BRC PAR	Case Assigned	Done	assigned file to Sam Le at ext. 55808
<u>Comment</u>					<u>Confidential</u> <u>Comment</u>
05/08/03	ATRACHEF	Ownership Changed		Done	Service Request Ownership has changed FROM: ATRACHEF TO: LOTTM
<u>Comment</u>					<u>Confidential</u> <u>Comment</u>
05/08/03	LOTTM	Escalation	Initial PAR	Done	Assigning entity to PAR QUE
<u>Comment</u>	CRM advised that a person from the PAR Department will contact the customer within 1-2 business days.				<u>Confidential</u> <u>Comment</u>
	free stroke pdr case				
	Received and assigned in PAR. Major Lot/PAR				
05/08/03	ATRACHEF	Outbound Call Dealer	Made Contact	Done	Srv Mgr Bob Trahan
<u>Comment</u>	Srv Mgr states cust has had this happen to him 2 times. Srv mgr indicates that the tailgate cannot hold the weight of a 4wheeler. Srv mgr states it does not specifically state that in owners manual.				<u>Confidential</u> <u>Comment</u>

0202403 free stroke pdt cas
ATRACHEF Inbound Call Customer Complex Request

Done Tailgate harness broken

Comment

Cust states this is second time harness has broke on his tailgate.
Cust states that this time a rock like fell on him when it gave in.
Cust states he had to go to hospital for head injury.
CRM advised a call to OLR should be made to talk to mrv mgr.

**Confidential
Comment**

C11 free stroke pdt cas
Broken
Occupant of Owner's Vehicle

Body - Truck / Tailgate / Hatchback

Injury Desc

Cust states he had to have 4-5 stitches
Cust states he has a crushed hand/ too broken bones
Cust states his hand is swollen and punctured.

**Medical
Rpt**

Unknown

**Treatment
Loc**

Emergency Room /
OPELOUSAS GENERAL
HOSPITAL

N/A

**Treated
By**

Unknown

Primary Address

City Church Point

State LA Zip

SR No.	1-06412820	Ref No.	LA / 0AM	BRD Type	PAR	Safety Yes	Bus. Unit
Last Name	[REDACTED]	First Name	[REDACTED]	Approval	Not Initiated		Area
Evening #	[REDACTED]	Street	[REDACTED]			Body - Trunk / Tailgate / Hitchback	Sub-Area
		City	Church Point			Diul Poulos-Cedillo-Bush-GMC Truck, Inc.	Updated
		State	LA	ZipCd	[REDACTED]	Closed	
Make	GMC	Mileage	10000	Serial	6MN 10TBC18T2YB105034	Discontinued	
Year	2000	Warr. Start	10/12/1998	Abstract	HARNES BROKE / INJURED		Closed
Customer Description	PAR FILE, TRANSFER CUST TO GUE LE EXT 51808						

Cust states he was driving 4 wheeler o of truck.
 Cust states as soon as the back wheel going over tailgate, that is when the tr gave in.
 Cust states he fell back with the 4 whe landing on top of him.
 Cust states his hand was crushed and received a cut lip.
 Cust states tailgate landed on ground, broke, hinges broke, struts broke and tailgate is so warped that it won't go to vehicle.

Owner	6/23/02	3:00:05 PM	
Address	6/23/02	4.0	None
0	1		
Y	Dry		Compressed TAILGATE CABLE
Diul GMC	Asphalt		
NA	NA		Insurance Agency Dupre Gedchaz Carrier
NA			

Tailgate has is dented
 Hinge broke
 Struts broke
 210 Highway 751 Vehicle Location
 Church Point LA 70628
 NA
 Cust wants to let GM know that we need to change the design to something stronger or need to have warning in owners manual not to load 4 wheeler onto bed using tie lgs

PAR Detail

N	Y	N	N	RAMP FOR HIS 4 WHEELER
0		DRY		
				Prep Set Repair On
				CABLE FOR THE RAMP/TAIL GATE OFF
Personal				

Inspection Not Performed

050603 BULE BR Closed - Classified Done Service Request has been Closed Discontinued.

Comment

Confidential Comment

050603 BULE BRG PAR EBIS- Injuries Done CRM FORWARDING THE FILE TO EMS BY E-MAIL AND BY FAX TODAY

Comment

EMS
Confidential Comment

050603 BULE BRG PAR GM Declion- Other Done BUSINESS SUMMARY: CRM RECEIVED AND REVIEWED THE CASE, CRM CONTACTED CUST, SVM AND AVM, CRM FORWARDING THE CASE TO EBIS DUE TO THE INJURIES, NO OFFER TO REPAIR OR REPURCHASE MADE TO THE CUST

