esis

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C30 D71
Detroit, MI 48265-3000

800.888.0164 tel
313.665.0911 fax

Tanya R. Morris
Claims Administrator

August 25, 2003

[redacted]
Tulsa, OK [redacted]

RE:	Our File No.:	466125
	Our Client:	General Motors Corporation
	Date/Event:	08/03/03
	Subject vehicle:	2002 Chevrolet Avalanche
	VIN:	3GNEK13T32G246106

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;
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
Claims Administrator

8/25/03

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

I, the undersigned, hereby authorize the following Authorized Health Care Providers to make the authorized use and/or disclosure of confidential information contained in my medical records to ESIS at the address below:

[redacted]
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:

I understand that the purpose(s) for which this information is to be used and/or disclosed is for a product liability claim against General Motors Corporation for an incident which occurred on or about 08/03/03.

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:

- I have a right to inspect or copy my confidential information that is to be used or disclosed.
- 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 may revoke this authorization at any time with respect to any Authorized Health Care Provider by notifying such Authorized Health Care Provider in writing of my revocation of this authorization and delivering to such Authorized Health Care Provider my revocation by mail or personal delivery. ESIS requests a copy of such revocation.

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

[redacted]	Date of Birth [redacted]
Tulsa OK	[redacted]
	Date Signed 8-3-03
Signature of Patient	Authority to act for Individual*

*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.

EXPIRATION OF AUTHORIZATION: ***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 IN WRITING BY MEAS NOTED ABOVE.***

ESIS – General Motors Claims
PO Box 300
M/C 482-C20-D71
Detroit, MI 48265-3000

Claim Number: 466125
Claims Administrator: Tanya R. Morris

ESIS is the third-party administrator for General Motors Corporation.

Service Request PAR [redacted]

466125 PI [redacted]

SR No.	1-12825119	Ref No.		SRC Type	PAR	Bus. Unit	SRC
Account		Site		Goodwill		Area	PAR
Last Name	[redacted]	First Name	[redacted]	Approval	Not Initiated	Sub-Area	Initial PAR- Injury
Daytime #	[redacted]	Con Acct		UCC	Body - Trunk / Tailgate / Hatchback	Safety	Yes
Involved Dealer	Keystone Chevrolet, Inc.	Source	Phone	Priority	Medium	Updated	8/15/03 11:22:45 AM
Serial #/VIN	3GNEK13T32G246106	Licence #		Status	Closed	Owner	DANZEY8
Model	Avalanche	Warr. Start	04/19/2002	Sub-Status	Satisfied	Opened	8/4/03 9:01:51 AM
Make	Chevrolet	Mileage	23000	Year	2002	Closed	8/15/03 11:22:28 AM
Customer Description	This is a Per case, please refer all calls to Cheryl Denzey 800-231-1841 ed#57275			Abstract	[redacted]		

Pre-PAR

PAR Modifier	Owner	Incident Date/Time	8/3/03 11:00:00 AM	Drivers Last Name	[redacted]	First Name	[redacted]
Incident Location	9100 block E Admiral/ Parking lot of fire market	Incident Description	Cust states both steps broke on the tailgate when	DOB	8/8/63	Height	.511"
Road Surface	Asphalt	Road Condition	Sgt and his wife were	Disabilities	Recently experienced neck surgery		
# of Other Vehicles	0	Damage Description	tailgate steps broke causing the cable to swing	Insurance Last Name		Insurance First Name	
Injuries	Y	Component	Sgt grabbed hit the	Insurance Agency	unknown	Agent	
# People In Vehicle	1	Vehicle Location	Vehicle is at the customer's home	Fire Report #	no	Phone #	
Maintenance Location	Keystone Chevrolet	Police Report #	no	Addl Info	Customer recently had neck surgery. Cust stated neck was ok, sprained back and wrist	Emergency Phone	

RECEIVED

AUG 18 2003

FRAUD CLAIMS UNIT

PAR Detail

Collision		Property Damage	N	Non Collision	Y	Thermal Ex	N
Vehicle Speed	0	Weather Condition	dry	Owner Name		Type	
Veh Damage Description	tailgate/cable	Last Service Date		Property Location		Est Repair Cost	no owner info
Est Repair Cost		Loc Last Service		Prop Damage Description		Inspection Date/Time	
Primary Veh Use	Personal	Spec Equip Installer		Inspected By	Inspection Not Performed	Inspection Type	
Spec Equip	none			Explain Other			

Activities

09/16/03	DANZEYS	SR Closed - Satisfied		Done	Service Request has been closed Satisfied.	
09/16/03	SULE	Notify CRM		Done	ESIS reassignment	
09/14/03	DANZEYS	Outbound Call Customer	Left Message	Done	Cam called the cust at the daytime#.	Cm advised the file will be forwarded to ESIS at this time. Someone will contact within 8-10 business days. Cheryl Danzey/Tampa Period 87275
09/14/03	DANZEYS	Outbound Call Dealer	Made Contact	Done	Cam called svc mgr, Phil Haney.	Cm advised the file will be forwarded to ESIS as the cust is seeking medical compensation. Cm advised to hold onto the tailgate cable. Cm will update his svm. Cheryl Danzey/Tampa Period 87275

Activities

08/14/03	DANZEYS	SRC PAR	Close	Done	Business Summary:	Cnn reviewed the file, cnn spoke with the cust to confirm Par facts, cnn forwarding file to ESIS as the cust is seeking medical compensation. Cheryl Danzey/Tampa Packet 67275
08/14/03	DANZEYS	SRC PAR	GM Decision- Other	Done	Forward file to ESIS as the cust is seeking medical compensation.	

Activities

06/14/03	DANZEYS	SRC PAR	Initial Contact- Phone	Done	Crm received a call from the cust.	Description of Incident: The cust states his wife weighs approx 230lbs and he weighs approx 250lbs. The cust states his wife was sitting on the tailgate and he was attempting to sit on it and as he did the tailgate broke. The cust states he has suffered a strained back and spranged right wrist/hand. The cust seeks GM to pay his medical bill of $164.00 and do not know of any other medical compensation as he states his back has still been in pain. Crm advised Per will look into the cable but any medical compensation request will be addressed in a different dept. Crm set a callback with the cust 6/20/03 between 8am-9am est. Cheryl Danzey/Tampa Parlex 67275
[redacted]						
/13/03	DANZEYS	Outbound Call Customer	Made Contact	Done	Crm called the cust at 918-951-1588.	The cust wife advised to speak with him and he can be reached at [redacted] Cheryl Danzey/Tampa Parlex 67275
[redacted]						
06/13/03	DANZEYS	Inbound Call Customer	Voice Mail Received	Done	Crm received a voicemail from the cust returning my call.	

Activities

05/13/03	DANZEY8	Outbound Call Dealer	Left Message	Done	Cnn left an updated voicemail for the svm, Cynthia Harrison-Hayes.	Cnn advised Par does not have inspection paperwork on a tailgate. Cnn will contact the svc mgr to request he create a repair order on this concern and document his finding. Cnn will also request he mail in photos of the broken cable. Cnn will pay the dealership for inspection and photos. Per previous conversation with the svc mgr the cable was rusted and he does not know what the cust and his spouse weight is combined to know if the maximum weight was met. It appears as a goodwill gesture and one time Gill will pay the dealership to repair this broken cable but will need documentation on this concern. Cheryl Dancey/Tampa Perfect 5/7/5
05/13/03	DANZEY8	Inbound Call Dealer/Partner	Voicemail Received	Done	Cnn received a voicemail from the cust returning my call.	

Activities

08/12/03	DANZEYS	Outbound Call Dealer	Left Message	Done	Crm called svc mgr, Phillip Henry, again. Crm left a callback message with Kayla.	There is no Par inspection procedures to fax the dealership for a tail gate inspection. Crm will request he create a repair order to document his observation and cust complaint and to take photos of the cable. Cheryl Danzey/Tampa Perfect 57275
08/12/03	DANZEYS	Outbound Call Customer	Left Message	Done	Crm called the cust at the evening [redacted] and left a callback on the voicemail.	
08/12/03	DANZEYS	Outbound Call Third Party	Made Contact	Done	Crm called David Odom ext/56375 on the AVM Team.	He advised the svm, Cynthia Harrison, has recently married and her last name is now is Hayes. Her contact #800-211-3511 mailbox/6795. He went to the other line and called to verify this info. Cheryl Danzey/Tampa Perfect 57275

Activities

08/12/03	DANZEYS	BRC PAR	Initial Contact- Dealer	Done	Crm called Keystone Chev in Sand Springs, OK 918-245-2201 BAC#113417.	The svc mgr states on - 7/17/03 they replaced the tailgate outside handle as it was warped. On 7/10/02 the cust complained the tailgate would not unlock and they reconnected the tailgate handle to the control rod. He advised they have the tailgate cables as the cust wife dropped them off. Crm advised I will fax paperwork for documentation of their findings. He states his svm has been notified and also looked at the cables. Cheryl Danzey/Tampa Perfect 67275
08/12/03	DANZEYS	BRC PAR	Acknowledgement	Done	Crm called the cust at the daytime[redacted] and left a callback on the voicemail.	
08/11/03	DANZEYS	Scheduled Follow-up		Done	Received file	

Activities

05/11/03	DANZEYS	Ownership Changed		Done	Service Request Ownership has changed FROM: LOTTM TO: DANZEYS	
05/07/03	DANZEYS	BRC PAR	Case Assigned	Done	assigned file to Cheryl Danzey at ext. 57275	
05/07/03	LOTTM	Escalation	Initiate PAR	Done	Assigning activity to PAR QUEUE	CRM advised that a person from the PAR Department will contact the customer within 1-2 business days. C.Newby/CAC/PDX Received and assigned in PAR. Majorie Loll/PAR/Workflow

Activities

06/06/05	MALAMURA	Inbound Call Customer	Transfer/Referral	Done	Transfer/Referral...	Cust. states that Veh. has been taken into the Dir-ship... Cust. calling back as requested... Cust. states that all info. for the SR has been lost and he direct info. to the working Crm... Cust. seeking to know what will be done now that the Veh. has been seen... Cust. states that the Straps have broken on the Gate... Cust. seeking further assistance... Crm advised Cust. that this Crm sees that Cust. was requested to call back in... Crm provided Cust. with SR number - Crm provided Cust. with direct info. for the working Crm... Crm conferenced Cust. with working Crm at Ext. 35164... Lie Malamura/cac/pdx/L2E

Activities

08/04/03	NEWBYCH	Inbound Call Customer	Complex Request	Done	Complaint veh	Original owner/no extended/ Maintenance/dir Cust states both steps broke on the tailgate when cust and his wife were sitting on it Tailgate fell cust hit ground Tailgate hit the trailer hitch Tailgate bent Cust hit his back on the tailgate and then the ground Cust states he has had neck surgery Cust states he has not gone to the dr. yet, will be going approx.8/5 Cust seeks to know how this will be handled. Cust states he has had the tailgate repaired twice (handle) Cust states dir advsd this is a common concern/ cables are too light to support the tailgate CRM advsd cust to get veh into the dir for diagnosis CRM advsd cust to call CRM back after cust has gone to the dr.'s and dir C.Newby/CAC/PDX

UCC Information

G11	Bent / Warped	Body - Trunk / Tailgate / Hatchback

PAR Injuries

[redacted]	Occupant of Owner's Vehicle	[redacted]	Driver	none	Customer fell when tailgate straps broke. Cust hurt his back and wrist.(Cust recently had neck surgery)	Customer's Dr.'s office	Dr. William Kok 919-851-1559

Service Request Activity

SR No.	1-128251116	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.		UCC	Body - Trunk / Tailgate / Hatchback	Safety	Yes
Involved Dealer	Keystone Chevrolet, Inc.	Source	Phone				
Serial #/Vin	3GNEK13T32G248106					Updated	8/15/03 11:22:45 AM
Model	Avalanche	Licence #		Priority	Medium	Owner	DANZEYS
Make	Chevrolet	Warr. Start	04/19/2002	Status	Closed	Opened	8/4/03 9:01:51 AM
Year	2002	Mileage	23000	Sub-Status	Satisfied	Closed	8/15/03 11:22:28 AM
Customer Description	This is a Par case, please refer all calls to Cheryl Danzey 800-231-1841 ext#57275			Abstract	Alleged tailgate broke/cust inj/cat		

Activities

08/15/03	SULE	DANZEYS	SR Closed - Satisfied		Done	Service Request has been Closed Satisfied.
08/15/03	LOTTM	SULE	Notify CRM		Done	EBIS reassignment
08/14/03	DANZEYS	DANZEYS	Outbound Call Customer	Left Message	Done	Crm called the cust at the daytime#.

Crm advised the file will be forwarded to EBIS at this time. Someone will contact within 8-10 business days. Cheryl Danzey/Tampa Posted 57275

Activities

06/14/03	DANZEYS	DANZEYS	BRC PAR	Initial Contact- AVM	Done	Crm left an updated voicemail for the mm, Cynthia Hawkes-Hayes.	Crm advised the cust is seeking medical compensation and the file will be forwarded to EBS. Crm has informed the svc mgr, Phillip Henry, and to hold on to the tailgate cable. Cheryl Danzey/Tempe Packet 57276
06/14/03	DANZEYS	DANZEYS	BRC PAR	Close	Done	Business Summary:	Crm reviewed the file, crm spoke with the cust to confirm Par facts, crm forwarding file to EBS as the cust is seeking medical compensation. Cheryl Danzey/Tempe Packet 57276
06/14/03	DANZEYS	DANZEYS	BRC PAR	Gill Decision- Other	Done	Forward file to EBS as the cust is seeking medical compensation.	

Activities

08/14/03	DANZEYS	DANZEYS	BRC PAR	Initial Contact- Phone	Done	Crm received a call from the cust.	Description of Incident: The cust states his wife weighs approx 230lbs and he weighs approx 260lbs. The cust states his wife was sitting on the tailgate and he was stamping to sit on it and as he did the tailgate broke. The cust states he has suffered a strained back and sprained right wrist/hand. The cust seeks Gill to pay his medical bill of $164.00 and do not know of any other medical compensation as he states his back has still been in pain. Crm advised Par will look into the cable but any medical compensation request will be addressed in a different dept. Crm set a callback with the cust 8/20/03 between 8am-5pm est. Cheryl Danzey/Tampa Parlant 57275
08/13/03	DANZEYS	DANZEYS	Outbound Call Customer	Made Contact	Done	Crm called the cust at 918-861-1588.	The cust wife advised to speak with him and he can be reached at [redacted] Cheryl Danzey/Tampa Parlant 57275
08/13/03	DANZEYS	DANZEYS	Inbound Call Customer	Voice Mail Received	Done	Crm received a voicemail from the cust returning my call.	

Activities

09/13/03	DANZEYS	DANZEYS	Outbound Call Dealer	Left Message	Done	Crm left an updated voicemail for the svm, Cynthia Harrison-Hayes.	Crm advised Per does not have inspection paperwork on a tailgate. Crm will contact the svc mgr to request he create a repair order on this concern and document his finding. Crm will also request he mail in photos of the broken cable. Crm will pay the dealership for inspection and photos. Per previous conversation with the svc mgr the cable was tested and he does not know what the cust and his spouse weight is combined to know if the maximum weight was met. It appears as a goodwill gesture and one time GM will pay the dealership to repair this broken cable but will need documentation on this concern. Cheryl Danzey/Tampa Perfect 57275
09/13/03	DANZEYS	DANZEYS	Inbound Call Dealer/Partner	Voicemail Received	Done	Crm received a voicemail from the cust returning my call.	

Activities

06/12/03	DANZEYS	DANZEYS	Scheduled Follow-up		Done	Awaiting cust callback for initial contact, verify info & visit.	
06/12/03	DANZEYS	DANZEYS	BRC PAR	Initial Contact- AVM	Done	Cnn left a detailed lyl voicemail for the svm, Cynthia Harrison-Hayes 800-211-3911 mailbox#6795.	Cnn advised of this Par file. Cnn will fax paperwork to the svc mr, Phillip Henry, for documentation of his observation as he states the cust wlk dropped of the tailgate cable. The svc mgr states the svm has also looked at the cable. Cnn awaiting cust callback for details. Cheryl Danzey/Tampa Packet 67275
06/12/03	DANZEYS	DANZEYS	Outbound Call Field Rep/Wkld	Reached Wrong No./Disconnect	Done	Cnn called svm, Cynthia Harrison, Node#67275 Mailbox#6795 and reached a recording.	"This is not a recognized number". Cheryl Danzey/Tampa Packet 67275

Activities

09/12/03	DANZEYS	DANZEYS	BRC PAR	Initial Contact- Dealer	Done	Crm called Keystone Chev in Sand Springs, OK 918-245-2201 BAC#112417.	The svc mgr states on 7/17/03 they replaced the tailgate outside handle as it was warped. On 7/18/02 the cust complained the tailgate would not unlock and they reconnected the tailgate handle to the control rod. He advised they have the tailgate cables as the cust wife dropped them off. Crm advised I will fax paperwork for documentation of their findings. He states his svcs has been notified and also looked at the cables. Cheryl Danzey/Tampa Parfet 67276
09/12/03	DANZEYS	DANZEYS	BRC PAR	Acknowledgement	Done	Crm called the cust at the daytime [redacted] left a callback on the voicemail.	
09/11/03	DANZEYS	DANZEYS	Scheduled Follow-up		Done	Received file	
09/11/03	DANZEYS	DANZEYS	Ownership Changed		Done	Service Request Ownership has changed FROM: LOTTM TO: DANZEYS	

Activities

09/07/03	LOTTM	DANZEYS	Notify CRM	Done	file assigned	
09/07/03	LOTTM	LOTTM	Ownership Changed	Done	Service Request Ownership has changed FROM: NEWBYCH TO: LOTTM	
09/08/03	NEWBYCH	NEWBYCH	Inbound Call Customer	Done	update	Cust states he strained his back and wrist Cust states out of pocket for the dr. visit was 184.00 Cust states he is pretty sore Cust states the Dr. gave him some pain meds Cust states to call him back on his cell C.Newby/CAC/PDX

Activities

[redacted]	MALAMUR	MALAMURL	Inbound Call Customer	Transfer/Referral	Done	Transfer/Referral...	Cust. states that Veh. has been taken into the Dir-ship... Cust. calling back as requested... Cust. states that all info. for the SR has been lost and the direct info. to the working Cnn... Cust. seeking to know what will be done now that the Veh. has been seen... Cust. states that the Straps have broken on the Gate... Cust. seeking further assistance... Cnn advised Cust. that this Cnn sees that Cust. was requested to call back in... Cnn provided Cust. with SR number - Cnn provided Cust. with direct info. for the working Cnn... Cnn conferenced Cust. with working Cnn at Ext. 35184... Lb Malamura/cacjpdx/L2E

Activities

08/04/03	NEWBYCH	NEWBYCH	Inbound Call Customer	Complex Request	Done	Complaint veh	Original owner/no extended/ Maintenance/dir Cust states both steps broke on the tailgate when cust and his wife were sitting on it Tailgate fell cust hit ground Tailgate hit the trailer hitch Tailgate bent Cust hit his back on the tailgate and then the ground Cust states he has had neck surgery Cust states he has not gone to the dr. yet, will be going approx.8/5 Cust wants to know how this will be handled. Cust states he has had the tailgate repaired twice (handle) Cust states dlr advsd this is a common concern/ cables are too tight to support the tailgate CRM advsd cust to get veh into the dlr for diagnosis CRM advsd cust to call CRM back after cust has gone to the dr.'s and dlr C.Newby/CAC/PDX

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 :	3GNEK13T32G246106

VEHICLE INFORMATION

Merchandising Model :	CK15936 -2002 AVALANCHE 1500 4WD	Warranty Start Date :	04/19/2002
BARS Order Type :	81 - DEALER USED CAR (CVMS USE)		
Delivering Dealer :	N/A	Selling Source :	N/A
		Site Code :	N/A
		Business Associate Code :	N/A

Service Contract :	No	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	04/19/2002	0 miles	04/19/2005	36000 miles
72/100000 SHEET METAL RUST-THROUGH	04/19/2002	0 miles	04/19/2008	100000 miles
36/36000 SHEET METAL CORROSION	04/19/2002	0 miles	04/19/2005	36000 miles
96/80000 PCM/CC EMISSIONS	04/19/2002	0 miles	04/19/2010	80000 miles
36/36000 FEDERAL EMISSIONS	04/19/2002	0 miles	04/19/2005	36000 miles
39/39000 GM CERTIFIED USED VEHICLE WRTY	04/19/2002	0 miles	07/19/2005	39000 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
07/17/2003	197353	#	B2760 - SUNROOF SLIDING EXTERIOR PANEL - RPL	23326 miles
07/17/2003	197353	#	B5800 - TAILGATE HANDLE RPL	23326 miles
07/17/2003	197353	#	Z5000 - DEALER/RETAILER TRADE(PART OBTAINED LOCALLY)	23326 miles
07/10/2002	181404	#	B5800 - TAILGATE HANDLE RPL	2986 miles
06/12/2002	180152	#	B2900 - SUNROOF SLIDING GLASS PANEL SUNSHADE - R&R/RPL	179 miles
02/13/2002	066102	T	B0318 - BAR, FRONT BUMPER FACE/IMPACT ONE PIECE-RPL	6 miles
02/13/2002	066102	R	B0800 - REAR BUMPER FACE/IMPACT BAR - RPL	0 miles
02/13/2002	066102	T	B0800 - REAR BUMPER FACE/IMPACT BAR - RPL	6 miles

02/13/2002	066102	R	E0420 - WHEEL - RPL	0 miles
02/13/2002	066102	T	B0800 - REAR BUMPER FACE/IMPACT BAR - RPL	6 miles
02/13/2002	066102	T	E0431 - TIRE - REPLACE (GOODYEAR)	6 miles
02/13/2002	066102	T	E0420 - WHEEL - RPL	6 miles
01/22/2002	A46106	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 :	3GNEK13T32G246106

CLAIM HISTORY

Repair Order Date :	07/17/2003	Repair Order Number :	197353	Odometer Reading :	23326 miles

Serviced By :	KEYSTONE CHEVROLET, INC. PO BOX 340 SAND SPRINGS, OK 74063-0340 (918) 245-2201	Selling Source :	13 - CHEVROLET
		Site Code :	05137
		Business Associate Code :	112417

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
07/22/2003	397	01	#	B2760 - SUNROOF SLIDING EXTERIOR PANEL - RPL	15008766 - WDO SUNRF	N/A	N/A	$ 250.89	N
07/22/2003	397	02	#	B5800 - TAILGATE HANDLE RPL	15086873 - HANDLE	N/A	N/A	$ 118.44	N
07/22/2003	397	03	#	Z5000 - DEALER/RETAILER TRADE(PART OBTAINED LOCALLY)	15008766 - WDO SUNRF	N/A	N/A	$ 28.92	N

Repair Order Date :	07/10/2002	Repair Order Number :	181404	Odometer Reading :	2986 miles

Serviced By :	KEYSTONE CHEVROLET, INC. PO BOX 340 SAND SPRINGS, OK 74063-0340 (918) 245-2201	Selling Source :	13 - CHEVROLET
		Site Code :	05137
		Business Associate Code :	112417

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
07/16/2002	291	01	#	B5800 - TAILGATE HANDLE RPL	N/A	N/A	N/A	$ 78.23	N

Repair Order Date :	06/12/2002	Repair Order Number :	180152	Odometer Reading :	179 miles

Serviced By :	KEYSTONE CHEVROLET, INC. PO BOX 340 SAND SPRINGS, OK 74063-0340 (918) 245-2201	Selling Source :	13 - CHEVROLET
		Site Code :	05137
		Business Associate Code :	112417

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
06/21/2002	284	01	#	B2900 - SUNROOF SLIDING GLASS PANEL SUNSHADE -	15061665 - SUNSHADE	N/A	N/A	$ 99.94	N

				R&R/RPL					

Repair Order Date :	02/13/2002	Repair Order Number :	066102	Odometer Reading :	6 miles

Serviced By :	KERBECK CADILLAC PONTIAC CHEVROLET, INC. 430 N ALBANY AVE ATLANTIC CITY, NJ 08401-1315 (609) 344-2100	Selling Source :	13 - CHEVROLET
		Site Code :	15116
		Business Associate Code :	113867

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
11/26/2002	329	01	T	B0800 - REAR BUMPER FACE/IMPACT BAR - RPL	N/A	M	N/A	$ 839.00	Y
11/26/2002	329	02	T	E0431 - TIRE - REPLACE (GOODYEAR)	N/A	M	N/A	$ 176.02	Y
06/18/2002	283	01	R	B0800 - REAR BUMPER FACE/IMPACT BAR - RPL	N/A	M	N/A	$ 839.00	N
05/28/2002	277	01	R	E0420 - WHEEL - RPL	N/A	M	N/A	$ 665.85	N
04/19/2002	266	01	T	B0218 - BAR, FRONT BUMPER FACE/IMPACT ONE PIECE-RPL	N/A	N/A	N/A	$ 1036.53	Y
04/19/2002	266	02	T	B0800 - REAR BUMPER FACE/IMPACT BAR - RPL	N/A	N/A	N/A	$ 839.00	Y
04/19/2002	266	03	T	E0420 - WHEEL - RPL	N/A	N/A	N/A	$ 665.85	Y

Repair Order Date :	01/22/2002	Repair Order Number :	A46106	Odometer Reading :	0 miles

Serviced By :	KERBECK CADILLAC PONTIAC CHEVROLET, INC. 430 N ALBANY AVE ATLANTIC CITY, NJ 08401-1315 (609) 344-2100	Selling Source :	13 - CHEVROLET
		Site Code :	15116
		Business Associate Code :	113867

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
01/25/2002	242	01	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	N/A	N/A	N/A	$ 91.14	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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GM Vehicle Inquiry System
Vehicle Build

VIN	3GNEK13T32G246106

VEHICLE BUILD

Merchandising Model :	CK15936 -2002 AVALANCHE 1500 4WD		
Gross Vehicle Weight Rating :	3178 kg (7007 lb)	**Order Number :**	DVZSR5
Build Date :	01/22/2002	**Build Plant :**	32G36

OPTION CODES

AG1 - 6-WAY POWER DRIVER SEAT	AG2 - 6-WAY POWER PASSENGER SEAT
AJ1 - DEEP TINTED GLASS	AT5 - CENTER SEAT
AU0 - REMOTE KEYLESS ENTRY	AXP - MPV VIN IDENT POSITION
A31 - POWER WINDOWS	A95 - SEATS W/CENTER & ROOF CONSOLE
BVE - SIDE RUNNINGBOARD STEPS	BX2 - BODYSIDE CLADDING
B30 - FULL FLOOR CARPETING	B37 - COLOR-KEYED FRONT AND REAR MATS
B41 - CARGO AREA FLOOR MAT	CF5 - ELECTRIC SUNROOF
C49 - OUTSIDE REARVIEW MIRRORS	C5W - 7000 LBS GVW RATING
C60 - AIR CONDITIONING-FRONT	DF5 - INT R/V MIRROR, LIGHT SENSITIVE
DH2 - LIGHTED LH & RH VISOR MIRRORS	DK2 - ELECTRIC OSRV MIRROR W/DEFOGGER
DK8 - INCL LT SENSITIVE ISRV & ELECT	DT3 - REAR STOWAGE COMPARTMENT
D07 - CUSTOM FRONT FLOOR CONSOLE	EN4 - 3 PIECE RIGID TONNEAU COVER
EVA - EVAP EMISSION REQUIREMENT	FE9 - FEDERAL EMISSIONS
FK2 - TORSION BAR SPRING ADJUSTMENT	FK3 - TORSION BAR SPRING ADJUSTMENT
GT4 - REAR AXLE - 3.73 RATIO	G80 - LOCKING DIFFERENTIAL-REAR AXLE
JC5 - 4 WHEEL POWER DISC BRAKES	K34 - ELECTRONIC SPEED CONTROL
K47 - HIGH CAPACITY AIR CLEANER	K68 - 105 AMP DELCOTRON GENERATOR
LM7 - VORTEC 5300 V8 SFI GAS ENGINE	MSL - SILAO, MEXICO PLANT
M30 - 4 SPD AUTOMATIC TRANSMISSION	NF2 - EMISSION SYSTEM, FEDERAL TIER 1
NP5 - WHEEL	NP8 - AUTOTRAC ACTIVE TRANSFER CASE
NZZ - OFF ROAD SKID PLT&FUEL TNK SHLD	N89 - ALUMINUM WHEEL 17X7.5, SPORT
QIM - P265/70R17 OOR WOL TIRES	R6M - CSV SPECIAL PRICE ASSURANCE
SLM - SALES STOCK ORDERS	TL1 - DELUXE GRILLE W/COMP HEADLAMPS
T96 - FRONT FOG LAMPS	UG1 - HOMELINK 3-CHANNEL DOOR OPENER

UN0 - AM/FM STEREO W/CD PLAYER & ATC	UQ3 - ENHANCED AUDIO SPEAKERS
UY7 - HD 7-LEAD TRAIL. WIRING HARNESS	VB5 - BUMPER FRONT PAINTED
VR4 - WEIGHT DISTRIB. PLATFORM HITCH	VXS - COMPLETE VEHICLE LABEL
V43 - PAINTED REAR STEP BUMPER	V73 - /CANADA
XJM - TIRE FRONT P265/70R17-113S	X88 - CHEVROLET CONVERSION
YD3 - BASE EQUIP FOR SCH GVW PL-FT AX	YD6 - BASE REAR SPRING
YE9 - LS TRIM	YJM - P265/70R17-113S WOL R/PE ST-TL
ZGC - P265/75R16-114S ALT BW TIRES	ZW9 - REAR BUMPER & SPARE TIRE
ZY1 - SOLID PAINT	Z71 - * P265/70R17 OOR BW TIRES
2S2 - HEAVY DUTY TRAILERING EQUIPMENT	1SZ - TO RESIDENTS OF TEXAS,
121 - GRAPHITE INTERIOR TRIM	122 - GRAPHITE/MED GRAY LEATHER TRIM
50U - SUMMIT WHITE	6XM - COMP FRT LH COMPUTER SEL SUSP
7XM - COMPONENT FRT RH COMP. SEL SUSP	

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PRINT DATE: 9/03/03 15:27:23 KEYSTONE CHEVROLET INC PROGRAM: SV161ORG PAGE: 1
REPORT DATE: 9/03/03 ENTIRE SERVICE HISTORY DETAIL USER: PHILLIP

Veh[redacted]Type: L Owner: [redacted] Unit Number:
Ye[redacted]02 Make: CHEVROLET Model: AVALANCHE VIN: 3GNEK13T32G246106 Stock Number: P48119

SO#: 197353 Date:07/17/03 SA#:861 Miles: 23326 FAC#:07399 SO Tot: 417.58 Lbr: 145.41 Pts: 269.97 Net Itm: .00

L#	Type	Amount	ST	Description	Technician
1				Comp: CUST. STATES FRONT SEAL ON SUNROOF COMING LOOSE Caus: LOOSE PANEL SEAL	
	LABOR	19.89	W	Corr: PANEL, SUNROOF SLIDING EXTERIOR - REPLACE	
Labor Op: B2760					594 BRIAN LESTER
	PARTS	231.00	W	Part/Desc: 15008766 HDO SUNRF 009	

L#	Type	Amount	ST	Description	Technician
2				Comp: CUST. STATES HERES KNOCKING NOISE ENG AREA WHEN STARTED COLD. Caus: TECHNICAL SERVICE BULLETIN # 01-06-01-038 Tech Comm: NORMAL NOISE AS PER BULLETIN	
	LABOR	.00	C	Corr: CHECK OPERATION	
Labor Op: 92					730 STEVEN SHORTT

L#	Type	Amount	ST	Description	Technician
3				Comp: CUST. STATES HAS VIBRATION ON RIGHT FRONT TIRE ABO VE 40 MILES AN HOUR	
	LABOR	.00	C	Corr: ROTATE WHEELS	
Labor Op: 3					646 DANIEL MORGAN

L#	Type	Amount	ST	Description	Technician
4				Comp: CUST. STATES VEHICLE PULLS TO RIGHT.	
	LABOR	43.93	ID	Corr: ALIGN FRONT SUSPENSION	
Labor Op: 5					646 DANIEL MORGAN

L#	Type	Amount	ST	Description	Technician
5				Comp: CUST. STATES TAILGATE WONT OPEN. Caus: WARPED/WAVY	
	LABOR	79.57	W	Corr: HANDLE, TAILGATE OUTSIDE - REPLACE	
Labor Op: B5800					594 BRIAN LESTER
	PARTS	38.97	W	Part/Desc: 15086873 HANDLE 009	

L#	Type	Amount	ST	Description	Technician

V[redacted] Type: L Owner: [redacted] Unit Number:
Y[redacted]02 Make: CHEVROLET Model: AVALANCHE VIN: 3GNEK13T35G246106 Stock Number: P48119

Li	Type	Amount	ST	Description	Technician
6				Comp: SERVICE ENG SOON LIGHT ON Caus: AFTERMARKET LOCKING GAS CAP DOES NOT SEAL RIGHT	
	LABOR	.00	C	Corr: RUN DIAGNOSTIC TESTS/NO REPAIR MADE	
Labor Op: 120					

Li	Type	Amount	ST	Description	Technician
7				Comp: PARTS OBTAINED LOCALLY Caus: 2892400	
	LABOR	.00	N	Corr: PARTS OBTAINED LOCALLY	
Labor Op: Z5000					594 BRIAN LESTER

********** ********** ********** ********** ********** ********** ********** ********** ********** **********

SO#: 188395 Date:10/17/02 SA#:061 Miles: 9860 FAC#:07399 SO Tot: 26.70 Lbr: 156.29 Pts: 276.01 Net Ita: .00

Li	Type	Amount	ST	Description	Technician
1				Comp: QUICK-LUBE 29 MINUTES OR THE NEXT ONE IS FREE	
	LABOR	10.00	Q	Corr: QUICK-LUBE 29 MINUTES OR THE NEXT ONE IS FREE	
Labor Op: 1					347 CURTIS WELLS
	PARTS	4.46	Q	Part/Desc: 25014748 FILTER 004	
		1.60	Q	Part/Desc: 12345621 OIL10W30 004	

Li	Type	Amount	ST	Description	Technician
2				Comp: CUST. STATES HERES KNOCKING NOISE ENG AREA ON COLD START.FOR ABOUT 30SEC. Caus: NO TROUBLE FOUND	
	LABOR	.00	C	Corr: CHECK OPERATION	
Labor Op: 92					

********** ********** ********** ********** ********** ********** ********** ********** ********** **********

SO#: 188866 Date:08/08/02 SA#:061 Miles: 5190 FAC#:07399 SO Tot: 86.70 Lbr: 167.17 Pts: 282.15 Net Ita: .00

Li	Type	Amount	ST	Description	Technician
1				Comp: QUICK-LUBE 29 MINUTES OR THE NEXT ONE IS FREE	
	LABOR	10.00	Q	Corr: QUICK-LUBE 29 MINUTES OR THE NEXT ONE IS FREE	

Veh[redacted]ype: L Owner: [redacted] Unit Number:
Year: 2002 Make: CHEVROLET Model: AVALANCHE VIN: 3GNEK13T35G246106 Stock Number: P4B119

L#	Type	Amount	ST	Description			Technician
1				Continued.....			
Labor Op: 1							734 STEVEN SHORTT
	PARTS	4.46	IQ	Part/Desc:	25014748 FILTER	001	
		1.68	IQ	Part/Desc:	12345681 OIL10W30	001	

********** ********** ********** ********** ********** ********** ********** ********** ********** **********

SO#: 180404 Date:07/10/02 SA#:861 Miles: 2986 FAC#:07399 SO Tot: 78.23 Lbr: 245.40 Pts: 282.15 Net Itm: .00

L#	Type	Amount	ST	Description	Technician
1				Comp: CUST. STATES TAILGATE WONT OPEN. Caus: NOT CONNECTED	
	LABOR	78.23	W	Corr: HANDLE, TAILGATE OUTSIDE - R&R	
Labor Op: B5600					594 BRIAN LESTER

********** ********** ********** ********** ********** ********** ********** ********** ********** **********

SO#: 180152 Date:06/18/02 SA#:861 Miles: 179 FAC#:07399 SO Tot: 168.46 Lbr: 301.48 Pts: 391.06 Net Itm: .00