Comment

EMS
Confidential Comment

050603 BULE BRG PAR Close-No Offer to Repair/Rep Done CRM CLOSING THE CASE

Comment

Confidential Comment

050603 BULE BRG PAR Inspection Not Required Done NO INSPECTION

Comment

Confidential Comment

050603 BULE BRG PAR Initial Contact- AVM Done CRM PROVIDED AVM WITH CRM AND CUST'S INFO

Comment

AVM
Confidential Comment

050603 BULE BRG PAR Initial Contact- Dealer Done CRM LEFT A MESSAGE FOR SVM. CRM PROVIDED SVM WITH CRM AND CUST'S INFO

Comment

DLR
Confidential Comment

050603 BULE BRG PAR Initial Contact- Phone Done DESCRIPTION OF THE INCIDENT: CUST STATES HIS FOUR WHEELER WAS ON THE RAMP. CUST STATES HE STEPPED ON THE TRUCK, THE CABLE SNAPPED, THE TAIL GATE FELL OFF, CUST FELL TO THE GROUND, THE FOUR WHEELER FLIPPED, CUST MOVED OUT OF THE WAY TO AVOID THE FOUR WHEELER, CUST STATES THE FOUR WHEELER LANDED ON HIS HAND, CUST STATES HE HAD TO GET 4-5 STITCHES ON HIS HAND, THE FOUR WHEELER CRUSHED HIS HAND BUT NO BROKEN BONES, CUST SEEKS GM TO FIX THE VEH AND COMPENSATE HIM FOR THE MEDICAL BILLS. CRM ADVISED CUST THAT CRM WILL FORWARD THE FILE TO EMS FOR FURTHER REVIEW, CRM ADVISED CUST OF EBIS'S TRM PRGME TO CONTACT HIM. CUST AGREED.

Comment

CUST CALLED IN
Confidential Comment

050603 BULE BRG PAR Acknowledgement Done CRM CALLED AND LEFT A MESSAGE FOR CUST TO CALL CRM BACK. CRM ADVISED CUST THAT CRM WILL BE AVAIL FROM 8-8PM EASTERN TIME. CRM ADVISED CUST TO PROVIDE CRM WITH A DAYTIME CONTACT NUMBER. CRM PROVIDED CUST WITH THE SERVICE REQUEST NUMBER.

Comment

AT 337-443-8178
Confidential Comment

050603 BULE Research Done CASE SCAN

Comment

Confidential Comment

OPEN CAMPAIGN-00093 FRONT BRAKE PIPE CONTACT WITH BODY CROSS BILL

CUSTOMER'S ADDRESS:
[REDACTED]
CHURCH POINT, LA [REDACTED]

050603 BULE Ownership Ownership Escalated to BRG Done Ownership Escalated to BRG

Comment

Confidential Comment

06/06/03 LOTTM Ownership Changed Done Service Request Ownership has changed FROM: LOTTM TO
Comment Confidential Comment

06/06/03 BILE BRC PAR Case Assigned Done assigned to Bus Le at ext. 89608
Comment Confidential Comment

06/06/03 ATRACHEF Ownership Changed Done Service Request Ownership has changed FROM: ATRACHE LOTTM
Comment Confidential Comment

06/06/03 LOTTM Inclusion Initial PAR Done Assigning activity to PAR QUE
Comment ORM advised that a person from the PAR Department will contact the customer within 1-2 business days.
Confidential Comment

file attach pck csc

Received and assigned in PAR. Majorie LotiPAR

06/06/03 ATRACHEF Outbound Call Made Contact Dealer Done Srv Mgr Bob Trahan
Comment Srv mgr states cust has had this happen to him 2 times. Srv mgr indicates that the tailgate cannot hold the weight of a 4 wheeler. Srv mgr states it does not specifically state that in owners manual.
Confidential Comment

file attach pck csc

06/06/03 ATRACHEF Inbound Call Customer Complete Request Done Tailgate harness broke
Comment Cust states this is second time harness has broke on his tailgate. Cust states that this time a motor bike fell on him when it gave in. Cust states he had to go to hospital for hand injury. ORM advised a call to DLJ should be made to talk to srv mgr.
Confidential Comment

file attach pck csc

011 Broken Body - Trunk / Tailgate / Hatchback
 Occupant of Owner's Vehicle Pedestrian NA
Injury Desc Cust states he had to have 4-6 stitches. Cust states he has a crushed hand/ thumb broken himself. Cust states his hand is swollen and punctured.
Medical Rpt Unknown Treatment Loc Emergency Room / OPELOUSAS GENERAL HOSPITAL Treated By Unk
Primary Address [Redacted] City Church Point State LA Zip [Redacted]

GM Vehicle Inquiry System Summary

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Service Contract - Warranty Block - Branded Title

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VIN:	1GTEC19T2YB105038
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VEHICLE INFORMATION

Merchandising Model:	TC15953 - 2000 SIERRA 1500 2WD EXT CAB PICKUP	Warranty Start Date:	10/12/1999				
BAR# Order Type	70 - RETAIL - STOCK						
Delivering Dealer:	DIESEL PONTIAC-CADILLAC-BUICK-GMC TRUCK, INC. 3853 149 SERVICE RD S OPELOUSAS, LA 70570 (337) 942-3516	Selling Source:	48 - GMC TRUCK				
		Site Code:	51247				
		Business Associate Code:	116656				
Service Contract:	Yes	Branded Title:	No	Warranty Block:	No	FDI Status:	Paid

CAMPAIGN ELIGIBILITY

Campaign Number	Description	Owner Notified	Campaign Status
00024	FRONT BRAKE HOSE ABRASION	N/A	Closed
00093	FRONT BRAKE PIPE CONTACT WITH BODY CROSS SILL	02/17/2001	Open
02029	AIR BAG SENSING DIAGNOSTIC MODULE (SDM)	N/A	Closed