L#	Type	Amount	ST	Description	Technician
1				Comp: CUST. STATES INSIDE SUNROOF COVER WILL NOT SLIDE B ACK. Caus: BROKEN	
	LABOR	26.08	W	Corr: SUNSHADE, SUNROOF - REPLACE	
Labor Op: B2900					594 BRIAN LESTER
	PARTS	73.06	W	Part/Desc: 15061665 SUNSHADE 004	

L#	Type	Amount	ST	Description	Technician
2				Comp: CUST. STATES POWER OUTLET DROP. Caus: NO TROUBLE FOUND	
	LABOR	.00	C	Corr: CHECK OPERATION	
Labor Op: 92					594 BRIAN LESTER

L#	Type	Amount	ST	Description	Technician
[redacted]				Comp: CUST. STATES NEEDS REMOTE	
	LABOR	30.00	IN	Corr: PROGRAM REMOTE TRANSMITTER	
Labor Op: 219					594 BRIAN LESTER

Veh[redacted]Type: L Owner: [redacted] Unit Number:
Yea[redacted]02 Make: CHEVROLET Model: AVALANCHE VIN: 3GNEK13T38G246106 Stock Number: P46119

LN	Type	Amount	ST	Description			Technician
5				Continued.....			
	PARTS	34.84	IN	Part/Desc:	15042968 TRANSMITT	001	
		.21	IN	Part/Desc:	9603 TAG SCREW	001	

********** ********** ********** ********** ********** ********** ********** ********** ********** **********

SO#: 179246 Date:05/23/02 SA#: 7 Miles: 23 FAC#:07399 SO Tot: 31.50 Lbr: 331.48 Pts: 391.06 Net Itm: .00

LN	Type	Amount	ST	Description	Technician
1				Comp: PRE-LOT INSPECTION--USED VEHICLE	
	LABOR	30.00	IX	Corr: INSPECT USED VEHICLE	
Labor Op: 151					131 FRANK WILBORN JR

** End of Report **

esis

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

808.888.0164 tel
313.665.0911 fax

Tiffini Halls
Claims Administrator

August 22, 2003

Leo Talikka
Leo J. Talikka Co., LPA
Taildyne Bldg. Suite 100
Perry Point
2603 Riverside Drive
Painesville, OH 44077

RE: Claimant: [redacted]
Our File No.: 466165
Our Client: General Motors Corporation
Date/Event: 6/6/03
Subject vehicle: 1999 Chevrolet Silverado

Dear Mr. Talikka:

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 client's claim, we request that you provide us with the following information:

1. Statement describing the incident, outlining the date, time and events regarding this matter. Also statements of other witnesses, if available would be appreciated;
2. Proof of defect in your vehicle, including expert's reports, mechanic statements, or other supporting documentation;
3. All medical records concerning the injuries suffered as a result of this accident;
4. Original photographs (or color copies) taken by you, or someone on your behalf, of the vehicle that is the basis of your claim and your client's injury;
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.

esis

When we have received this information, we will be in a better position to consider Mr. Huntington's 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,

T. Hails

Tiffini Hails
Claims Administrator

LEO J. TALIKKA CO., L.P.A.

Attorney and Counselor at Law

Talidyne Building, Suite 100
Perry Point
2603 Riverside Drive
Painesville, Ohio 44077-5173

(440) 352-8500
(440) 942-7900
(440) 428-5618
(440) 352-3630 Fax

August 2, 2003

Received from MSX

RECEIVED

AUG 1 9 2003

ESIS-GM CLAIMS UNIT

Chevrolet - General Motors Corporation
PO Box 33170
Detroit, MI 48232-5170
ATTN: Legal Department

Re: Our Client: [redacted]
Date of Accident/Injury: June 6, 2003

466165

Dear Sir or Madam:

Please be advised that this office has been retained to represent the above-captioned individual for personal injuries sustained as the result of an incident which occurred on or about **June 6, 2003**.

I would suggest that you turn this letter over to your current insurance carrier and ask that one of their representatives contact me at once. **If you were not covered by liability insurance at the time of this accident, we will need a statement to that effect.**

My office is open from 8:30 a.m to 5:30 p.m Monday through Friday. If I am not personally available please ask to speak with my paralegal, Connie.

Thank you for your prompt attention to this matter.

Very truly yours,

99 Chev Silverado
VIN: 1GCEK14T5XE219334

LEO J. TALIKKA CO., L.P.A.
Attorney at Law

/cw

LEO J. TALIKKA CO., L.P.A.
Attorney and Counselor at Law

Talidyne Building, Suite 100
Perry Point
2603 Riverside Drive
Painesville, Ohio 44077-5173

(440) 352-8500
(440) 942-7900
(440) 428-5618
(440) 352-3630 Fax

Received from MS

466165 - Talikka

August 20, 2003

SECOND NOTICE

RECEIVED
SEP 03 2003
ESIS-GM CLAIMS UNIT

Chevrolet - General Motors Corporation
PO Box 33170
Detroit, MI 48232-5170
ATTN: Claims Department

Re: Our Client: [redacted]
Date of Accident/Injury: June 6, 2003

Dear Sir or Madam:

Please be advised that this office has been retained to represent the above-captioned individual for personal injuries sustained as the result of an incident which occurred on or about June 6, 2003.

I would suggest that you turn this letter over to your current insurance carrier and ask that one of their representatives contact me at once. **If you were not covered by liability insurance at the time of this accident, we will need a statement to that effect.**

My office is open from 8:30 a.m to 5:30 p.m Monday through Friday. If I am not personally available please ask to speak with my paralegal, Connie.

Thank you for your prompt attention to this matter.

Very truly yours,

Leo J. Talikka

LEO J. TALIKKA CO., L.P.A.
Attorney at Law

/cw

LEO J. TALIKKA CO., L.P.A.
Attorney and Counselor at Law

Talidyne Building, Suite 100
Perry Point
2603 Riverside Drive
Painesville, Ohio 44077-5173

(440) 352-8500
(440) 942-7900
(440) 428-5618
(440) 352-3630 Fax

September 18, 2003

RECEIVED
SEP 22 2003
ESIS-GM CLAIMS UNIT

Tiffini Hails
ESIS/GM Central Claims Unit
PO Box 300
Mail Code 482 C20 D71
Detroit MI 48265-3000

Re: Our Client: [redacted]
Date of Injury: 6/6/03
Your Insured: General Motors Corporation
Your File No.: 466165

Dear Ms. Hails:

I am in receipt of your correspondence dated August 22, 2003, and submit the following in response to said correspondence.

On June 6, 2003, at approximately 10:00 a.m. [redacted] was exiting the back of the truck bed of his 1999 Chevrolet Silverado and was kneeling on the tailgate and the cables that support the tailgate broke. The sudden jolt caused [redacted] to fall to the ground head first. [redacted] sustained injuries to his head and left wrist. Further, [redacted] cell phone was broken as a result of this fall.

In response to the remaining questions contained in your August 22, 2003, correspondence, please see the enclosed medical records and/bills along with photographs of both the vehicle and [redacted] injuries.

Please contact me after you have reviewed the enclosed documentation so that we may fully discuss this matter.

Respectfully yours,

LEO L. TALIKKA CO., L.P.A.
Attorney at Law

Encl.
cc: James Huntington

LJT/cw

9/18/03 cw

[redacted]

06/10/03

Lake Hospital System 06/10/03 (ER)	$827.60
Lake Emergency Svcs. 06/10/03	182.00
[redacted] 6/10/03	46.00
Lake Hospital System Center Street Clinic 06/13/03	55.00
Professional Fees - Center Street Clinic 06/13/03	requested
Total Medical Expenses	$ 1,110.60 **
Cellular Phone	requested
Total	

** This is not a compete total.

Date of Injury: 06/10/03

Medical Records
Lake Hospital System
Lake West Emergency Room
06/10/03

Lake Hospital System

THE RIGHT CARE. RIGHT HERE.

LakeWest Hospital
30900 Euclid Ave.
Willoughby, OH
44094-4662
(440) 953-8800

LakeEast Hospital
10 East Washington St.
Painesville, OH
44077-3472
(440) 354-2400

Mentor Medical Campus
9485 Mentor Ave.
Mentor, OH
44060-4564
(440) 974-8800

Madison Medical Campus
[illegible] Ridge Rd.
Madison, OH
44057-2561
(440) 428-8800

Rehabilitation and Wellness
8095 Heisley Rd.
Mentor, OH
44060-1838
(440) 352-1200

Home Health
10 East Washington St.
Painesville, OH
44077-3472
(440) 639-0800

Center Street
8555 Center St.
Mentor, OH
44060-4898
(440) 953-8800

Willowick
30418 Lake Shore Blvd.
Willowick, OH
44095-4823
(440) 585-3322

www.lhs.net

CERTIFICATION OF HOSPITAL RECORDS

PATIENT NAME: [redacted]

CASE NO:

TO: Leo Talikka Co LPA
Talidyne Building, Suite 100
Perry Point
2603 Riverside Dr
Painesville, OH 44077

I, Maureen Smith, hereby certify that I am the custodian of Medical Records at Lake Hospital Systems, Inc. WEST, and I further certify that the attached records are true and accurate copies of the original records of [redacted], a patient at Lake West Hospital. I further certify that these records were made at the times indicated on these records by the personnel indicated on these records for the time period 6/10/03 to 6/10/03, and that these records were made and kept in the usual course of business at this hospital.

August 11, 2003 — Maureen Smith
DATE — SUPERVISOR OF MEDICAL RECORDS

State of Ohio)
County of Lake)

Subscribed to and sworn before me on this 11th of August, 2003.

(SEAL)

Deborah K. Rydzewski
NOTARY PUBLIC

DEBORAH K. RYDZWSKI
Notary Public, State of Ohio
My Commission Expires May 15, 2004
(Recorded in Lake County)

LAKE HOSPITAL SYSTEM
PHYSICIAN ORDER SHEET
EMERGENCY DEPARTMENT

20-B

[redacted]

PRIMARY MD/DO CLINIC _____ ROOM # _____
CHIEF COMPLAINT _____
ALLERGIES: None _____ Dictation with this chart? Yes (No)

Time Ordered	PHYSICIAN ORDERS (CIRCLE)	SEC	NURSE	Physician Notes
	Old Records Old X-Rays Old EKG's			S
	CBC w/Diff & Platelets			
	CBC w/Manual Diff & Platelets			O
	CBC w/Platelets PT/INR/PTT			
	Electrolytes (Na, K, Cl, CO_2) Bun Creatinine			A
	Blood Sugar Glucometer BS			
	HCG Qualitative HCG Quantitive			P
	Amylase Lipase Hepatic Panel			
	Digoxin Level Theophylline Level			Signature:
	ETOH Urine Toxicity CK Troponin T			
	Aerosol w/			
	EKG ABG on _____% by RT MD/PA			
	Blood C&S X Urine Dip UA UA C&S			
	Strep Screen (Rapid)			
	Routine Strep Culture			Diagnostic Impressions:
	C&S of _____			
	CXR PA & Lat CXR Port Abd Series			
	C-Spine Trauma C-Spine Routine			- Face Head Abrasion
	CT Scan of _____ Reason:			- (L) Wrist Sprain / 2° Fall
	Without contrast With contrast			
	With Oral and IV contrast			
	US of _____ Reason			Discharge Orders/Information
1230	XRAY Other (L) Wrist Reason Fall Pain	1248		Follow up Dr UC in 2 days
	Psych Eval Restrain _____ Hrs			Return if symptoms get worse
	Leather Soft Vest			Rx prescribed Bacit. oint
	RUE LUE RLE LLE			Naproxen Sodium #20
				Augmentin 875 #20
	Monitor O_2 at			Call + Head Trauma Must
	Pulse Ox on RA/O_2 = _____%			Patient AMA LWBS Time out: we could
	IV _____ _____ Hep Lock # 4 0 5 23AA			Admitted to: Transferred to: Cons
1235	To O.Sec Lab.			Observation: Short
1275	Irrigation & Bandaged Face Wound Home			Condition on Discharge/Transfer Stable
1320	Tetanus Abrasion & NS to Head			Improved Unchanged Other:
1330	- Naproxen Sodium 550 + PO			Stable Aina PA-C
	- Augmentin 875 + PO			MD/DO Signature
	- Wound Care Sheet + Discharge - D/C - Done			ID#

© 1995-99 T-Systems, Inc. Circle or check affirmatives, highlight (N) negatives

19

Lake Hospital System

EMERGENCY PHYSICIAN RECORD

Fall (5)

TIME SEEN: 1230 ROOM: 20B EMS arrival

HISTORIAN: ✓ patient __spouse __paramedics

HX / __EXAM LIMITED BY:

HPI chief complaint: Fall injury to Dwain's Fac Head

onset:
__just PTA
__today
__yesterday
__ days PTA

where:
__home __school
__neighbor's __city park
✓ work __street

context:
✓ tripped / slipped / lost balance __alleged assault
__became dizzy / fainted __bicycle (helmet Y N)
__Fall from (standing position / from height)

location of pain/injuries:
✓ head face mouth
✓ neck chest abdomen
back upper mid- lower
radiating to R/L thigh / leg

right		left	
shldr	hip	shldr	hip
arm	thigh	arm	thigh
elbow	knee	elbow	knee
f-arm	leg	f-arm	leg
wrist	ankle	wrist	ankle
hand	foot	hand	foot

severity of pain:
✓ mild
moderate
severe

associated symptoms:
__lost consciousness / dazed
duration:
remembers:
impact coming to hospital
__seizure

ROS (pertinent positives, neg except as marked)
__loss of bladder/bowel control, urinating
__nausea
__double vision / blurring loss
__trouble breathing / chest pain
__abnormal breathing
__abnormal bladder function
__skin laceration
__recent fever / illness

SOCIAL HISTORY __recreational ETOH __smoker __drug abuse

PAST HISTORY ✓ negative

Meds: __none / ✓ see meds note Advil PRN
Allergies: __NKDA / ✓ see nurses note

[redacted]

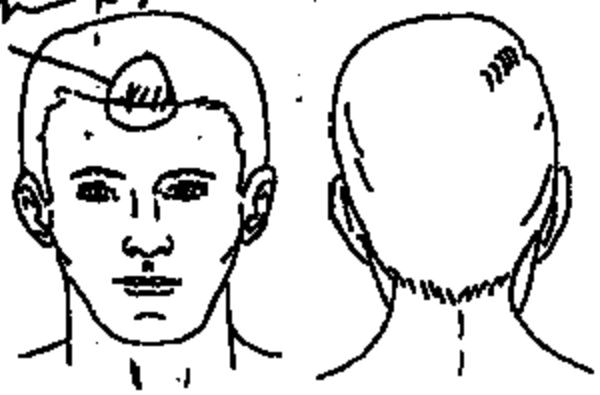
✓ Nurses note reviewed ✓ Tetanus immun. UTD ✓ Vital sign reviewed

PHYSICAL EXAM ✓ alert __Lethargic __Anxious
Distress: __NAD ✓ mild __moderate __severe
Other: __c-collar (PTA / in ED) __backboard __splint

HEAD
__no evidence of trauma
✓ see diagram
__Battle's sign / Raccoon Eyes

NECK
✓ non-tender
✓ painless ROM
✓ trachea midline
__see diagram
__vertebral point-tenderness
__muscle spasm / decreased ROM
__pain on movement of neck

Abrasions x3



EYES
✓ PERRL
✓ EOMI
__unequal pupils R- mm L- mm
__EOM entrapment / palsy
__subconjunctival hemorrhage

ENT
✓ ext external inspection
✓ ext dental injury
__hemotympanum
__TM obscured by wax
__clotted nasal blood
__dental injury / malocclusion

RESP & CVS
✓ chest non-tender
✓ breath sounds nml
✓ heart sounds nml
__see diagram (on reverse)
__decreased breath sounds
__wheezing / rales
__splinting / paradoxical movements

ABDOMEN
✓ non-tender
✓ no organomegaly
__see diagram (on reverse)
__tenderness / guarding / rebound
__mass / organomegaly

GENITAL / RECTAL
__nml genital exam
__nml vaginal exam
__nml rectal exam
__heme negative stool
__perineal hematoma
__blood at urethral meatus
__decreased rectal tone

NEURO / PSYCH
✓ oriented x3
✓ mood & affect
✓ CNS nml as tested
✓ sensation & motor nml
__confusion / disorientation
__EOM palsy / strabismus
__facial asymmetry
__unsteady / ataxic gait
__sensory / motor deficit

SKIN
__intact
__warm, dry

BACK
__no CVA tenderness
__no vertebral tenderness

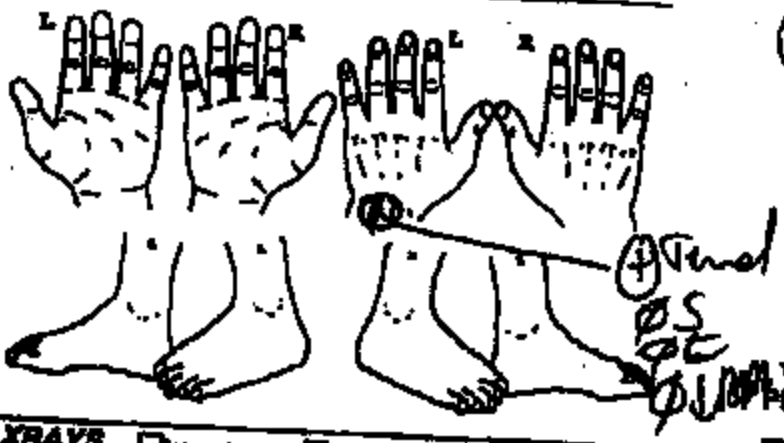
EXTREMITIES
__atraumatic
__pulse stable
__joint-tender
__no pedal edema
__full ROM