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER - NO DEDUCTIBLE	10/12/1999	260 miles	10/12/2002	36260 miles
72/100000 SHEET METAL RUST-THROUGH	10/12/1999	260 miles	10/12/2005	100260 miles
36/36000 SHEET METAL CORROSION	10/12/1999	260 miles	10/12/2002	36260 miles
96/80000 PCM/OC EMISSIONS	10/12/1999	260 miles	10/12/2007	80260 miles
36/36000 FEDERAL EMISSIONS	10/12/1999	260 miles	10/12/2002	36260 miles

CLAIM HISTORY

R.O. Date	R.O. Number	Type	Labor Operation	Odometer Reading
04/17/2003	098112	0	F1003 - PROP UNIV JOINT RPL	99947 miles

02/27/2003	036959	0	B9050 - POW STEER PUMP RPL	92662 miles
12/10/2002	035113	0	J5984 - THROTTLE BODY-CLEAN AND ADJUST	92662 miles
12/10/2002	035113	0	Z7901 - 1-DAY COURTESY TRANSPORTATION	92662 miles
12/10/2002	035113	0	C0183 - LEFT FT DOOR WINDOW (POWER) R&R OR REPLACE	92662 miles
12/10/2002	035113	0	J6355 - POWERTRAIN CONTROLLER - REPROGRAM	92662 miles
09/06/2002	033054	#	V0581 - 02029 REPROGRAM SDM	84103 miles
06/26/2002	031481	0	K7231 - INPUT DRUM R&R/RPL	79065 miles
06/26/2002	031481	0	Z7903 - 3-DAY COURTESY TRANSPORTATION	79065 miles
03/26/2001	022328	0	K6360 - RR EXT H8G SEAL RPL	41778 miles
03/26/2001	022328	0	J6355 - POWERTRAIN CONTROLLER - REPROGRAM	41778 miles
03/26/2001	022328	0	B5750 - RT TAILGTE SUPP RPL	41778 miles
03/26/2001	022328	0	B5751 - LT TAILGTE SUPP RPL	41778 miles
02/26/2001	021775	0	C0182 - RIGHT FT DOOR WINDOW (POWER) R&R OR REPLACE	39549 miles
01/05/2001	020817	#	E0600 - SPAR TR HOLD R&R/RP	34689 miles
12/18/2000	020484	#	J5490 - THROTTLE BODY REP	34480 miles
06/12/2000	016793	#	R3290 - OUT RR VU MIR RPL	19353 miles
06/12/2000	016793	#	C0530 - RT QTR GLASS RPL	19353 miles
06/12/2000	016793	#	Z7910 - 1-WAY SHUTTLE COURTESY TRANSPORTATION	19353 miles
06/12/2000	016793	#	V0486 - 1999-00 CV & GMC C/K 1/2T P/U - INSTALL NOTICE LABEL	19353 miles
05/16/2000	016168	#	C3338 - L/F DR TRIM R&R/RPL	17303 miles
05/16/2000	016168	#	C0141 - L/F DOOR WINDOW RUN R&R OR REPLACE	17303 miles
05/16/2000	016168	#	C0020 - WINDSHIELD GLASS RESEAL	17303 miles
05/16/2000	016168	#	Z7901 - 1-DAY COURTESY TRANSPORTATION	17303 miles
03/02/2000	014954	#	B4001 - LT FT DOOR ASSY AGN	12065 miles
03/02/2000	014954	#	C0183 - LEFT FT DOOR WINDOW (POWER) R&R OR REPLACE	12065 miles
03/02/2000	014954	#	B6100 - RT BACK DOOR ALIGN	12065 miles
06/25/1999	E05038	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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VIN:	1GTEC19T2YE105038
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VEHICLE BUILD

Merchandising Model:	TC19953 - 2000 SIERRA 1500 2WD EXT CAB PICKUP		
Gross Vehicle Weight Rating:	2815 kg (6207 lb)	Order Number:	BPZB3Q
Build Date:	06/25/1999	Build Plant:	1YES3

OPTION CODES

AJ1	AM7 - REAR SEAT FOLDING
AU0 - REMOTE ENTRY	AU3 - SIDE DR, ELBC
A31 - POWER OPERATED, ALL DOORS	A95 - FRT BKT, HIGH BACK, DRIVER & PA
B30 - CARPET	B32 - FLOOR MATS, AUX
B33 - FLOOR MATS, AUX	B85 - BODY SIDE MOULDINGS, BRIGHT
C60 - AIR CONDITIONER FRT, MAN CONTR	DK6 - ROOF CONSOLE
D07 - FLOOR CONSOLE	D48 - LH & RH, REMOTE CONTROL, ELECTR
EVA - DVT, EVAP EMISSION REQUIREMENT	E63 - FLEETSIDE BODY OPTION
F89 - FEDERAL EMISSIONS	GMC - PONTIAC, MI, USA
GU6 - 3.42 REAR AXLE RATIO	G80 - LIMITED SLIP
JC5 - VAC POWER, 4 WHL DISC, 7,200 LB	KNP - TRANSMISSION FLUID COOLER
K34 - CRUISE CONTROL	K47 - HIGH CAPACITY
K68 - GENERATOR	LM7 - GAB, 8 CYL, 5.3L, MPI, IRON, GM
M30 - 4L60 AUTO TRANS	NF2 - EMISSION SYSTEM, FEDERAL TIER 1
NP5 - STEERING WHEEL- LEATHER WRAPPED	QC1 - P255/70R16 WOL R/PB ST TL ALS
QC3 - ALUMINUM WHEELS	Q4B - GVWR: 2812 KG (6200 LB)
SLM - STOCK ORDERS	TFE - COMMITMENT PLUS
UP0 - AM/PM STEREO, SEEK/SCAN, AUTO R	UQ3 - PREMIUM SPEAKER SYSTEM INCLUDES
UV8 - PROVISIONS FOR MOBILE	UY7 - TRUCK TRAILER, HD
VB3 - STEP, CHROME, IMPACT STRIP	VG3 - IMPACT STRIP
VR4 - WEIGHT DISTRIBUTING PLATFORM	VX8 - COMPLETE