__cyanosis / diaphoresis

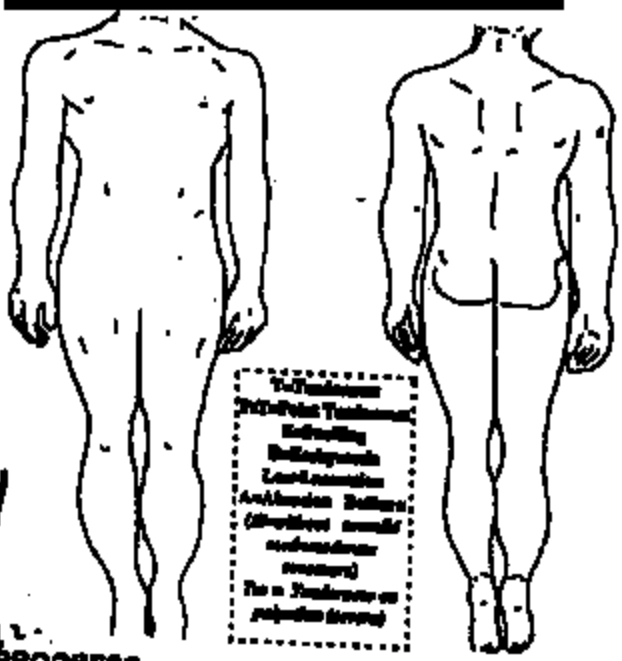
__see diagram
__vertebral point-tenderness
__CVA tenderness
__muscle spasm / limited ROM

__see diagram
__bony point-tenderness
__ambulatory / unable to bear weight
__pulse deficit

Joint Exam:
__limited ROM / ligamentous laxity / joint effusion



[redacted]



PROGRESS:

XRAYS ☐ Interp. by me ☐ Reviewed by me ☐ Discuss w/radiologist

C-Spine D-Spine LS-Spine
__nml / NAD
__no fracture
__nml alignment
__soft tissues nml
__reversal / straightening of curv. lordosis
__DJD / spondylosis / sparring

CXR
__nml / NAD
__no infiltrates
__nml heart size
__nml mediastinum
__rib fractures
__infiltrates / atelectasis
(L) wrist: N/g per rad

OTHER ☐ See separate report

[redacted]

[redacted]

CLINICAL IMPRESSION: Pat

contusion

head		wrist	R/L
face		hand	R/L
chest		hip	R/L
abdomen		thigh	R/L
back		knee	R/L
shoulder	R/L	leg	R/L
arm	R/L	ankle	R/L
elbow	R/L	foot	R/L
forearm	R/L		

sprain/strain
neck dorsal lumbar
Dennis

concussion
with LOC w/o LOC

laceration

Strain Forehead

DISPOSITION: ☑ home ☐ ambulatory ☐ wheelchair
CONDITION: ☐ unchanged ☑ improved ☑ stable

Aina
MD/DO

[redacted]

Pat - 19

L[redacted]E HOSPITAL SYSTEM
E[redacted]RGENCY DEPARTMENT
NURSING NOTES

DATE 6-10-03

[redacted]

PAGE 1 OF ____

TIME	IV SOLUTION ADMIXTURE	RATE	SIZE	SITE	INITIAL	TIME DC	INIT

TIME	MEDICATION	SITE	ROUTE	INIT
1250	TD once		IM	CT
1345	Augmentin 875		PO	CT
1345	Naproxen 500		PO	CT

VITAL SIGNS

TIME	BP	P	R	T	SpO2	PAIN
1400	135/84	72	18			2 /10
						/10
						/10
						/10

VITAL SIGNS

TIME	BP	P	R	T	SpO2	PAIN
						/10
						/10
						/10
						/10

NURSES NOTES

TIME

1155 Ambulatory to Rm 20B.
1200 Pain to Sev - CT 1250 Tetanus/Depth IM as ordered (R) deltoid
#40 83SAA - info given to pt. Head loc. Intact disp. Quiet
Steady wind CT 1345 head wound irrigated, sprayed w/ NS,
PA & BS - CT 1440 Splint applied as ordered. Verbalizes clear
understanding of d/c. Ready for F/U @ urgent care. CT

INTAKE

TIME	ORAL	IV	INFUSED
TOTAL			

OUTPUT

TIME	URINE	NG	EMESIS	OTHER
TOTAL				

TOTAL INTAKE

TOTAL OUTPUT

DISPOSITION
ADMIT TRANSFER DISCHARGE AMA LWBS
DESTINATION _____ TIME 1405

[redacted]

TIME IN: 1055
TRIAGE TIME: 1139
TIME TO TRIAGE:

DATE: 6-18-03

LAKE HOSPITAL SYSTEM — EMERGENCY DEPARTMENT — TRIAGE ASSESSMENT

EAST - 16 East Washington, Painesville, OH 44077 (440) 354-1005 • WEST - 35001 Euclid Ave., Willoughby, OH 44094 (440) 953-5000

To PTA: X None
O2
[redacted] AIRWAY
O MONITOR
O COLLAR
O SPLINT
O OTHER
O IV

REGULAR HOUSEHOLD | O POLICE NOTIFIED | [redacted]

O EMERGENT O URGENT O SEMI URGENT X NON URGENT

X AMBULATORY O W/C O AMBULANCE O POLICE

BP 134/84 | P 65 | R 20 | T 36.4 | SaO2 97%

HOME O2 NO O YES O ____ l/m N.C. ____

WEIGHT: STATED 275 ACTUAL ____ X Est O NO

[redacted]

ALL. # | ADMIT #

CHIEF COMPLAINT: Head LAC, wrist pain

HISTORY OF PRESENT ILLNESS/INJURY: Pt out to things c/o lac to head received while at work getting tools out of truck got of truck hit head ⊖ loc, bleeding controlled c/o pain ⊕ wrist ⊖ deformity ⊖ pulse

MEDICATIONS/DOSAGE (NONE)		N/A	YES	NO	AMOUNT
		ETOH	/		occ
		TOBACCO		/	
		DRUGS		/	

FOOD/DRUG ALLERGIES: NONE KNOWN — N/A

TETANUS IMMUNIZATIONS: O <5 YRS. X >5 YRS. O UNKNOWN O UTD

ARE YOU CURRENTLY IN A RELATIONSHIP IN WHICH YOU FEEL UNSAFE? ____ YES ____ NO

HAVE YOU EVER BEEN A VICTIM OF VIOLENCE? ____ YES ____ NO

DO YOU FEEL PHYSICALLY THREATENED BY ANOTHER PERSON? ____ YES ____ NO

[redacted] RELEVANT REVIEW OF SYSTEMS: CIRCLE N/A (if Not Applicable)

MENTAL STATUS — YES / NO
ALERT
ORIENTED TO PERSON
ORIENTED TO PLACE
ORIENTED TO TIME

NEURO — N/A — YES / NO
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

GLASGOW COMA SCALE — N/A — SCORE
1. EYE OPENING RESPONSE
4 = Spontaneous
3 = To Voice
2 = To Pain
1 = None — 4
2. BEST VERBAL RESPONSE
5 = Oriented
4 = Confused
3 = Inappropriate Words
2 = Incomprehensible
1 = None — 5
3. BEST MOTOR RESPONSES
6 = Obeys Command
5 = Purposeful Move
4 = Withdrawn
3 = Flexion
2 = Extension
1 = Flaccid — 6
SCORE TOTAL

EYE — N/A — YES / NO
[illegible]
[illegible]
[illegible]
[illegible]

	RIGHT	LEFT	BOTH

LACERATION/WOUND — N/A
LOCATION: Top of head
DESCRIPTION/SIZE: 1-2 cm

	YES	NO
[illegible]		/
[illegible]		/
[illegible]		
[illegible]		
[illegible]		

HEART & LUNGS — N/A — YES / NO
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
SKIN COLOR/TEMP.

GI/ABD — N/A — YES / NO
NAUSEA/VOMITING
LOSS OF APPETITE
DIARRHEA
BOWEL SOUNDS PRESENT
LAST BM

GU — N/A — YES / NO
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

GYN — N/A — YES / NO
LMP
[illegible]
[illegible]
[illegible]
[illegible]

GRAVIDA	PARA	AB

ORTHO — N/A — YES / NO
LOCATION: O wrist
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

ARE YOU EXPERIENCING PAIN? ____ YES ____ NO
(If yes, complete above)

PAST MEDICAL HISTORY:
HEART: None
LUNGS
KIDNEY
DIABETES
SEIZURE
HTN
OTHER

INFORMATION PROVIDED BY:
O PATIENT O PARENT
O OTHER ____

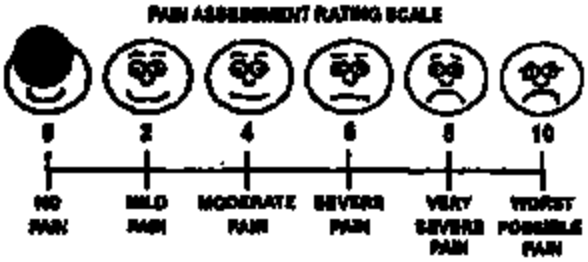
INIT. | SIGNATURE
[illegible] | [redacted]

KEY: CC=Cardiac Collar
BB=Back Board
HB=Head Blocks
HC=Head Circumference

6/03 Jaro

WHAT IS THE INTENSITY OF YOUR PAIN?

PAIN ASSESSMENT RATING SCALE



0-10 NUMERIC PAIN INTENSITY SCALE

FLACC

FACE	0 No Expression	1 Occ. grimace frown	2 Constant frown grimace
LEGS	0 Relaxed	1 Restless, tense	2 Kicking, tense
ACTIVITY	0 Quiet, moves easily	1 Squirming, tense	2 Crying, arcuate or rigid
CRY	0 No cry	1 Moans, whimpers	2 Crying, screams
[illegible]LABLE	0 Relaxed	1 Consolable	2 Difficult to console, comfort

ARE YOU PRESENTLY BEING TREATED FOR ANY CHRONIC PAIN CONDITION? _____YES _____NO

DO YOU HAVE ANY CONCERNS ABOUT USE OF NARCOTICS? _____YES _____NO

PATIENT'S GOAL FOR PAIN: _____/10

PATIENT'S DESCRIPTION OF PAIN:

aching burning tender | throbbing radiating pressure | stinging stabbing sharp | tearing pulsating unbearable | deep dull cramp | miserable nagging crushing

Other: _____

LOCATION: _____

DURATION OF PAIN: _____

Pediatric Intervention:

The effect of this child's illness/injury on the family or caregiver is: _____

Will the parent/caregiver assist with the care of this child? Yes_____ No_____ N/A_____

NOTES: _____

Lake Hospital System

Work Status Report

☐ Center Street ☐ Willowick
☐ Lake East ED ☐ Lake West ED
☐ Madison Medical Campus
☐ Other

Today's Date __/__/__
Time In ____:____ a.m./p.m.
Time Out ____:____ a.m./p.m.
☐ Initial Visit ☐ Follow Up Visit

Employee Name (last, first)	Birthdate	Social Security Number
[redacted]	[redacted]	[redacted]
[redacted]	Date of Injury/Illness 6/10/03	

Diagnosis:
1. Fore Head Abrasion — Primary ICD-9
2. (2) wrist sprain — Secondary ICD-9

Treatment Plan: xray, splint, velcro splint

☑ Return to work with no limitations: on 06/12/03

☐ Return to work with the following limitations: (see below) From __/__/__ To __/__/__

1-10 pounds					Standing or Walking				
11-20 pounds					Sitting				
21-30 pounds					Reach above shoulder				
31-40 pounds					Reach below knee				
41-50 pounds					Bend				
[redacted] pounds					Climb/work at heights				
[redacted] pounds					Twist / Turn				
☐ Other					Squat / Kneel				

Repetitive Motion			
Power / Vibration Tools			
Torquing / Crimping			
Fine Manipulation			

☐ Rt. handed work only ☑ Keep wound clean and dry
☐ Lt. handed work only ☐ Alternate sitting/standing activity
☑ Work activity as much as splint / bandage permits
☐ No driving / operating heavy machinery at work

POLLOW- UP EVALUATION: ☑ Patient to follow-up at:

☐ Center Street
6965 Center Street
Mentor, Ohio 44060
(440) 255-6400

☐ Willowick
30495 Lake Shore Blvd.
Willowick, Ohio 44095
(440) 585-3322

☐ Madison Medical Campus
6270 North Ridge Road
Madison, Ohio 44057
(440) 428-5500

☐ on __/__/__ at ____:____ a.m./p.m.

☐ Physical Therapy (Heisley East West Madison Mentor) on __/__/__ at ____:____ a.m./p.m.

☐ Patient Referred to (Specialist): _____ Phone _____

[redacted] [redacted] 061003
Treating Physician Name (print) Treating Physician Signature Date

I hereby authorize the release of all medical information pertaining to this work related injury/illness to me, my employer, my employers Workers' [redacted]mination Administrator and the Occupational Health Center and any medical provider involved in the diagnosis and/or treatment of this injury. In [redacted], authorization is hereby given to this treating facility to perform any and all test or procedures relative to my injury/illness or physical examination necessary by the ab[redacted]

Employee Signature [redacted] Date Signed: 6/10/03

Company Contact [redacted] Staff Name: _____ Date and Time called: _____

☐ Patient returned to work with no limitations ☐ Patient can return to work with the above limitations
☐ Patient is disabled from work ☐ No work available with above limitations. ☐ Other

[redacted] Fax completed form to Lake Hospital System Occupational Health Services [redacted]

LAKE HOSPITAL SYSTEM RADIOLOGY REPORT

Patient Name: [redacted] Acct#: 0316100477 Unit#: A570514

Age: [redacted] DOB: [redacted] Sex: M Exam Loc: WER Ck-in#: 808441
Current Loc: DIS - WER
Order Dt/Tm: 06/10/03 1243 Check-In Dt/Tm: 06/10/03 1244
Report Release Dt/Tm: 06/10/03 1740

Ord: CUA,WARREN G

Att: ADUSUMILLI,VIJAY
ID #: 284527071
Deliver to:
CUA,WARREN G

Adm: ER,DOCTOR
ID # 2:

Chk-in #	Order	Exam	
808441	0001	3130	XR WRIST,LT, MIN3V Ord Diag: ;PAIN

CLINICAL: Trauma.

LEFT WRIST ON 06/10/03 - 4 VIEWS

No fractures, dislocations, or other significant osseous abnormalities are demonstrated.

[illegible]ls

/READ BY/ [redacted]
/Released

PLS
Original Trans. Start Dt/Tm: 06/10/03 1718
Latest Trans. Start Dt/Tm: 06/10/03 1718

The radiologist noted as RELEASED BY may not be the radiologist who interpreted the films. This radiologist may only be releasing the report for printing according to hospital protocol.

LAKE HOSPITAL SYSTEM

Emergency Imaging Procedure
Preliminary Reading

PRELIMINARY REPORT

Date: NAME [redacted]

Procedure([redacted] PHONE NUMBER

PRELIMINARY REPORTS

Physician DATE: 06/10/03 1244
DIAGNOSIS: HEAD LAC

Radiologi

Technolo

Prelimin

Signature:

ER
208
L

LAKE HOSPITAL SYSTEM
PATIENT CONSENT FORM (Page 1 of 2)

REQUEST FOR GENERAL TREATMENT

I request and authorize Lake Hospital System, its employees, my physician and other physicians or allied health professionals as are necessary to provide emergency, outpatient and/or general hospital treatment and care. Further, I authorize the hospital and my physician(s) to permit the presence of observers in my treatment as deemed necessary.

AUTHORIZATION TO RELEASE INFORMATION

I authorize Lake Hospital System, Anesthesia Associates, Drs. Hill & Thomas, Drs. Hill & Chaprick, EKG Associates, Lake Emergency Services ("Hospital-Based Physicians"), and other interpreting physicians involved in my care to release any medical records or medical information necessary to file an insurance claim, to perform quality and utilization assessments, and to release any medical information which may be requested by my insurance carrier or agencies on their behalf. I authorize the release to other health organizations and/or professionals such medical information deemed necessary to ensure continuity and quality of care in the event of my transfer to another institution. Further, I authorize release of medical information to a quality assurance or peer review committee or organization, compliance audits, research, marketing, Department of Health, federal and/or state agencies

I wish to receive information about other Lake Hospital System programs. ☐ Yes ☐ No

I wish to be included in the daily patient list. ☐ Yes ☐ No

I wish to be included in the clergy caneue. ☐ Yes ☐ No

ASSIGNMENT OF BENEFITS

In consideration of medical services to be received for this admission, I assign to Lake Hospital System or any Hospital-Based Physician, as applicable, all, including Title XVII of Social Security Administration, other benefits herein specified. This assignment shall be irrevocable.

GUARANTEE OF ACCOUNT

I guarantee payment of any and all hospital or Hospital-Based Physician charges not covered by insurance or this assignment, including court costs, if appropriate.

ACKNOWLEDGMENT OF RECEIPT OF MEDICARE/CHAMPUS INFORMATION

I acknowledge that if I am a Medicare and/or CHAMPUS beneficiary, I have been provided with a notice from Medicare and/or CHAMPUS, regarding my rights as a Medicare and/or CHAMPUS hospital patient.

PATIENT RIGHTS

I acknowledge that I have received a copy of "Patients Rights and Responsibilities". ☐ Yes ☐ No

PATIENT PRIVACY

I acknowledge that I have received a copy of "The Notice of Privacy Practices." ☐ Yes ☐ No

0203-4813

LAKE HOSPITAL SYSTEM
PATIENT CONSENT FORM (Page 2 of 2)

PERSONAL CHOICES

I have an Advance Directive - Living Will	Yes	No
I have a Durable Power of Attorney for Health Care	Yes	No
I am an Organ Donor	Yes	No

PATIENT BELONGINGS

Patients are responsible for all money and valuables retained in their possession during their hospital admission or outpatient visit. The hospital is not responsible and accepts no liability for retained belongings including but not limited to money, jewelry, dentures, hearing aids, eye glasses, or other prosthetic devices.

OBSTETRICS

This consent covers this visit/admission and any subsequent visit/admission relating to this pregnancy.

SERIES

This consent covers this visit and any subsequent visit related to this encounter.

NON-COVERED SERVICES OR EQUIPMENT

Check Insurance Type: Medicare Kaiser Other _____

I understand that the service(s) or equipment checked below are considered to be non-covered by my insurance carrier including Medicare. Because this service/equipment is non-covered, I realize that I will be personally responsible for payment.

Check appropriate service:

- Cardiac Rehab Phase III
- Pulmonary Rehab Phase III
- Durable Medical Equipment
- Mammograms (beyond limitations of coverage)

I HAVE REVIEWED AND CONSENT TO ALL APPLICABLE CLAUSES BY SIGNING BELOW. UNDE[redacted] AND IT IS REVOCABLE AT ANY TIME.