V22 - RADIATOR, CHROME	V73 - USA/CANADA
V76 - TOW HOOKS	XCJ - P255/70R16 WOL R/PE ST TL ALS
YCI - P255/70R16 WOL R/PE ST TL ALS	YD3 - (BASE EQUIP) FOR SCHEDULING GVW
YD6 - RR, BASE EQUIPMENT	YE9 - DECOR PACKAGE
ZCJ - P255/70R16 WOL R/PE ST TL ALS	ZY1 - SOLID
ZE2 - H.D. TRAILERING EQUIPMENT	ZB5 - TOURING SUSPENSION
Z88 - GMC	18C - UPFITTER EQUIP. GROUP - 18C **
1SZ - OPTION PACKAGE	11U - EXTERIOR, DK WILLOW SAGE MET (9
12D - GRAPHITE CLOTH	121 - GRAPHITE (96)
6MT - COMPUTER SEL SUSP (6MT)	7MT - COMPUTER SEL SUSP (7MT)

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VIN:	1GTEC19T2YB105038
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CLAIM HISTORY

Repair Order Date: 04/17/2003		Repair Order Number: 038112		Odometer Reading: 99947 miles					
Serviced By:	DIESEL PONTIAC-CADILLAC-BUICK-GMC TRUCK, INC. 5853 149 SERVICE RD S OPELOUSAS, LA 70570 (337) 942-3516			Selling Source: 48 - GMC TRUCK					
				Site Code: 51247					
				Business Associate Code: 116656					
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
05/02/2003	374	01	0	F1003 - PROP UNIV JOINT RPL	12479126 - JOINT KIT	N/A	N/A	\$124.95	N

Repair Order Date: 02/27/2003		Repair Order Number: 036939		Odometer Reading: 92662 miles					
Serviced By:	DIESEL PONTIAC-CADILLAC-BUICK-GMC TRUCK, INC. 5853 149 SERVICE RD S OPELOUSAS, LA 70570 (337) 942-3516			Selling Source: 48 - GMC TRUCK					
				Site Code: 51247					
				Business Associate Code: 116656					
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
03/14/2003	360	01	0	E9050 - POW STEER PUMP RPL	26081015 - PUMP	N/A	N/A	\$538.66	N

Repair Order Date: 12/10/2002		Repair Order Number: 035113		Odometer Reading: 92662 miles					
Serviced By:	DIESEL PONTIAC-CADILLAC-BUICK-GMC TRUCK, INC. 5853 149 SERVICE RD S OPELOUSAS, LA 70570 (337) 942-3516			Selling Source: 48 - GMC TRUCK					
				Site Code: 51247					
				Business Associate Code: 116656					
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
				J5984 - THROTTLE					

12/27/2002	338	02	0	BODY-CLEAN AND ADJUST	12572717 - FITTING	N/A	N/A	\$42.52	N
12/20/2002	336	02	0	Z7901 - 1-DAY COURTESY TRANSPORTATION	N/A	N/A	N/A	\$30.00	N
12/20/2002	336	04	0	C9183 - LEFT FT DOOR WINDOW (POWER) R&R OR REPLACE.	15093843 - REGULATOR	N/A	N/A	\$279.15	N
12/20/2002	336	05	0	J6355 - POWERTRAIN CONTROLLER - REPROGRAM	N/A	N/A	N/A	\$63.52	N

Repair Order Date:		09/06/2002		Repair Order Number:		033054		Odometer Reading:		84103 miles	
Serviced By:	DIESEL PONTIAC-CADILLAC-BUICK-GMC TRUCK, INC. 5853 149 SERVICE RD S OPELOUSAS, LA 70570 (337) 942-3516					Selling Source:		48 - GMC TRUCK			
						Site Code:		51247			
						Business Associate Code:		116656			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
09/13/2002	308	01	#	V0881 - 02029 REPROGRAM SDM	N/A	N/A	N/A	\$15.89	N		

Repair Order Date:		06/26/2002		Repair Order Number:		031481		Odometer Reading:		79065 miles	
Serviced By:	DIESEL PONTIAC-CADILLAC-BUICK-GMC TRUCK, INC. 5853 149 SERVICE RD S OPELOUSAS, LA 70570 (337) 942-3516					Selling Source:		48 - GMC TRUCK			
						Site Code:		51247			
						Business Associate Code:		116656			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		
07/05/2002	288	01	0	K7231 - INPUT DRUM R&R/RPL	08654132 - CARRIER	V	N/A	\$1723.86	Y		
07/05/2002	288	02	0	Z7905 - 3-DAY COURTESY TRANSPORTATION	N/A	N/A	N/A	\$90.00	N		

Repair Order Date:		03/26/2001		Repair Order Number:		022928		Odometer Reading:		41778 miles	
Serviced By:	DIESEL PONTIAC-CADILLAC-BUICK-GMC TRUCK, INC. 5853 149 SERVICE RD S OPELOUSAS, LA 70570 (337) 942-3516					Selling Source:		48 - GMC TRUCK			
						Site Code:		51247			
						Business Associate Code:		116656			
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments		

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
04/13/2001	160	01	0	K6360 - RR EXT HSG SEAL RPL	24204540 - SEAL	N/A	N/A	\$42.85	N
04/13/2001	160	02	0	J6355 - POWERTRAIN CONTROLLER - REPROGRAM	N/A	N/A	N/A	\$66.96	N
04/13/2001	160	03	0	B5750 - RT TAILGTE SUPP RPL	15756843 - LATCH	N/A	N/A	\$34.28	N
04/13/2001	160	04	0	B5751 - LT TAILGTE SUPP RPL	15756844 - LATCH	N/A	N/A	\$34.28	N

Repair Order Date:		02/26/2001	Repair Order Number:		021775	Odometer Reading:		39549 miles	
Serviced By:	DIEBI PONTIAC-CADILLAC-BUICK-GMC TRUCK, INC. 5853 I49 SERVICE RD S OPELOUSAS, LA 70570 (337) 942-3516				Selling Source:		48 - GMC TRUCK		
					Site Code:		51247		
					Business Associate Code:		116656		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
03/09/2001	150	01	0	C0182 - RIGHT FT DOOR WINDOW (POWER) R&R OR REPLACE	15755430 - REGULATOR	N/A	N/A	\$148.60	N

Repair Order Date:		01/05/2001	Repair Order Number:		020817	Odometer Reading:		34689 miles	
Serviced By:	DIEBI PONTIAC-CADILLAC-BUICK-GMC TRUCK, INC. 5853 I49 SERVICE RD S OPELOUSAS, LA 70570 (337) 942-3516				Selling Source:		48 - GMC TRUCK		
					Site Code:		51247		
					Business Associate Code:		116656		
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
01/12/2001	134	01	#	B0600 - SPAR TR HOLD R&R/RP	15703511 - HOIST	N/A	N/A	\$63.53	N

Repair Order Date:		12/18/2000	Repair Order Number:		020484	Odometer Reading:		34480 miles	
Serviced By:	DIEBI PONTIAC-CADILLAC-BUICK-GMC TRUCK, INC. 5853 I49 SERVICE RD S OPELOUSAS, LA 70570 (337) 942-3516				Selling Source:		48 - GMC TRUCK		
					Site Code:		51247		
					Business Associate Code:		116656		
Cycle	Cycle	Case	Type	Labor Operation	Part	Auth	Person	Line	Comments

Date	Nbr				Code	Code	Total		
12/22/2000	12B	01	#	J5490 - THROTTLE BODY REP	17113665 - BODY	N/A	N/A	\$302.07	N

Repair Order Date:	06/12/2000	Repair Order Number:	016793	Odometer Reading:	19353 miles
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Serviced By:	DIEBI PONTIAC-CADILLAC-BUICK-GMC TRUCK, INC. 5853 149 SERVICE RD S OPELOUSAS, LA 70570 (337) 942-3516	Selling Source:	48 - GMC TRUCK
		Site Code:	51247
		Business Associate Code:	116656

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
06/16/2000	74	01	#	R3290 - OUT RR VU MIR RPL	15760700 - MIRROR	N/A	N/A	\$140.80	N
06/16/2000	74	02	#	C0530 - RT QTR GLASS RPL	15038633 - WDO-B/S	EP	N/A	\$268.98	N
06/16/2000	74	03	#	Z7910 - 1-WAY SHUTTLE COURTESY TRANSPORTATION	N/A	N/A	N/A	\$5.00	N
06/16/2000	74	04	#	V0486 - 1999-00 CV & GMC C/K 1/2T P/U - INSTALL NOTICE LABEL	N/A	N/A	N/A	\$14.80	N

Repair Order Date:	05/16/2000	Repair Order Number:	016168	Odometer Reading:	17303 miles
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Serviced By:	DIEBI PONTIAC-CADILLAC-BUICK-GMC TRUCK, INC. 5853 149 SERVICE RD S OPELOUSAS, LA 70570 (337) 942-3516	Selling Source:	48 - GMC TRUCK
		Site Code:	51247
		Business Associate Code:	116656

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
05/23/2000	67	01	#	C3358 - L/F DR TRIM R&R/RPL	N/A	N/A	N/A	\$14.80	N
05/23/2000	67	02	#	C0141 - L/F DOOR WINDOW RUN R&R OR REPLACE	N/A	N/A	N/A	\$44.41	N
05/23/2000	67	03	#	C0020 - WINDSHIELD GLASS RESEAL	N/A	N/A	N/A	\$32.00	N
05/23/2000	67	04	#	Z7901 - 1-DAY COURTESY TRANSPORTATION	N/A	N/A	N/A	\$30.00	N