Signature [redacted] Relationship to Patient: Self

Witness to the above signa[redacted] Date: 6/10/03

Grievance Process: Should you experience dissatisfaction with your care or services while you are a patient you may call (440) 953-6265 or ext. 6265 to report your concerns. You will be contacted and follow-up on your concerns will occur.

0203-4512

[redacted]

Lake West Hospital System - Emergency Department
[illegible] Euclid Avenue Willoughby, OH 44094
(440) 953-[illegible]
Patient: [redacted], Date: 08/16/2003 Time: 13:33
H.R. #: 370014 Visit #:8316100477

Discharge Instructions

Learning Needs Identified: Illness
Primary Language: English
Barriers Identified: None
Intervention for Barriers to Learning: None
Teaching Methods Used: Printed patient instruction, Verbal instruction
Yes-Need for drug screen verified

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions below.

Lake

You were treated today by Vijay Adusumilli, MD.

(440)

Patient

H.R. #:

THIS INFORMATION IS ABOUT YOUR FOLLOW UP CARE

Arrangements have been made for you to have the following Community Service: Walk-In Centers (Urgent Care). You can reach them at (440) 953-6600, Westlake, Mentor Or Madison. If this Service has not contacted you within 1-3 days, please call them.

THIS INFORMATION IS ABOUT YOUR DIAGNOSIS

ABRASIONS.

[illegible] scrape should heal quickly. It may be more likely to get infected.

Do the following:

- Clean the wound daily with soap and water.
- Wash your hands before and after touching the wound.
- Put a thin layer of the antibiotic ointment on it to help healing.
- Keep the area open to the air.

Call your doctor if you have:

- Increased redness, swelling or pain.
- Pus, drainage or red streaks from your wound.
- Fever.
- Any new or severe symptoms.

HEAD INJURY

You've had a head injury. Your skull and/or brain were affected.

Follow these instructions:

- A family member or friend should wake you up every two hours throughout the first night at home. When they wake you, they should ask you your name, where you are, and what day it is. If you cannot answer these questions, they should call your doctor.
- If you have a headache, sleep with your head raised on a few pillows.
- Rest for a day or two. You can return to your normal activities as you feel able.
- If you are sick to your stomach, avoid heavy foods. Nausea should clear up in a day or two.
- Keep follow-up appointments with your doctor.
- Take any medicines ordered for you by your doctor as scheduled.

Call your doctor if:

- Your headache gets worse or is not relieved by acetaminophen.
- You have problems talking.
- you have difficulty hearing.
- you have any change in your vision.
- you lose your balance or have trouble walking.
- you have trouble thinking clearly.
- you have forceful vomiting.
- you have any questions or concerns.

Your family or friend should call your doctor if:

- you become confused and cannot state your name, where you are, or what day it is.
- they have difficulty waking you up.
- you have a seizure.

If you cannot reach your doctor, return to the Emergency Department right away!

LIGAMENTOUS SPRAIN.

You have sprained your WRIST ligament. Ligaments are rope-like bands that hold bones to each other. You have stretched and torn some of your ligament fibers.

Follow these instructions:

- If you can keep swelling down, you will feel better more quickly. Three things help to keep swelling down in the first 48 hrs:
  - Elevation is most important. Keep the injured part above the level of your heart if you can.
  - Ice packs are very helpful. Use a piece of cloth between the ice pack and the injured part to prevent frostbite.
  - Wrapping is helpful for arms and legs when you must be up and around. An Ace bandage works well.

Call your doctor if you have:

- Increased pain or swelling.
- no improvement in 1 week.
- any new or severe symptoms.

THIS INFORMATION IS ABOUT YOUR MEDICINE:

NAPROXEN (Naprosyn, Anaprox, Aleve).

Take this medicine with food in the following dose: 500 mg by mouth 2 times a day if needed for pain.

This medicine is a pain reliever. It may be used to relieve symptoms such as inflammation (redness and swelling), stiffness, joint pain, and other kinds of pain. Side effects may include: an upset stomach, heartburn or drowsiness. Allergy would show up as: rash or itching, wheezing or shortness of breath.

Follow these instructions:

- Take this medicine with food to avoid an upset stomach.
- Do not take aspirin, Ibuprofen, or Ketoprofen while taking this medicine. (Check the labels on over-the-counter medicines.)
- Store this medicine away from heat, moisture or direct light.
- If you miss a dose, take it as soon as possible. If it is within 4 hours of your next dose (or within 8 hours if you are taking it once or twice a day), skip the missed dose. Do not double the dose.

Call your doctor if you have:

- any sign of allergy.
- any new or severe symptoms.

AMOXICILLIN & CLAVULANATE (Augmentin).

Take this medicine until gone in the following dose: 875 mg (1 tablet) by mouth 2 times a day until gone.

This medicine is an antibiotic. It treats infection caused by bacteria. Side effects may include: diarrhea or an upset stomach. Allergy would show up as rash or itching, wheezing or shortness of breath. An upset stomach is not a sign of allergy.

Do the following:

- Space the medicine doses evenly throughout the day.
- Take this medicine with meals to avoid an upset stomach.
- Take this medicine until gone, even if you are feeling better.
- Store this medicine away from heat, moisture or direct light.
- If you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose. Do not double the doses.

Call your doctor if you have:

- any sign of allergy.
- any sign of a new infection (fever, general aches, sore throat or other discomfort).
- Lack of improvement.
- any new or severe symptoms.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY. Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, call or visit your doctor right away. If you cannot reach your doctor, return to the Emergency Department.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

[redacted]

[redacted] or Responsible Person

[redacted] HUNTINGTON or Responsible Person has received this information and tells me that all questions have been answered.

Call y

- any
- any
- [illegible]

[redacted]

Lake Hospital System

Work Status Report

☐ Center Street ☐ Willowick
☐ Lake East ED ☐ Lake West ED
☐ Madison Medical Campus
☐ Other

Today's Date __/__/__
Time In ___:___ a.m./p.m.
Time Out ___:___ a.m./p.m.
☐ Initial Visit ☐ Follow Up Visit

[redacted] Birthdate [redacted] Date of Injury/Illness [redacted] Social Security Number [redacted]

[redacted] Employer [redacted]

Primary ICD-9

1. Forehead Abrasion

Secondary ICD-9

2. ① Strain-Sprain

Treatment Plan

x-ray, Bentaint Velcro Splint

Whole Meal 1300 West 78th Street Cleveland

☐ Return to work with no limitations: on 06/11/03 6/10/03

☐ Return to work with the following limitations: (see below) From __/__/__ To __/__/__

1-10 pounds				
11-20 pounds				
21-30 pounds				
31-40 pounds				
[redacted] pounds				
[redacted] pounds				
>71 pounds				
☐ Other				

Standing or Walking				
Sitting				
Reach above shoulder				
Reach below knee				
Bend 6/10/03				
Climb/work at heights				
Twist / Turn				
Squat / Kneel				

Repetitive Motion			
Power / Vibration Tools			
Torquing / Crimping			
Fine Manipulation			

☐ Rt. handed work only ☑ Keep wound clean and dry
☐ Lt. handed work only ☐ Alternate sitting/standing activity
☑ Work activity as much as splint / bandage permits
☐ No driving / operating heavy machinery at work

FOLLOW- UP EVALUATION: ☑ Patient to follow-up at:

☐ Center Street
5965 Center Street
Mentor, Ohio 44060
(440) 255-8400

☐ Willowick
30496 Lake Shore Blvd.
Willowick, Ohio 44095
(440) 585-3322

☐ Madison Medical Campus ☐ on __/__/__ at ___:___ a.m./p.m.
5270 North Ridge Road
Madison, Ohio 44057
(440) 428-6800

☐ Physical Therapy (Heisley East West Madison Mentor) on __/__/__ at ___:___ a.m./p.m.

☐ Patient Referred to (Specialist): _____ Phone _____

[redacted] [redacted] 06/10/03

Treating Physician Name (print) Treating Physician Signature Date

I hereby authorize the release of all medical information pertaining to this work related injury/illness to me, my employer, my employers Workers' Compensation Administrator and the Occupational Health Center and any medical provider involved in the diagnosis and/or treatment of this injury. In addition, authorization is hereby given to the treating facility to perform any and all test or procedures relative to my injury/illness or physical examination necessary by the attending physician.

Employee Signature [redacted] Date Signed: 6/10/03

Company Contact: [redacted] Staff Name: _____ Date and Time called: _____

☐ Patient returned to work with no limitations ☐ Patient can return to work with the above limitations

☐ Patient is disabled from work ☐ No work available with above limitations ☐ Other

Form revised from an Lake Hospital System Occupational Health Session (216) 448-8996

Date of Injury: 06/10/03

Medical Bills
Lake Hospital System
Lake West Emergency Room
06/10/03

JKH HOSPITAL SYSTEM INC
P O BOX 92067
CLEVELAND OH 44101
8163541640

PATIENT CONTROL NO. 0316100477 131

FED. TAX NO. 341425870 | 061003 | 061003

MENTOR OH

061003 11 21 7 14 01 570514

061003

MENTOR OH

REV. CD.	DESCRIPTION	HCPCS / RATES	SERV. DATE	SERV. UNITS	TOTAL CHARGES	NON-COVERED CHARGES
251	PHARMACY GENERIC DRUGS		061003	4	19 60	
450	EMERGENCY ROOM SVCS	99125	061003	1	114 00	
450	EMERGENCY ROOM SVCS	99283	061003	1	380 00	
001	TOTAL			9	827 60	

PAYER: 000 BNC | PROVIDER NO. 34142587000 | EST. AMOUNT DUE 827 60

ONE PROOF PATIENT

INSURED'S NAME | PAIL 1 | GROUP NAME | INSURANCE GROUP NO. 03-368730

TREATMENT AUTHORIZATION CODES | EMPLOYER NAME | EMPLOYER LOCATION MENTOR OH

PRIN. DIAG. CD. 9100 | 84200 | 38496 | ADM. DIAG. CD. 95901 | PROCEDURE 99179

PRV.						
9	9354	061003	A	B	H70822	ADHUMILLI, VIJAY
	C	D	E		H70822	ADHUMILLI, VIJAY

REMARKS ADVOCARE
4670 RICHMOND RD #200
CLEVELAND OH 44128

JS-80 HCFA-1450 ORIGINAL

PLEASE DO NOT STAPLE IN THIS AREA

[redacted]

ADVOCARE
4670 RICHMOND RD #200
SUITE 200
CLEVELAND, OH 44128

(PB)

142 [1S1

HEALTH INSURANCE CLAIM FORM

PICA

1. [redacted] UNGRAD CHAMPUS CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER
(Medicare #) (Medicaid #) (Sponsor's SSN) (VA File #) (SSN or ID) (SSN) (ID) X

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)
03-368730

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
[redacted]

3. PATIENT'S BIRTH DATE SEX
[redacted] M X F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)
[redacted]

6. PATIENT RELATIONSHIP TO INSURED
Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY: MENTOR STATE: OH

8. PATIENT STATUS
Single Married Other
Employed Full-Time Student Part-Time Student

CITY STATE

ZIP CODE TELEPHONE (Include Area Code)
[redacted]

ZIP CODE TELEPHONE (INCLUDE AREA CODE) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER
284527071

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (CURRENT OR PREVIOUS)
YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. AUTO ACCIDENT? PLACE (State)
YES NO

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT?
YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
YES NO If yes, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED SIGNATURE ON FILE DATE 08/12/03

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT: MM DD YY
0 03
ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) INJ

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? $ CHARGES
YES X NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)
1. 842 00
2.
3. 910 0
4.

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. Place of Service	C. Type of Service	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS CODE	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. EMG	J. COB	K. RESERVED FOR LOCAL USE
06 10 03		23		99283		84200	182 00	1				

25. FEDERAL TAX I.D. NUMBER SSN EIN
32066354700 X

26. PATIENT'S ACCOUNT NO.
L8234665

27. ACCEPT ASSIGNMENT? (For Gov. Claims, See back)
YES NO

28. TOTAL CHARGE
$ 182 00

29. AMOUNT PAID
$

30. BALANCE DUE
$ 182 00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
I certify that the statements on the reverse apply to this bill and are made a part thereof.
VIJAY ADUSUMILLI, MD
SIGNED 08/12/03 DATE

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office)
LAKE HOSPITAL - WEST
36000 EUCLID AVENUE
WILLOUGHBY, OH 44094

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #
LAKE EMERGENCY SVCS, INC-WES
P.O. BOX 480
WESTFIELD CEN, OH 44251-0480
PIN# GRP# 34145894303

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 6/89) PLEASE PRINT OR TYPE APPROVED OMB-0938-0008 (1/90), FORM HCFA-1500, APPROVED OMB-0938-0008 FORM CMS-1500, APPROVED OMB-0720-0001 (CHAMPUS)

PLEASE DO NOT STAPLE IN THIS AREA

[redacted]

HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE [ ] MEDICAID [ ] CHAMPUS [ ] CHAMPVA [ ] GROUP HEALTH PLAN [ ] FECA BLK LUNG [ ] OTHER [X]

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) [redacted]

3. PATIENT'S BIRTH DATE [redacted] SEX M [X] F [ ]

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) [redacted]

6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street)

CITY: MENTOR ON LAKE OH [redacted] STATE

8. PATIENT STATUS: Single [ ] Married [X] Other [ ]; Employed [ ] Full-Time Student [ ] Part-Time Student [ ]

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) [redacted]

ZIP CODE TELEPHONE (INCLUDE AREA CODE) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES [X] NO [ ]

a. INSURED'S DATE OF BIRTH MM DD YY M [ ] SEX F [ ]

b. OTHER INSURED'S DATE OF BIRTH MM DD YY M [ ] SEX F [ ]

b. AUTO ACCIDENT? YES [ ] NO [ ] PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME: J HUNTINGTON ENTERPRISES

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES [ ] NO [ ]

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [ ] If yes, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNATURE ON FILE

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNATURE ON FILE

SIGNED

14. DATE OF CURRENT: MM DD YY [redacted] ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE [redacted]

17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY 06 10 03

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES [ ] NO [ ] $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)

1. 84200 2. 3. 4.

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. Place of Service	C. Type of Service	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS CODE	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. EMG	J. COB	K. RESERVED FOR LOCAL USE
06 10 03		23	4	73110	26 LT	1	46 00	1				

25. FEDERAL TAX I.D. NUMBER SSN EIN 34-0926955

26. PATIENT'S ACCOUNT NO. I7610516

27. ACCEPT ASSIGNMENT? (For Govt. Claims, see back) YES [ ] NO [ ]

28. TOTAL CHARGE $ 46 00

29. AMOUNT PAID $

30. BALANCE DUE $ 46 00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) [redacted]

SIGNED 08222003 DATE

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)
LAKE HOSPITAL SYSTEMS - W
36000 EUCLID AVE
WILLOUGHBY, OH 44094

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #
PAYNE, TYLE & THOMAS CO.
P.O. BOX 643026
CINCINNATI, OH 45264-3026
216-831-2006

PIN# GRP#

APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 4/90
9-1406049-100

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0008 FORM HCFA-1500, FORM RRB-1500, APPROVED OMB-0938-0008 FORM CHAMPUS-501. APPROVED OMB-0938-0008 CHAMPUS PATCH

Date of Injury: 06/10/03

Medical Records
Lake Hospital System
Center Street Clinic
06/13/03

Lake Hospital System

☐ 8870 N. Ridge Rd. Madison, OH 44057 440 639-0726 | ☐ 9485 Center St. Mentor, OH 44060 (440) 255-8400 | ☐ 30405 Lakeshore Willoughby, OH 44095 (440) 585-5222

VE-01 (9)

TOC

ACCT NO	DATE	TIME IN	TIME OUT	MR-NO	PATIENT S.S.#	INSURANCE/CARRIER
0316400298	06/13/03	10:26	1045	570514	[redacted]	ADVOCARE

PATIENT NAME (LAST, FIRST, MI)	PATIENT ADDRESS, CITY, STATE, ZIP	
[redacted]	[redacted] MENTOR	OH [redacted]

AGE	BIRTH DATE	SEX	PATIENT PHONE	GUARANTOR NAME	GUARANTOR EMPLOYER
47Y	[redacted]	M	[redacted]	[redacted]	[redacted]

GUARANTOR ADDRESS, CITY, STATE, ZIP			GUARANTOR PHONE #	GUARANTOR S.S.#
5619 IVY DR	MENTOR	OH 44060	[redacted]	

CONSENTS AND RELEASES

The undersigned hereby consent to the administration of such medications, nursing and treatment for the above named patient as are considered necessary or advisable by the physicians and health personnel at the Medical Centers, Inc. I hereby authorize and release of necessary information to authorized agencies, insurance companies or family doctors, and further assign any and all applicable insurance benefits to the Medical Centers, Inc. and personally guarantee payment for services not covered by my insurance.