				Repair Order					
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Repair Order Date:	03/02/2000	Number:	014954	Odometer Reading:	12065 miles				
Serviced By:	DIESI PONTIAC-CADILLAC-BUICK-GMC TRUCK, INC. 5853 149 SERVICE RD 8 OPELOUBAS, LA 70570 (337) 942-3516			Selling Source:	48 - GMC TRUCK				
				Site Code:	51247				
				Business Associate Code:	116656				
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
03/21/2000	49	01	#	B4001 - LT FT DOOR ASSY AGN	N/A	N/A	N/A	\$14.80	N
03/21/2000	49	02	#	C0183 - LEFT FT DOOR WINDOW (POWER) R&R OR REPLACE	N/A	N/A	N/A	\$44.41	N
03/21/2000	49	03	#	B6100 - RT BACK DOOR ALIGN	N/A	N/A	N/A	\$14.80	N

Repair Order Date:	06/25/1999	Repair Order Number:	B05038	Odometer Reading:	0 miles				
Serviced By:	CROWN BUICK, INC. PO BOX 155 METAIRIE, LA 70004-0155 (504) 455-6666			Selling Source:	48 - GMC TRUCK				
				Site Code:	51223				
				Business Associate Code:	118337				
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
06/28/1999	971	01	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	N/A	N/A	N/A	\$68.86	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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ESIS

An Insurance Services Company

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

800.888.0164 tel
313.665.0911 fax

Tanya R. Morris
Claims Administrator

May 15, 2003

[REDACTED]
Church Point, LA [REDACTED]

RE: Our File No.: 461124
Our Client: General Motors Corporation
Date/Event: 05/03/03
Subject vehicle: 2000 GMC Sierra

Dear [REDACTED]

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

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

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

When we have received this information, we will be in a better position to consider your claim. Should you have any questions regarding this letter or your claim, please do not hesitate to contact me directly at 800.888.0164, Monday through Friday, 8:00 a.m. to 4:30 p.m., EST

Sincerely,

Tanya R. Morris

Tanya R. Morris

Attachment

5/15/03
TR

Claims Administrator:
Claim Number:

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

I, the undersigned, hereby authorize Spaulding Len Hospital to make the authorized use
(Please print name of medical provider)
and/or disclosure of confidential information contained in my medical records to:

BSIS - General Motors Claims
PO Box 300
Mail Code 482-C20-D71
Detroit, MI 48265-3000

I understand that the purpose(s) for which this information is to be used and/or disclosed is for a claim
against General Motors Corporation for an incident which occurred on or about

The confidential information from my medical records and/or x-rays to be disclosed has no limitations as to the dates
of visits or injuries to be disclosed. I understand that full disclosure is authorized. This includes interviews of doctors,
EMTs, and other attendants regarding all matters relating to my examination, diagnosis, care, and treatment.

I understand that if my confidential health information is disclosed to someone who is not required to comply with the
federal privacy protection regulations, then such information may be re-disclosed by the recipient and would no longer
be protected.

I understand that I have a right to revoke this Authorization at any time and that such revocation must be in writing.

A photocopy of this Authorization can be accepted with the same authority as the original.

Printed Name of Patient*	Date of Birth
[REDACTED]	[REDACTED]
Address, City, State and Zip	Social Security Number
[REDACTED] CHURCH MOUNT, LA	[REDACTED]
Signature of Patient*	Date Signed
[REDACTED]	5-23-03

*If you are a personal representative signing this Authorization, please provide a description of your relationship to the
individual and a description of your authority to act for the individual below.

Relationship to individual: _____

Authority to act for individual: _____

I understand that I have a right to inspect or copy my confidential information that is to be used or disclosed.

**THIS AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION WILL REMAIN
IN EFFECT FOR AS LONG AS MY CLAIM AGAINST GENERAL MOTORS CORPORATION IS PENDING UNLESS IT IS
EXPRESSLY REVOKED AT AN EARLIER TIME.**

Attachment for
AUTHORIZATION FOR USE AND/OR DISCLOSURE OF
CONFIDENTIAL MEDICAL INFORMATION

ClmAdm/

CLAIM NUMBER: 461124

Name of treating physician or medical facility:	OPELOUSAS GENERAL HOSPITAL
Street Address:	539 E. PRUDHOMME ST
City, State, Zip:	OPELOUSAS, LA 70570
Phone:	337-948-3011

Name of treating physician or medical facility:	DR. REGINALD SEGAR
Street Address:	631 W. MAPLE AVE.
City, State, Zip:	EUNICE, LA 70535
Phone:	337-546-0424

Name of treating physician or medical facility:	
Street Address:	
City, State, Zip:	
Phone:	

Please use the back of this sheet or a separate piece of paper if additional space is needed.





ST. EDMUND HIGH SCHOOL
Fax Transmittal Memo

From the Office of:

**Mr. Leon E. Estes
Assistant Principal**

**St. Edmund High School
(537) 457-2592
Fax #: (537) 457-2510**

Date: June 30 2003

To: Tanya Norris

Fax #: 313-665-0911

Number of pages being transmitted plus this cover: _____

Comments: Information about accident.

Should you have any trouble receiving this message or do not receive the number of required pages, please call:

St. Edmund High School at (537) 457-2592

000001
000002
000003
000004
000005

ACCT: 73120 -OR HMO
OFFICE OF GROUP BENEFITS & SERVICES FILED
MEMBER NAME GROUP OR ISSUES
Deductible 14.01
DATE-OFF DATE GROUP BENEFITS 1000001

COMPANY AND 22.00

0.00
-10.10

*pd
6/24/03*

Wait for bill - no due.