[redacted] REPRESENTATIVE)

[redacted]

[redacted]

PC FU HEAD LAC 06/10/03

	LMP	WT	TETANUS	ALLERGIES TO MED.
[redacted]			03	NKDA

	TEMP	PULSE	RESP.
126/82	98.4	60	16

NURSES NOTES — NO PAIN 0 1 2 3 4 5 6 7 8 9 10 — WORSE PAIN

Pt for F/U

NURSES SIGNATURE [signature]

TIME	
1030	Laceration forehead - closed & steri strip x 3 pain at wrist seen @ Lake West ER 6/10/03

HISTORY & PHYSICAL FINDINGS

TIME	
1055	S: Like to alone. Seen in the ER. NO LOC. Wrist injury. Bruising. Swelling. Bandaged at ER & VASCAL problem.
	O: [illegible]
	Head: Steri-strips intact. Warm with edema of forehead. Pt. [illegible]
	Ct wrist: Mild tenderness. Mild edema. Swelling & tenderness. Full ROM

PHYSICIANS ORDERS Treatment - Rest at home

DIAGNOSIS & TESTS	TREATMENT, RXS & SAMPLES
	- Wrist splint
	- ICE
	- Wound care
	- Rx: pain

CONDITION ON DISCHARGE ☐ STABLE

GOOD ☒ IMPROVED ☐ UNCHANGED ☐ TRANSFERRED

PATIENT CALL BACKS

ICD-9-CM	DIAGNOSIS
959.0	Contusion arm
910.0	Forehead Abrasion
848.00	
E917.9, E849.0	

PHYSICIAN [redacted]

PRINTED

Lake Hospital System

Work Status Report

☒ Center Street ☐ Willowick
☐ Lake East ED ☐ Lake West ED
☐ Madison Medical Campus
☐ Other

Today's Date 6/13/03
Time In 12:00 a.m./p.m.
Time Out 12:45 a.m./p.m.
☐ Initial Visit ☒ Follow Up Visit

[redacted] Name (last, first) | Birthdate | Social Security Number

[redacted] 6/10/03 [redacted]

Diagnosis:
1. Head trauma — Primary ICD-9: 959.01
2. Ct cervical contusion — Secondary ICD-9: 910.0, 842.00, E917.9
Treatment Plan: exam, ice, Naprosyn — E849.6

☒ Return to work with no limitations: on 6/13/03

☐ Return to work with the following limitations: (see below) From ___/___/___ To ___/___/___

1-10 pounds					Standing or Walking				
11-20 pounds					Sitting				
21-30 pounds					Reach above shoulder				
31-40 pounds					Reach below knee				
41-50 pounds					Bend				
[redacted] pounds					Climb/work at heights				
[redacted] pounds					Twist / Turn				
☐ Other					Squat / Kneel				
Repetitive Motion					☐ Rt. handed work only	☐ Keep wound clean and dry			
Power / Vibration Tools					☐ Lt. handed work only	☐ Alternate sitting/standing activity			
Torquing / Crimping					☐ Work activity as much as splint / bandage permits				
Fine Manipulation					☐ No driving / operating heavy machinery at work				

FOLLOW- UP EVALUATION: ☒ Patient to follow-up at: As needed only

☒ Center Street
9955 Center Street
Mentor, Ohio 44060
(440) 255-5400

☐ Willowick
30495 Lake Shore Blvd.
Willowick, Ohio 44095
(440) 585-3322

☐ Madison Medical Campus
8270 North Ridge Road
Madison, Ohio 44057
(440) 428-5800

☐ on ___/___/___ at ___:___ a.m./p.m.

☐ Physical Therapy (Helsley East West Madison Mentor) on ___/___/___ at ___:___ a.m./p.m.

☐ Patient Referred to (Specialist): _____ Phone _____

[redacted] — [redacted] — 6/13/03
Treating Physician Name (print) — Treating Physician Signature — Date

I hereby authorize the release of all medical information pertaining to this work related injury/illness to me, my employer, my employers Workers' Compensation Administrator and the Occupational Health Center and any medical provider involved in the diagnosis and/or treatment of this injury. In addition, authorization is hereby given to this location for the performance of any and all test or procedures relative to my injury/illness or physical examination deemed necessary by the attending physician.

Employee Signature: [redacted] Date Signed: 6/13/03

Company Contact: _____ Contact Number: _____ Date and Time called: _____

☒ Patient returned to work with no limitations ☐ Patient can return to work with the above limitations

☐ Patient is disabled from work ☐ No work available with above limitations ☐ Other

[redacted] Key Formulated from the Lake Hospital System Accounting [illegible]

Date of Injury: 06/10/03

Medical Bills
Lake Hospital System
Center Street Clinic
06/13/03

AKE HOSPITAL SYSTEM INC
? O BOX 32067
LEVELAND OH 44101
3163541640

PAYMENT CONTROL NO. 0316400298 131

FED. TAX NO. 341425870 | 061303 | 061303

PATIENT NAME [redacted]

PATIENT ADDRESS [redacted] MENTOR OH [redacted]

[redacted] X 061303 10 3 1 93 01 570514

[redacted]

34 061003

[redacted]

MENTOR OH [redacted]

5 99 00

REV. CD.	DESCRIPTION	HCPCS / RATE	SERV. DATE	SERV. UNITS	TOTAL CHARGES	NON-COVERED CHARGES
510	CLINIC	99202	061303	1	55 00	
001	TOTAL			1	55 00	

PAYER	PROVIDER NO.	PRIOR PAYMENTS	EST. AMOUNT DUE
000 BMC	34142567000		55 00

[redacted]

PATIENT'S NAME	P.REL	INSURED'S I.D. NO.	GROUP NAME	INSURANCE GROUP NO.
[redacted]	1	364527071	[redacted]	03-366730

TREATMENT AUTHORIZATION CODES	EMPLOYER NAME	EMPLOYER LOCATION
[redacted]	[redacted]	MENTOR OH

PRIN. DIAG. CD. 28901 9100 34200 38436 | ADM. DIAG. CD. 25901 39175

PROC. 1 A B F02974 NIDOTTO, PAUL

C D E 07/0000 A

B

[redacted]

ADVOCARE
4670 RICHMOND RD #200
CLEVELAND OH 44128

ORIGINAL

[redacted]

Date of Injury: 06/10/03

Photographs of Vehicle

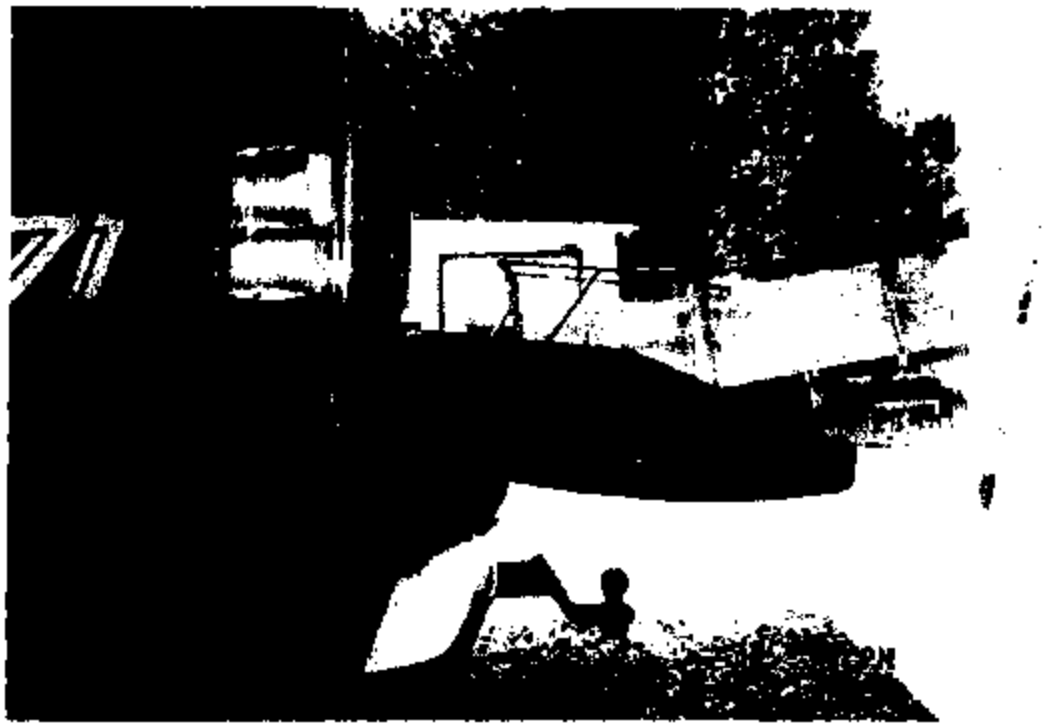
[redacted]

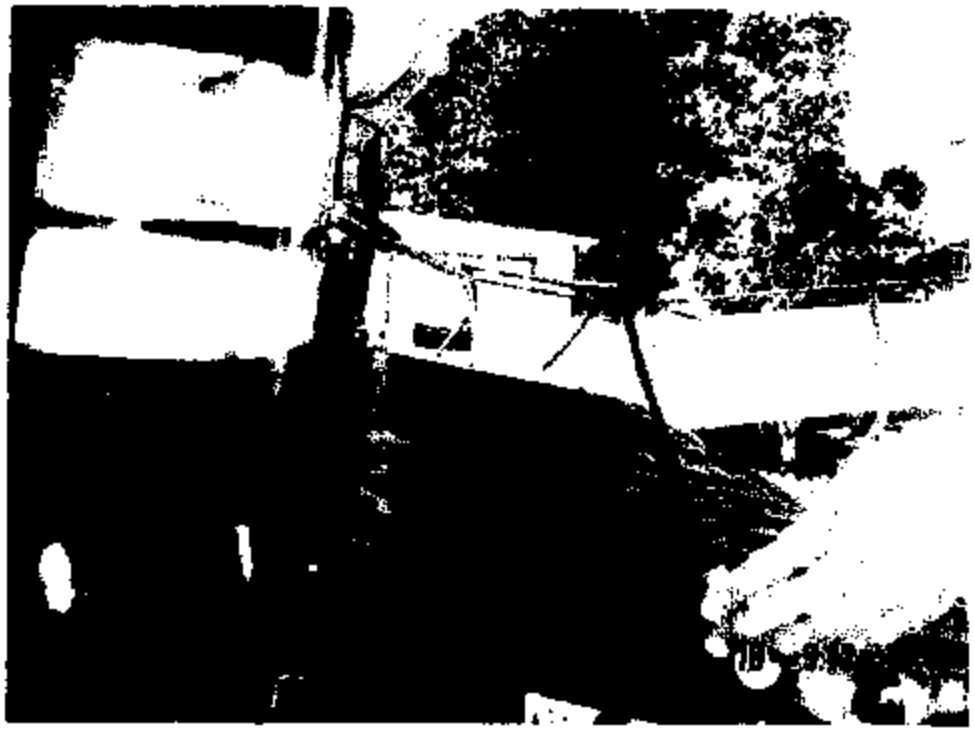
Date of Injury: 06/10/03

Photographs of Injuries

[redacted]

Date of Injury: 06/10/03





[redacted]

Date of Injury: 06/10/03

[redacted]

Date of Injury: 06/10/03

[redacted]

[redacted]

[redacted]

Date of Injury: 06/10/03

[redacted]

[redacted]

[redacted]

Date of Injury: 06/10/03

[redacted]

7/24/03

[redacted]

7/24/03

esis

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 483 C20 D71
Detroit, MI 48265-3000

800.888.0164 tel
313.665.0911 fax

Larry Terranova
Claims Administrator

September 25, 2003

RECEIVED
OCT 07 2003
ESIS-GM CLAIMS UNIT

Garden Health & Wellness
4383 N. Lake Blvd. #309
Palm Beach Garden, FL 33408
Attention: Medical Records Department

RE:	Our File No.:	466332
	Our Client:	General Motors Corporation
	Patient Name:	[redacted]
	Date/Event:	8/17/03
	Date of Birth:	8/28/64

Dear Records Department:

ESIS is the third party administrator handling claims on behalf of General Motors Corporation.

Please provide me with a complete copy of [redacted] medical records and medical bills for the above incident.

Enclosed please find the ***Authorization for Use and/or Disclosure of Confidential Medical Information*** form for your file. If there is a copying charge for these records, please forward the records along with your invoice and your Tax Identification Number.

Thank you for your cooperation.

Sincerely,

Larry Terranova
Claims Administrator

Enclosure

SR No. 1-131145607

Ref No.

Site

Last Name [redacted]

First Name [redacted]

Street [redacted]

Evening # [redacted]

City Palm Beach Garden

State FL ZipCd [redacted]

Make Cadillac Mileage 19720

Serial #/VIN 3GYEK63N72G236955

Escalade EXT Year 2002

Warr. Start 02/28/2002

Customer Description THIS IS A PAR FILE..REFER CLLS TO LATASHA HAWKINS X69042

BRC Type PAR Safety Yes

Approval Not Initiated

Body - Trunk / Tailgate / Hatchback

Schooley Cadillac, Inc.

Closed

Satisfied

Abstract Alleges tailgate snapped and broke

Bus. Unit BRC

Area PAR

Sub-Area Initiate PAR-Injury

Phone

Updated 8/21/03 1:22:44 PM

HAWKINS

8/17/03 3:47:04 PM

Closed 8/21/03 1:22:21 PM

Owner

O'Conner

8/29/64 5'9"

0 0

Y Dry

Schooley Cadillac in West Palm Beach

8/17/03 1:30:00 PM

Jim

None

Component Tailgate cables snapped off from vehicle and fell to the ground.

Asphalt

Cust states purchased plants and was loading them into the flatbed of veh. Cust states he pushed plants all the way back and stepped on tailgate like he always does to get off. Cust states the cables snapped, broke, and tailgate fell to ground. Cust states his right ankle twisted and he landed on his shoulder and hit his head. Cust states the bumper looks lowered and tailgate corner is crashed in. Cust states bumper and tailgate were items damaged. Cust states this occured today at 1:30 pm. Cust states he will be going to hospital but has not gone yet.

Cust states tailgate is broken off and bumper is damaged.

7820 N Military Trail, Riviera Beach, FL

Vehicle Location Vehicle currently at residence located at 11067 Thyme Drive in Palm Beach Garden, Florida.

Insurance Agency StateFarm

Cust states will be going to either to Palm Beach Garden Hospital or Jupiter. Cust states he has had previous health concerns with ankle and ankle has now been injured again. Cust states no police report filed since no collision with another vehicle.

PAR Detail

N Y N N UNK

0 UNK NA

Prop Est Repair Cost

UNK

Inspection Not Performed

SENDING TO ESIS

08/21/03	HAWKINS	SR Closed - Satisfied		Done	Service Request has been Closed Satisfied.
Comment					Confidential Comment
08/21/03	BOYCER	Email - Outbound		Done	SENDING TO ESIS DUE TO ATTORNEY INVOLVEMENT, INJURIES INVOLVED
Comment					Confidential Comment
08/21/03	BOYCER	Notify CRM		Done	ESIS reassignment
Comment					Confidential Comment
08/20/03	HAWKINS	Outbound Call Field Rep/Wbld	Left Message	Done	Theroux Dennis 404062 8088
Comment	CRM ADVISED AVM, FILE BEING FORWARDED TO ESIS FOR HANDLING DUE TO ATTY INVOLVEMENT.				Confidential Comment
	LATASHA HAWKINS/PAR 58042				
08/20/03	HAWKINS	Outbound Call Dealer	Left Message	Done	CLLD DLR @ 561-845-5500
Comment	SVC MGR NOT AVAIL. CRM LFT MSG ON VME ADVISING THAT CUST HAS TURNED MATTER OVER TO HIS ATTY. CRM ADVISED SVC MGR THAT FILE BEING FORWARDED TO ESIS FOR HANDLING.				Confidential Comment
	LATASHA HAWKINS/PAR 58042				
08/20/03	LOTTM	BRC PAR	ESIS- Atty Involvement	Done	FWD TO ESIS
Comment	ATTY INVOLVEMENT				Confidential Comment
	Received and assigned for ESIS escalation. Maljode Lot/PAR/Workflow				
08/20/03	HAWKINS	BRC PAR	Close-No Offer to Repair/Rep	Done	FILE CLOSED

Comment

BUSINESS SUMMARY-1-CRM REVIEWED PAR FILE. 2-CRM CONTACTED CUSTOMER AND ATTEMPTED TO CONFIRM 1241 FACTS. 3-CUSTOMER STATES HE HAS AN ATTORNEY. 4-CRM CLLD ATTORNEY TO ADVISE THAT FILE WOULD BE FORWARDED TO ESIS. 7-ATTY NOT AVAIL. CRM LFT MSG REQUESTING RETURN CALL. 8-CRM CLOSED FILE AND FORWARDED TO ESIS... NO OFFERS OF REPURCHASE/REPAIR EXTENDED LATASHA HAWKINS/PAR 58042

Confidential Comment

08/20/03	HAWKINS	Outbound Call Third Party	Left Message	Done	CLLD CUST ATTY @ 561-622-1558

Comment

ATTY, TODD ALOFTS NOT AVAIL. CRM LFT MSG W/GENTLEMAN. CRM CLOSING FILE AND FORWARDING TO ESIS DUE TO ATTY INVOLVEMENT.

Confidential Comment

LATASHA HAWKINS/PAR 58042

08/20/03	HAWKINS	BRC PAR	Initial Contact- Phone	Done	CLLD CUST @ 561-620-8756

Comment

CUST HAS PRIVACY MGR. CRM SPOKE W/CUST. CUST STATED THAT HE HAS THREE DR'S APPTS. CUST STATED THAT HE HAS TO SEE SPECIALISTS. CRM ATTEMPTED TO GATHER INFORMATION RE INCIDENT. CUST STATED THAT HE HAS LEGAL REPRESENTATION. CUST STATED THAT ATTY ADVISED HIM NOT TO DISCUSS CASE. CRM REQUESTED NAME AND PH# OF ATTY. CUST STATED THAT HE TOOK VEH TO SCHOOLEY CADI. CUST STATED THAT DLR PERSONNEL SAW THAT CABLES WERE FRAYED. CUST STATED THAT DLR PERSONNEL ADVISED HIM THAT HE COULD GET ANOTHER VEH AND VEH WILL BE REPAIRED. CUST STATED THAT WHEN HE REQUESTED TO RETAIN PARTS HE WAS ADVISED TO TAKE VEH TO ANOTHER LOCATION. CUST STATED THAT HE IS NOT HAPPY W/DLR OR W/VEH. CUST STATED THAT NAME OF ATTY IS TODD ALOFTS @ 561-620-1558. CRM ADVISED CUST THAT ATTY WILL BE CONTACTED AND REFERRED TO APPROPRIATE DEPT. CUST THANKED CRM. CRM THANKED CUST.

Confidential Comment

LATASHA HAWKINS/PAR 58042

08/20/03	HAWKINS	Inbound Voice Mail	Service Request Update	Done	RCVD VME MSG FROM CUST

Comment

CUST STATED THAT HE RCVD MSG FROM CRM. CUST REQUESTED RETURN CALL TO [redacted]

Confidential Comment

LATASHA HAWKINS/PAR 58042

08/19/03	HAWKINS	BRC PAR	Initial Contact- AVM	Done	Theroux Dennis 404062 8088

Comment

LEFT FYI MESSAGE FOR AVM ADVISING OF PAR FILE. LATASHA HAWKINS/PAR 58042

Confidential Comment

08/19/03	HAWKINS	BRC PAR	Initial Contact- Dealer	Done	CLLD SCHOOLEY CADI @ 561-640-5500

Comment

CRM SPOKE W/SVC MGR, ROD. CRM ADVISED ROD OF PAR FILE. ROD STATED THAT CUST BROUGHT VEH TO DLRSHP. ROD STATED THAT SVC DIR AND BODYSHOP MGR SPOKE W/CUST. ROD STATED THAT THEY WERE ABLE TO SEE THAT THE CABLES HAD BROKEN, BUT DETERMINATION COULD NOT BE MADE AS TO HOW THE CABLES BROKE. ROD STATED THAT DLR AGREED TO REPLACE CABLES AS A GOODWILL GESTURE AND THEY ADVISED CUST THAT THEY (DLR) WOULD HAVE TO KEEP PARTS. ROD STATED THAT CUST THAT CUST ADVISED HIM THAT HE WANTED ATTY TO KEEP PARTS. ROD STATED THAT NO REPAIRS WERE MADE AND CUST LEFT W/VEH. CRM ADVISED ROD OF CUST COMMENTS AS PER CAC. CRM ADVISED ROD THAT CRM HAS LFT MSG FOR CUST. CRM ADVISED ROD THAT IF CUST OR ANYONE CALLS INQUIRING ABOUT THIS CONCERN TO DIRECT THEM TO CRM. ROD STATED OKAY. CRM ADVISED ROD THAT IF CUST SEEKING MED COMPENSATION FOR INJURIES OR TUFINS MATTER OVER TO HIS ATTY. FILE WILL BE

Confidential Comment

FORWARDED TO ANOTHER DEPT FOR HANDLING. ROD STATED OKAY.

LATASHA HAWKINS/PAR 58042

08/19/03	HAWKINS	BRC PAR	Acknowledgement	Done	CLLD CUST @ 561-630-6755
Comment	CUST NOT AVAIL. CRM LFT MSG ON VME REQUESTING RETURN TO DISCUSS CONCERNS.				Confidential Comment

LATASHA HAWKINS/PAR 58042

08/19/03	HAWKINS	Ownership Changed	Ownership Escalated to BRC	Done	Ownership Escalated to BRC
Comment					Confidential Comment
08/19/03	HAWKINS	Research		Done	GMVIS/CARE SCAN
Comment	NO CAMPAIGNS LISTED. NO OTHER FILES NOTED. LATASHA HAWKINS/PAR 58042				Confidential Comment
08/19/03	HAWKINS	Ownership Changed		Done	Service Request Ownership has changed FROM: LOTTM TO: HAWKINS
Comment					Confidential Comment
08/19/03	HAWKINS	Notify CRM		Done	file assigned
Comment					Confidential Comment
08/19/03	HAWKINS	BRC PAR	Case Assigned	Done	assigned file to Latasha Hawkins at ext. 58042
Comment					Confidential Comment
08/19/03	LOTTM	Ownership Changed		Done	Service Request Ownership has changed FROM: HERRARAS TO: LOTTM
Comment					Confidential Comment
08/17/03	LOTTM	Escalation	Initiate PAR	Done	Assigning activity to PAR QUEUE
Comment	CRM advised that a person from the PAR Department will contact the customer within 1-2 business days.				Confidential Comment

Received and assigned in PAR. Marjorie Lott/PAR/Workflow

08/17/03	HERRARAS	Inbound Call Third Party	Transfer/Referral	Done	Creator transfer: Alleged tailgate snapped and broke
Comment	Cust states owns 2002 Escalade EXT. Cust states purchased plants and was loading them into the flatbed of van. Cust states he pushed plants all the way back and stepped on tailgate like he always does to get off. Cust states the cables snapped, broke, and tailgate fell to ground. Cust states his right ankle twisted and he landed on his shoulder and hit his head. Cust states the bumper looks lowered and tailgate corner is crushed in. Cust states bumper and tailgate were items damaged. Cust states this occured today, August 17, 2003 at approximately 1:30 pm.				Confidential Comment

Cust seeks to report manufacturer defect.

Cust states this occured at Rora Beck Plants located at 7620 N Military Trail in Riviera Beach, FL.

Cust states insurance company is Statefarm and does not have phone number or agent name with him. Cust states he is planning to go to hospital. Cust states will be either Palm Beach Garden Hospital or Jupiter. Cust states has not filed a police report since no collision occured and is a defect in veh. Cust states had previous health concerns with ankle and ankle is now injured again.
CRM advised cust of sr and Cadillac phone number to call back with insurance information. CRM advised customer that their information will be forwarded to the Product Allegation Department within the BRC and will be contacting him.

Sandra Herrera/Premiere Brandfax

C11	Broken	Body - Trunk / Tailgate / Hatchback
C35	Broken	Trim Exterior - Bumper / Fascia
[redacted]	Non-occupant of vehicle	[redacted]

Injury Desc Cust states after loading plants on flatbed of veh, he walked onto flatbed and flatbed fell to ground. Cust states his ankle twisted, landed on his shoulder and hit his head. Cust states went home and applied ice to ankle.

Medical Rpt N/A

Treatment Loc N/A

Treated By

Palm Beach Garden

State FL **Zip** [redacted]

Primary Address [redacted] **City**

GM Vehicle Inquiry System
Summary

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Help

VIN :	3GYEK63N72G236955

VEHICLE INFORMATION

Merchandising Model :	6K15936 -2002 ESCALADE EXT	Warranty Start Date :	02/28/2002
BARS Order Type :	70 - RETAIL - STOCK		
Delivering Dealer :	SCHOOLEY CADILLAC, INC. PO BOX 1140 WEST PALM BEACH , FL 33402-1140 (561) 845-5500	Selling Source :	12 - CADILLAC
		Site Code :	21049
		Business Associate Code :	119050

Service Contract :	No	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
48/50000 BUMPER TO BUMPER - NO DEDUCTIBLE	02/28/2002	0 miles	02/28/2006	50000 miles
72/100000 SHEET METAL RUST-THROUGH	02/28/2002	0 miles	02/28/2008	100000 miles
48/50000 SHEET METAL CORROSION	02/28/2002	0 miles	02/28/2006	50000 miles
96/80000 PCM/CC EMISSIONS	02/28/2002	0 miles	02/28/2010	80000 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading

05/28/2003	153615	#	N2328 - IGNITION SWITCH RPL	16435 miles
05/28/2003	153615	#	N0120 - BATTERY CABLES RPL	16435 miles
05/28/2003	153615	#	Z7906 - 6+ DAY COURTESY TRANSPORTATION	16435 miles
05/19/2003	153179	#	N0110 - BATTERY REPLACE ONE	16229 miles
05/19/2003	153179	#	Z6720 - CADILLAC-COST OF TECH. TO MAKE ROADSIDE SRVC CALLS	16229 miles
07/24/2002	137776	#	A0677 - LEFT FRONT FENDER BELOW BREAK LINE - REFINISH/CLEAR CT	5675 miles
07/24/2002	137776	#	A0676 - RIGHT FRONT FENDER BELOW BREAK LINE - REFINISH/CLEAR CT	5675 miles
01/09/2002	A36955	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

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Help

VIN :	3GYEK63N/2GZ36955

CLAIM HISTORY

Repair Order Date :	05/28/2003	Repair Order Number :	153615	Odometer Reading :	16435 miles

Serviced By :	SCHOOLEY CADILLAC, INC. PO BOX 1140 WEST PALM BEACH, FL 33402-1140 (561) 845-5500	Selling Source :	12 - CADILLAC
		Site Code :	21049
		Business Associate Code :	119050

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
06/17/2003	387	03	#	Z7906 - 6+ DAY COURTESY TRANSPORTATION	N/A	W	N/A	$ 286.00	X
06/13/2003	386	01	#	N2328 - IGNITION SWITCH RPL	26076797 - SWITCH	E	N/A	$ 260.89	X
06/13/2003	386	02	#	N0120 - BATTERY CABLES RPL	N/A	B	N/A	$ 39.47	X

Repair Order Date :	05/19/2003	Repair Order Number :	153179	Odometer Reading :	16229 miles

Serviced By :	SCHOOLEY CADILLAC, INC. PO BOX 1140 WEST PALM BEACH, FL 33402-1140 (561) 845-5500	Selling Source :	12 - CADILLAC
		Site Code :	21049
		Business Associate Code :	119050

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
06/03/2003	383	01	#	N0110 - BATTERY REPLACE ONE	19001631 - BATTERY	N/A	N/A	$ 120.30	X

05/23/2003	380	01	#	Z6720 - CADILLAC-COST OF TECH. TO MAKE ROADSIDE SRVC CALLS	N/A	N/A	N/A	$ 74.47	N

Repair Order Date :	07/24/2002	Repair Order Number :	137776	Odometer Reading :	5675 miles

Serviced By :	SCHOOLEY CADILLAC, INC. PO BOX 1140 WEST PALM BEACH, FL 33402-1140 (561) 845-5500	Selling Source :	12 - CADILLAC
		Site Code :	21049
		Business Associate Code :	119050

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
08/02/2002	296	01	#	A0677 - LEFT FRONT FENDER BELOW BREAK LINE - REFINISH/CLEAR CT	N/A	E	N/A	$ 137.83	N
08/02/2002	296	02	#	A0676 - RIGHT FRONT FENDER BELOW BREAK LINE - REFINISH/CLEAR CT	N/A	EB	N/A	$ 137.83	N

Repair Order Date :	01/09/2002	Repair Order Number :	A36955	Odometer Reading :	0 miles

Serviced By :	SCHOOLEY CADILLAC, INC. PO BOX 1140 WEST PALM BEACH, FL 33402-1140 (561) 845-5500	Selling Source :	12 - CADILLAC
		Site Code :	21049
		Business Associate Code :	119050

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
01/15/2002	239	01	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	N/A	N/A	N/A	$ 100.89	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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GM Vehicle Inquiry System
Vehicle Build

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

Help

VIN	3GYEK63N72G236955

VEHICLE BUILD

Merchandising Model :	6K15936 -2002 ESCALADE EXT		
Gross Vehicle Weight Rating :	3178 kg (7007 lb)	Order Number :	DTPB1C
Build Date :	01/09/2002	Build Plant :	32G36

OPTION CODES

AC6 - DEEP TINTED WINDOW	AG1 - ADJUSTER FRT ST POWER, MULTI-
AG2 - POWER PASS SEAT ADJUSTER	AN3 - FRONT BUCKET SEATS
AT5 - SEAT RR CTR, FLDG	AU0 - REMOTE KEYLESS ENTRY SYSTEM
AXP - VIN IDENT POSITION, MULTI-	A31 - WINDOW POWER OPERATED, ALL
BS1 - INSULATION ACOUSTICAL PKG	BVF - KEYED
BW2 - MOLDING B/S DELUXE	B30 - COVERING FLOOR CARPET
B41 - COVERING FLOOR MAT, LOAD FLOOR	B58 - FLOOR MATS, CARPETED, FRONT &
C49 - DEFOGGER RR WINDOW, ELECTRIC	C5W - GVW RATING 7,000 LBS
C68 - HVAC SYSTEM AIR CONDITIONER	DP5 - MIRROR I/S R/V LT SENSITIVE,
DH2 - ILLUM, WITH DUAL SUNSHADE	DK7 - CONSOLE ROOF INTERIOR, CUSTOM
DL7 - MIRROR O/S LH & RH, REMOTE	DT3 - BOX RR COMPT, STOWAGE
D07 - CONSOLE FRT COMPT, FLOOR,CUSTOM	EN4 - COVER, RR COMPT HARD, RR COMPT,

EVA - TEST DVT,EVAP EMISSION REQ.	FE9 - FEDERAL EMISSIONS
FK2 - ARM TORS BAR SPRING ADJ	FK3 - ARM TORS BAR SPRING ADJ
GT4 - AXLE REAR 3.73 RATIO	G69 - LEVEL CONTROL, AUTO AIR HD
G80 - LOCKING DIFFERENTIAL-REAR AXLE	JH5 - BRAKE HYD POWER, 4 WHL DISC.
JL4 - CONTROL ACTIVE BRAKE	KC4 - COOLING SYSTEM ENG OIL
KC5 - ACCESSORY	KNP - HD TRANSMISSION COOLING SYSTEM
KUP - THROTTLE CONTROL ELECTRONIC	K34 - CRUISE CONTROL AUTOMATIC, ELE.
K47 - HIGH CAPACITY AIR CLEANER	K68 - GENERATOR 105 AMP
LQ9 - 8 CYL, 6.0L, HIGH OUTPUT ENGINE	MSL - PLANT CODE SILAO MEXICO
M32 - 4-SPD AUTOMATIC TRANSMISSION	NP2 - EMISSION SYSTEM, FEDERAL TIER 1
NP3 - TRANSFER CASE ALL WHEEL DRIVE	N30 - WOOD TRIM PACKAGE
N93 - WHEEL 17 X 7.5, ALUMINUM	QAN - TIRE ALL P265/70R17-113S BW
QE4 - WHEEL SPARE 16 X 6.5, ALUMINUM	R4Y - TIRE BRAND-GOODYEAR
SLM - STOCK ORDERS	TL1 - GRILLE SPECIAL
T74 - DELAY	T96 - LAMP FOG, FRT
UD7 - SENSOR INDICATOR REAR PARKING	UB1 - COMMUNICATION SYSTEM VEHICLE
UG1 - UNIVERSAL GARAGE DOOR OPENER	UK3 - ACCESSORY
UK6 - EARPHONE JACKS	UL9 - RADIO AM/FM STEREO, SEEK/SCAN
UQ7 - SPEAKER SYSTEM PREMIUM PERF.	UY7 - WIRING HARNESS TRUCK TRAILER,HD
U1Z - PLAYER MULTIPLE COMPACT DISC	U68 - DISPLAY DRIVER INFO CENTER
VP6 - NOISE CONTROL	VR4 - TRAILER HITCH WEIGHT DIST.
VT4 - BUMPER FRT COLOR KEYED	VT5 - BUMPER RR COLOR KEYED
VXS - VEHICLE COMPLETE	V54 - LUGGAGE CARRIER ROOF, PAINTED
V73 - VEHICLE STATEMENT US/CANADA	XAN - TIRE FRONT P265/70R17-113S BW
YAN - TIRE REAR P265/70R17-113S BW	YD3 - AXLE FOR SCHEDULING GVW PLATE

YD6 - REAR BASE SPRING	YE9 - LEVEL #3
Y91 - LUXURY EDITION	ZGC - TIRE SPARE P265/75R16-114S BW
ZW9 - BODY EQUIP BASE BODY OR CHASSIS	ZY1 - COLOR COMBINATION SOLID
Z55 - TIME DAMPING	Z75 - CONVERSION NAME PLT CADILLAC
Z82 - TRAILER PROVISIONS SPECIAL	15I - NEUTRAL SHALE INTERIOR TRIM
152 - SHALE LEATHER	41U - SABLE BLACK
6XL - COMPONENT FRT LH COMPUTER SEL	7XL - SUSP

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esis

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

800.888.0164 tel
313.665.0911 fax

Larry Terranova
Claims Administrator

September 4, 2003

[redacted]
Palm Beach Garden, FL 33418

RE: Claimant: [redacted]
Our File No.: 466332
Our Client: General Motors Corporation
Date/Event: 8/17/03
Subject vehicle: 2002 Cadillac Escalade EXT
VIN: 3GYEK63N72G236955

Dear [redacted]

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

I have requested that John Northen assist me in the investigation of this matter. You should be hearing from him in the near future.

I am enclosing an Authorization for Use and/or Disclosure of Confidential Medical Information form which you should complete, sign and return along with the names addresses and telephone numbers of each treating physician.

Please be aware that 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.

Should you have any questions regarding this matter, 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,

Larry Terranova
Claims Administrator

File 9/09/03 TR

466332 Larry

AUTHORIZATION FOR USE AN[illegible] OR DISCLOSURE OF CONFIDEN[illegible]AL MEDICAL INFORMATION

I, the undersigned, hereby authorize the following Authorized Health Care Providers to make the authorized use and/or disclosure of confidential information contained in my medical records to ESIS at the address below:

Na[illegible]ress, telephone number of medical provider:

[redacted]

[illegible] 7-1

Name, address, telephone numbe[redacted]

RECEIVED

SEP 22 2003

[illegible] CLAIMS UI

Name, address, telephone number of medical provider:

I understand that the purpose(s) for which this information is to be used and/or disclosed is for a product liability claim against General Motors Corporation for an incident which occurred on or about 8/17/03.

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:

- I have a right to inspect or copy my confidential information that is to be used or disclosed.
- 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 may revoke this authorization at any time with respect to any Authorized Health Care Provider by notifying such Authorized Health Care Provider in writing of my revocation of this authorization and delivering to such Authorized Health Care Provider my revocation by mail or personal delivery. ESIS requests a copy of such revocation.

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

[redacted]

Date signed: 9-12-03

Authority to act for individual*

*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.

EXPIRATION OF AUTHORIZATION: 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 IN WRITING BY ME AS NOTED ABOVE.

[illegible]S – General Motors Claims
PO Box 300
M/C 482-C20-D71
Detroit, MI 48265-3000

Claim Number: 466332
Claims Administrator: Larry Terranova

ESIS is the third-party administrator for General Motors Corporation.

466332 Larry

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

I, the undersigned, hereby authorize the following Authorized Health Care Providers to make the authorized use and/or disclosure of confidential information contained in my medical records to ESIS at the address below:

Name, address, telephone number of medical provider:
[redacted] P.B.G.F.

Name, address, telephone number of medical provider:
[redacted]

Name, address, telephone number of medical provider:
P.B.G.F. [redacted]

Name, address, telephone number of medical provider:

Name, address, telephone number of medical provider:

RECEIVED
SEP 22 2003
ESIS-GM CLAIMS UP

I understand that the purpose(s) for which this information is to be used and/or disclosed is for a product liability claim against General Motors Corporation for an incident which occurred on or about 8/17/03.

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.

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- 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 may revoke this authorization at any time with respect to any Authorized Health Care Provider by notifying such Authorized Health Care Provider in writing of my revocation of this authorization and delivering to such Authorized Health Care Provider my revocation by mail or personal delivery. ESIS requests a copy of such revocation.

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

[redacted]	Date of Birth [redacted]
	Social [redacted]
	Date signed 9-12-03
Relationship to individual*	Authority to act for individual*

*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.

EXPIRATION OF AUTHORIZATION: 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 IN WRITING BY ME AS NOTED ABOVE.

ESIS – General Motors Claims
PO Box 300
M/C 482-C20-D71
Detroit, MI 48265-3000

Claim Number: 466332
Claims Administrator: Larry Terranova

ESIS is the third-party administrator for General Motors Corporation.