STATEMENT		PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE				BT1887
DATE	06/06/03	10-99 DATE	00-99 DATE	> 99 DATE	TOTAL	HOW PLEASE PAY THIS AMOUNT
AMOUNT	14.01				14.01	0.00
						14.01

SEND PAYMENT TO:
ST. LAURENCE NURSING ASSOCIATES
PO BOX 1939
OSWEGO, IA 70571-1939
TEL #: 70884472

(387) 542-1918

Statement of Charges
EMERGENCY PHYSICIAN STATEMENT

THE SCHUMACHER GROUP - LA PO BOX 2995 SAN ANTONIO, TX 78299-2995

COUNT NUMBER
4480318

STATEMENT DATE
6/20/03

TAX I.D. NO
72-1278697

DATE OF SERVICE	PT. CHG	DESCRIPTION OF SERVICE/PROCEDURE	AMOUNT
5/03/03	99284	EMERGENCY EVALUATION & MANAGEMENT SERVICES	341.00
TOTAL CHARGES			341.00

TRANSACTIONS:

5/16/03 Ins. Claim Mailed to: STATE EMPLOYEES GRP BENEFITS
 5/18/03 Adjustment HMO/PPO/IPA DISCOUNT .00
 REQUEST FOR ADDITIONAL INFORMATION-ENTITY REQUEST

CHARGE CODE	DATE	BALANCE DUE
882.0, 923.20, 720.5, 2821.9	7/20/03	

TO ENSURE PROPER CREDIT, DETACH THIS PORTION AND RETURN WITH PAYMENT.

THE SCHUMACHER GROUP - LA
 PO BOX 2995
 SAN ANTONIO, TX 78299-2995

MAKE CHECK PAYABLE TO:
 THE SCHUMACHER GROUP - LA

*****AUTO** 3-DIGIT 705
 CHURCH POINT, LA

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK.

ACCT NO [REDACTED] BAL DUE: 341.00
 PATIENT [REDACTED]

Please charge my account balance to one of the following credit cards
 (circle one): M/C VISA

Card# [REDACTED] Exp Dt [REDACTED]

Signature _____

Printed Cardholder Name _____

THE SCHUMACHER GROUP - LA
 PO BOX 2995
 SAN ANTONIO, TX 78299-2995



For inquiries call 1-800-225-0863
 (En Español 1-800-856-5838)

OPELOUSAS GENERAL HOSP.
 P.O. BOX 1389
 OPELOUSAS LA 70571-1389

050703 000048100 PATIENT BILL DETAIL TRANSACTIONS PAGE 1

PATIENT 4450316 CYCLE 001 FINAL GUARANTOR 217982 PAT REP 09
 ANDREPONT, AVIA

CHURCH POINT LA [REDACTED] CHURCH POINT LA [REDACTED]

DATE OF SERVICE	DATE OF POSTING	CHARGE NUMBER	DESCRIPTION	QUANTITY	EXTENDED PRICE
5/03/03	5/03/03	3750155	ACE BANDAGE - 3 INCH	1	2.04
5/03/03	5/06/03	3780125	STANDARD R.R. CARE	1	150.00
5/03/03	5/03/03	3780132	SUTURE TYPE A	1	10.00
5/03/03	5/06/03	3781014	TD INJECTION	1	50.00
5/03/03	5/03/03	4210218	HAND LEFT - 3 VIEWS	1	90.00
5/03/03	5/03/03	4300364	CEPRALEXIN 500 MG CAP U	1	8.37
5/03/03	5/03/03	4303908	TETANUS/DIPHTH (ADULT) .5C	1	16.02
5/03/03	5/03/03	4306193	NEOSPORIN OINT. 1GM PKT	1	1.75
PATIENT 4450316 8 ITEMS TOTAL -----					328.18

		0.2 SURFACE			
E	0481	HINGE, TAILGATE	LT 15756845 GM PART	7.08	0.1 1
	0481	HINGE, TAILGATE	LT REFINISH		0.2 4
		0.2 SURFACE			
E	0482	HINGE, TAILGATE	RT 15756846 GM PART	7.08	0.1 1
L	0482	HINGE, TAILGATE	RT REFINISH		0.2 4
		0.2 SURFACE			
E	1212	CABLE, T/G SUPPORT	LT 15992970 GM PART	24.33	1
E	1213	CABLE, T/G SUPPORT	RT 15992970 GM PART	24.33	1
L	M16	COLOR BLEND	REFINISH		1.5*4
SB		WASTE DISPOSAL	SUBLET REPAIR	3.00*	**

17 ITEMS

MC MESSAGE (B)
 13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS					405.17
PAINT MATERIAL					167.20
PARTS TOTAL					572.37
TAX ON PARTS & MATERIAL @				6.800%	38.92
LABOR	RATE	REPLACE HRS	REPAIR HRS		
1-SHEET METAL	35.00	1.8			63.00
2-MECH/ELEC	45.00				
3-FRAME	50.00				
4-REFINISH	35.00	7.6			266.00
5-PAINT MATERIAL	22.00				
LABOR TOTAL					329.00
TAX ON LABOR				6.800%	22.37
SUBLET REPAIRS					3.00
TAX ON SUBLET		0		6.800%	0.20
TOWING					
STORAGE					
GROSS TOTAL					965.86
NET TOTAL					965.86

ADP SHOPLINK U9733 ES CD LOG 3374-1 DATE 05/13/03 11:22:15AM R6.3 CD 04/03
 HOST LOG
 (C) 1998 - 2002 ADP CLAIMS SOLUTIONS GROUP, INC.