466332 Larry

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

I, the undersigned, hereby authorize the following Authorized Health Care Providers to make the authorized use and/or disclosure of confidential information contained in my medical records to ESIS at the address below:

Name, address, telephone number of medical provider: [redacted] PB.G.F1

[redacted]

Name, address, telephone number: [redacted]

PB.G.F1

Name, address, telephone number of medical provider:

Name, address, telephone number of medical provider:

RECEIVED
SEP 22 2003
ESIS-GM CLAIMS UNI

I understand that the purpose(s) for which this information is to be used and/or disclosed is for a product liability claim against General Motors Corporation for an incident which occurred on or about 8/17/03.

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:

- I have a right to inspect or copy my confidential information that is to be used or disclosed.
- 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.
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A photocopy of this Authorization can be accepted with the same authority as the original.

[redacted]

Date of [redacted]

Social [redacted]

Date Signed 9-12-03

Authority to act for individual*

*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.

EXPIRATION OF AUTHORIZATION: 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 IN WRITING BY ME AS NOTED ABOVE.

[redacted] – General Motors Claims
PO Box 300
M/C 482-C20-D71
Detroit, MI 48265-3000

Claim Number: 466332
Claims Administrator: Larry Terranova

ESIS is the third-party administrator for General Motors Corporation.

[redacted]

Last Name: [redacted] Home Ph#

Claim #: Work Ph #

Account #: DOB: Age:

CC:

DOI: Hx:

XR Contraindications:

Allergies:

8/17/03
Accident

VAS: Mild to Severe 1 to 10

Diagnosis:

724.2
724.4
784.0
845.0

	Date	SYMPTOMS / OBJECTIVE / ASSESSMENT(TX) / MODALITIES	Plan	Drs. Initial	Dictate
1	8/19/03	C/E, x-ray (2 views) - patient complained headache/dizziness - referred out for CT Scan			
2	8/17/03	refer to Physical Therapy evaluation - low back discomfort			
3	8/26/03	Sore & stiff after eval. cont. pain noted H/O Rx - worse w/ exercise			
4	8/21/03	cont. back pain / headaches - reviewed CT Scan report w/ patient - low back pain			
5	9/2/03	cont. headaches / vision not normal - refer temporal for eval. - lower back pain persists			
6	9/4/03	↓ L-Rom in lateral flex, forward flex - (+) Kemp's, (+) SLR - P.T. is "helping"			
7	9/9/03	cont. pain / muscle pain noted upon palpation - ↓ C-Rom all planes of pain -			
8	9/16/03	headaches persist, back pain / muscle pain noted - worse w/ forward flexion & lateral bending			
9	9/22/03	cont. pain - refer pt. to Dr. Collins for general medical evaluation - cont. w/ therapy			
10	9/23/03	(+) Kemp's, (+) SLR - advised pt. to cont. w/ related therapy & stretch - headaches persist			
11	9/26/03	cont. pain / radicular symptoms - refer out for MRI to rule out pathology			
12					

VSC Definitions:
1. Spinal Kinesiopathology - Hypo, Hyper, Position
2. Neuropathophysiology - Nerve Irritation
3. Myo[illegible]ology - Spasms, Weakness, Atrophy
4. H[illegible]ology - Inflammation, Edema
5. Pathophysiology - DJD, Adhesions, Scar Tissue

Gardens Health & Wellness

Patient: [redacted] Physician: [redacted]

Date: 8/18/2003. [redacted] presents to the office today for the purpose of consultation, examination and treatment of injuries sustained in an 8/17/2003 accident. A comprehensive consultation and examination was perfomed. Radiographs of the patient's lumbar spine were taken. Due to direct head trauma sustained as a result of the 8/17/2003 accident and complaints of persistent headaches and blurred vision the patient was referred out for a CT scan of his brain to rule out pathology. Based upon initial examination and radiographic findings chiropractic care consisting of electric muscle stimulation and cryotherapy was administered. The patient responded well post treatment and will return later this week at which point a treatment plan will be discussed. PS/rm

Gardens Health and Wellness
4383 Northlake Blvd.
Palm Beach Gardens, FL 33410
(561)775-4900

10/1/2003	1

[redacted]
Palm Beach Gardens, FL [redacted]

O0CJA000

Date	Document	Description	Case Number	Amount
			Previous Balance:	0.00

Patient: [redacted] Chart #: O0CJA000
Case Description: [redacted]/17Last Payment Received: 9/23/2003 Amount: -45.00

8/18/2003	0308260000	OFFIC/OUTPT E&M NEW MOD SEVER 30M	1326	130.00
8/18/2003	0308260000	RAD EXAM SPINE LUMBOSACRAL; 2/3 VIE	1326	105.00
8/18/2003	0308260000	APPLIC MODAL 1/> AREAS; HOT/CLD PKS	1326	35.00
8/18/2003	0308260000	APPLIC MODAL 1/> AREAS; ELEC STIM	1326	40.00
[redacted]003	0308260000	APPLIC MODAL 1/> AREAS; HOT/CLD PKS	1326	35.00
8/19/2003	0308260000	APPLIC MODAL 1/> AREAS; ELEC STIM	1326	40.00
8/19/2003	0308260000	THERAP 1/> AREA/30 MIN; BALNC/COORD	1326	100.00
8/19/2003	0308260000	CHIRO MANIP TX; SPINAL 1-2 REGIONS	1326	50.00
8/19/2003	0308260000	Joint Mobilization(Manual therapy Tech)	1326	45.00
8/20/2003	0308260000	APPLIC MODAL 1/> AREAS; HOT/CLD PKS	1326	35.00
8/20/2003	0308260000	APPLIC MODAL 1/> AREAS; ELEC STIM	1326	40.00
8/20/2003	0308260000	CHIRO MANIP TX; SPINAL 1-2 REGIONS	1326	50.00
8/20/2003	0308260000	Joint Mobilization(Manual therapy Tech)	1326	45.00
8/21/2003	0308270000	THERAP 1/> AREA/30 MIN; BALNC/COORD	1326	100.00
8/21/2003	0308270000	CHIRO MANIP TX; SPINAL 1-2 REGIONS	1326	50.00
8/21/2003	0308270000	Joint Mobilization(Manual therapy Tech)	1326	45.00
9/2/2003	0309030000	THERAP 1/> AREA/30 MIN; BALNC/COORD	1326	100.00
9/2/2003	0309030000	CHIRO MANIP TX; SPINAL 1-2 REGIONS	1326	50.00
9/2/2003	0309030000	Joint Mobilization(Manual therapy Tech)	1326	45.00

Continued	Continued	Continued	Continued

Gardens Health and Wellness
4383 Northlake Blvd.
Palm Beach Gardens, FL 33410
(561)775-4900

Statement Date
10/1/2003

Page
2

[redacted]

Palm Beach Gardens, FL [redacted]

Account
OOCJA000

Date	Document	Description	Case Number	Amount
9/4/2003	0309050000	THERAP 1/> AREA/30 MIN; BALNC/COORD	1326	100.00
9/4/2003	0309050000	CHIRO MANIP TX; SPINAL 1-2 REGIONS	1326	50.00
9/4/2003	0309050000	Joint Mobilization(Manual therapy Tech)	1326	45.00
9/9/2003	0309140000	APPLIC MODAL 1/> AREAS; HOT/CLD PKS	1326	35.00
9/9/2003	0309140000	APPLIC MODAL 1/> AREAS; ELEC STIM	1326	40.00
9/9/2003	0309140000	THERAP 1/> AREA/30 MIN; BALNC/COORD	1326	100.00
9/9/2003	0309140000	CHIRO MANIP TX; SPINAL 1-2 REGIONS	1326	50.00
9/[illegible]03	0309140000	Joint Mobilization(Manual therapy Tech)	1326	45.00
9/16/2003	0309220000	APPLIC MODAL 1/> AREAS; HOT/CLD PKS	1326	35.00
9/16/2003	0309220000	APPLIC MODAL 1/> AREAS; ELEC STIM	1326	40.00
9/16/2003	0309220000	THERAP 1/> AREA/30 MIN; BALNC/COORD	1326	100.00
9/16/2003	0309220000	CHIRO MANIP TX; SPINAL 1-2 REGIONS	1326	50.00
9/16/2003	0309220000	Joint Mobilization(Manual therapy Tech)	1326	45.00
9/23/2003	0308280000	Insurance Payment	1326	-130.00
9/23/2003	0308280000	Insurance Payment	1326	-105.00
9/23/2003	0308280000	Insurance Payment	1326	-35.00
9/23/2003	0308280000	Insurance Payment	1326	-40.00
9/23/2003	0308280000	Insurance Payment	1326	-35.00
9/23/2003	0308280000	Insurance Payment	1326	-40.00
9/23/2003	0308280000	Insurance Payment	1326	-100.00
9/23/2003	0308280000	Insurance Payment	1326	-50.00
9/23/2003	0308280000	Insurance Payment	1326	-45.00

Current	30 Days	60 Days	Balance Due
Continued	Continued	Continued	Continued

Gardens Health and Wellness
4383 Northlake Blvd.
Palm Beach Gardens, FL 33410
(561)775-4900

[illegible]	[illegible]
10/1/2003	3

[redacted]

Palm Beach Gardens, FL [redacted]

[illegible]
O0CJA000

Date	Document	Description	Case Number	Amount
9/23/2003	0306260000	Insurance Payment	1326	-35.00
9/23/2003	0306260000	Insurance Payment	1326	-40.00
9/23/2003	0306260000	Insurance Payment	1326	-50.00
9/23/2003	0306260000	Insurance Payment	1326	-45.00
9/23/2003	0306270000	Insurance Payment	1326	-100.00
9/23/2003	0306270000	Insurance Payment	1326	-50.00
9/23/2003	0306270000	Insurance Payment	1326	-45.00
[illegible]2003	0309230000	CHIRO MANIP TX; SPINAL 1-2 REGIONS	1326	50.00
9/22/2003	0309230000	Joint Mobilization(Manual therapy Tech)	1326	45.00
9/22/2003	0309230000	THERAP 1/> AREA/30 MIN; BALNC/COORD	1326	100.00
9/23/2003	0309230000	CHIRO MANIP TX; SPINAL 1-2 REGIONS	1326	50.00
9/23/2003	0309230000	Joint Mobilization(Manual therapy Tech)	1326	45.00
9/26/2003	0309290000	APPLIC MODAL 1/> AREAS; HOT/CLD PKS	1326	35.00
9/26/2003	0309290000	APPLIC MODAL 1/> AREAS; ELEC STIM	1326	40.00
9/26/2003	0309290000	THERAP 1/> AREA/30 MIN; BALNC/COORD	1326	100.00
9/26/2003	0309290000	CHIRO MANIP TX; SPINAL 1-2 REGIONS	1326	50.00
9/26/2003	0309290000	Joint Mobilization(Manual therapy Tech)	1326	45.00

[illegible]	[illegible]	[illegible]	[illegible]
0.00	0.00	0.00	1,490.00

Gardens Health and Wellness
4383 Northlake Blvd.
Palm Beach Gardens, FL 33410
(561)775-4900

[illegible]
10/1/2003

[illegible]
1

[redacted]
Palm Beach Gardens, FL[redacted]

[illegible]
OCOJA000

Date	Document	Description	Case Number	Amount
			Previous Balance:	0.00

Patient: [redacted] Chart #: OCOJA000
Case Description: [redacted]n Last Payment Received: Amount: 0.00

9/23/2003	0309240000	OFFIC/OUTPT E&M NEW MOD-HI 45 MIN	1393	350.00

[illegible]	[illegible]	[illegible]	Balance Due
0.00	0.00	0.00	350.00

Gardens Health and Wellness
4383 Northlake Blvd.
Palm Beach Gardens, FL 33410
(561)775-4900

[illegible]
10/1/2003

[illegible]
1

[redacted]
Palm Beach Gardens, FL [redacted]

[illegible]
O0CJA001

Date	Document	Description	Case Number	Amount
			Previous Balance:	0.00

Patient: [redacted] Chart #: O0CJA001
Case Description: Physical Therapy Last Payment Received: 9/23/2003 Amount: -100.00

8/20/2003	0308260000	Physical Therapy Evaluation	1327	105.00
8/21/2003	0308260000	APPLIC MODAL 1/> AREAS; ELEC STIM	1327	40.00
8/21/2003	0308260000	APPLIC MODAL 1/> AREAS; HOT/CLD PKS	1327	35.00
8/21/2003	0308260000	THERAP 1/> AREAS/15 MIN; EXERCISES	1327	100.00
[illegible]/2003	0309030000	APPLIC MODAL 1/> AREAS; HOT/CLD PKS	1327	35.00
9/2/2003	0309030000	THERAP 1/> AREAS/15 MIN; EXERCISES	1327	50.00
9/4/2003	0309040000	THERAP 1/> AREAS/15 MIN; EXERCISES	1327	100.00
9/23/2003	0308260000	Insurance Payment	1327	-105.00
9/23/2003	0308260000	Insurance Payment	1327	-40.00
9/23/2003	0308260000	Insurance Payment	1327	-35.00
9/23/2003	0308260000	Insurance Payment	1327	-100.00

[illegible]	[illegible]	[illegible]	Balance Due
0.00	0.00	0.00	185.00

83-73-64

esis

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

800.898.0164 tel
313.665.0911 fax

Larry Terranova
Claims Administrator

September 25, 2003

Bascom Palmer Eye Institute
7108 Fairway Drive #340
Palm Beach Garden, FL 33408
Attention: Medical Records Department

RECEIVED
OCT 3 1 2003
ESIS-GM CLAIMS UNIT

RE: Our File No.: 466332
Our Client: General Motors Corporation
Patient Name: [redacted]
Date/Event: 8/17/03
Date of Birth: 8/28/64

Dear Records Department:

ESIS is the third party administrator handling claims on behalf of General Motors Corporation.

Please provide me with a complete copy of [redacted] medical records and medical bills for the above incident.

Enclosed please find the *Authorization for Use and/or Disclosure of Confidential Medical Information* form for your file. If there is a copying charge for these records, please forward the records along with your invoice and your Tax Identification Number.

Thank you for your cooperation.

Sincerely,

Larry Terranova
Claims Administrator

Enclosure

466332 Larry

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

, the undersigned, hereby authorize the following Authorized Health Care Providers to make the authorized use and/or disclosure of confidential information contained in my medical records to ESIS at the address below:

[redacted] 23.6.F1

[redacted]

23.6.F1 [redacted]

Name, address, telephone number of medical provider:

Name, address, telephone number of medical provider:

RECEIVED
SEP 22 2003
ESIS-GM CLAIMS UN

I understand that the purpose(s) for which this information is to be used and/or disclosed is for a product liability claim against General Motors Corporation for an incident which occurred on or about 8/17/03.

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:

- I have a right to inspect or copy my confidential information that is to be used or disclosed.
- 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 may revoke this authorization at any time with respect to any Authorized Health Care Provider by notifying such Authorized Health Care Provider in writing of my revocation of this authorization and delivering to such Authorized Health Care Provider my revocation by mail or personal delivery. ESIS requests a copy of such revocation.

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

[redacted]

Date of Birth: [redacted]

Soc[redacted]

Date signed: 9/2-03

Authority to act for individual*

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

EXPIRATION OF AUTHORIZATION: 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 IN WRITING BY ME AS NOTED ABOVE.

[redacted] – General Motors Claims
PO Box 300
M/C 482-C20-D71
Detroit, MI 48265-3000

Claim Number: 466332
Claims Administrator: Larry Terranova

ESIS is the third-party administrator for General Motors Corporation.

Type of visit: ☐ New or over 3 years ☐ Follow-up (established patient) ☐ Care ☐ 2nd opinion ☐ Consult ☑ Pre-op ☐ Post-op

Consultation
Request: ☐ Letter ☐ Phone ☐ Other
Report: ☐ Dictated ☐ Phone ☐ Other

Referring Physician _____
Address _____
Phone _____ Fax _____ E-mail _____

Current symptoms: location, severity/quality, duration, timing, context, modified by, associated signs and symptoms, impact on lifestyle
Chronology of illness: onset and course of illness, including medical and surgical treatment, and by whom
Last eye exam (when, where, by whom?)
Interval history since last visit here

Reason/purpose of visit (symptom, complaint, diagnosis, condition, problem):
39 Blurry VA-OU

History of Present Illness:
fell off Vehicle 8/17/03 hit head
VA Blurry @ Near + far since then.

hit back of head after fall
c̄ HA frontal
↓ NEAR VA
5 mm
cy ↑ pending

Current Ocular Medications:

Visine PRN-OU

Review of symptoms (ocular) (Circle "yes" or "no" for items not described in history of PI, details as needed)
Visual symptoms: Disturbed vision? Yes No If yes, gradual change? Yes No
Details: Dim Blurred Distorted Foggy Cloudy Hazy Fluctuating Light sensitivity Glare Double vision Floaters
Worse: In dark or dim places? In bright places? At distance? At near (reading)? In the side vision?
Non-visual symptoms: Redness? Yes No Discharge? Yes No Eyes comfortable? Yes No
Details: Eyes feel tired. Dry, sandy, gritty feeling. Burning. Itching. Irritated eyelids. Recurrent stye or chalazion. Pain

Review of Systems, Past, Medical, Social History
☐ See today's patient questionnaire. ☑ See Problem list created or updated today.
☐ No change since history recorded on 9/12/03 (date) except as recorded below.
Changes since last review and items of particular note:

ANNE BATES LEACH EYE HOSPITAL
BASCOM PALMER EYE INSTITUTE
MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

COMPLETE OCULAR EVALUATION

NAM [redacted]
MRN: 83-73-64
AGE: [redacted] DOB: [redacted]

EXAMINATION

GENERAL Appears:

healthy — alert — oriented — composed — quiet — cheerful — depressed

debilitated — somnolent — disoriented — worried — anxious — agitated — somber

VISUAL FUNCTION

• **Visual Acuity** BVA

	Distance: without correction	with present glasses	with pinhole	with glare for light out	Near: without correction	with glasses
OD	20/20				J1+	Not sharp
OS	20/20				J1+	

Best corrected acuity

OD: -0.50 = 3.4 x — → 20/20 +2 Add: ____ → ____

OS: -0.25 = 3.4 x — → 20/20 +2 Add: ____ → ____