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

**OPELOUSAS GENERAL HOSPITAL
EMERGENCY DEPARTMENT**

520 Prudhomme Lane
Opelousas Louisiana 70570
Phone (518) 948-3011

APP: 4110 62900

After Care Instructions

Diagnosis: Crush Injury/laceration left hand

You have received the following medications: Keflex

- Examination Blood Test X-Rays Urinalysis Sutures
 Tetanus Shot EKG Wrap or Splint Wound Dressing

You have been given medication that may alter your ability to think and/or affect your concentration. It is recommended that you do NOT drive nor operate equipment at this time. Bedrest and/or assistance with ambulation is encouraged.

NOTICE: You have received printed instructions entitled laceration instructions as a guide to aid in your care after discharge.

OTHER INSTRUCTIONS:

- ① Keflex 500mg $\dot{\bar{r}}$ by mouth every 6 hours for infection
- ② Lortab 5/500 $\dot{\bar{r}}$ by mouth every 6 hours if needed for pain
- ③ Apply ice to area for 15-20 minutes every 2-3 hours for 1st 2 days
- ④ Stitches to be removed in 7-10 days
- ⑤ Elevate hand

If you have been instructed to see another Doctor for follow-up care,
PLEASE CALL FOR APPOINTMENT: _____

IMPORTANT

An initial interpretation of your X-Ray/EKG/Lab Test has been done. If the final interpretation indicates that additional treatment is advisable, we will attempt to contact you. We will also attempt to contact you if further treatment is indicated from test results not immediately available.

The care given in the emergency room is considered emergency care only and does not substitute for complete medical care and follow up. You are advised to see your family physician for continued medical care.

The emergency department is always open to serve you. If your condition worsens and other follow up care is not available, please return to the emergency department.

I have received and understand verbal and written instructions.

Signature of Patient or Parent/Guardian

Patient has verbalized understanding of instructions.
R. Seiler
Signature of Individual Giving Instructions

Date: 5/3/08 6:30p M

OPELOUSAS GENERAL HOSPITAL
EMERGENCY DEPARTMENT
AFTER CARE INSTRUCTIONS

HEAD INJURY INSTRUCTIONS

Although no evidence of any serious injury is found at this time, careful attention for the next 24 to 48 hours is advised.

Patients should return to the Emergency Department at once, day or night, if there is:

1. Increasing drowsiness.
2. Difficulty in rousing the patient. (The patient should be awakened every two hours during the first night.)
3. Vomiting.
4. Slowing of pulse.
5. Continued headache.
6. Stiffness of neck.
7. Bleeding or clear fluid dripping from the ears or nose.
8. Weakness of either leg or arm.
9. Convulsions, fits, seizures.

LACERATION INSTRUCTIONS

Millions of Americans every year receive wounds that need stitches. Most of these wounds do well if you follow your doctor's advice.

HOME TREATMENT:

1. Keep your stitches clean and dry.
2. The wound area can be gently cleansed twice a day with soap and water, pat dry and then apply neosporin.
3. If the wound area becomes red, swollen or if pus begins to form, this means the wound has become infected. You should return to your doctor promptly.
4. Your stitches can be removed when your doctor tells you. Most stitches are removed in 4 to 8 days for head or neck wounds and in 7 to 14 days for wounds to other parts of the body.

SPECIAL INSTRUCTIONS:

The care given in the Emergency Room is considered Emergency Care only and does not substitute for complete medical care and follow-ups. You are advised to see your family physician for continued medical care.

The above instructions have been read and explained to me.

Patient/Parent/Guardian: _____

Instructed by: _____

Date: 5-3-03

Date: 5-2-03

FROM: Reginald P. Seagr, M.D.
 PO Box 967
 631 W. Maple Ave.
 Eunice, LA 70535
 (337)-546-0424
 72-0747737

TO: [REDACTED]
 Church Point, LA [REDACTED]

Under 30 days: \$35.00
 30 to 60 days: \$0.00
 60 to 90 days: \$0.00
 Over 90 days: \$0.00
 Int. & Pen. : \$0.00

 \$35.00

DATE	PATIENT	DESCRIPTION	DX	AMOUNT	BALANCE
06/12/03	[REDACTED]	99212 Est Pt Exam, Focused Charges Applied To Your Deductible For Your Visit On 5/12.	V58.3	35.00	35.00

BALANCE on 06/02/03 is \$5.00

[Handwritten Signature]
 6/15/03

ACCOUNTS ARE DUE UPON RECEIPT OF STATEMENT. IF YOU
 HAVE QUESTIONS, CALL GENIA AT (337) 546-0424.

Please return this portion with payment and include your account number on check

Please send pmt to:
 Reginald P. Seagr, M.D.
 PO Box 967
 631 W. Maple Ave.
 Eunice, LA 70535
 (337)-546-0424

If your address has changed:
 [REDACTED]

Account Number: [REDACTED]
 FC: H CS: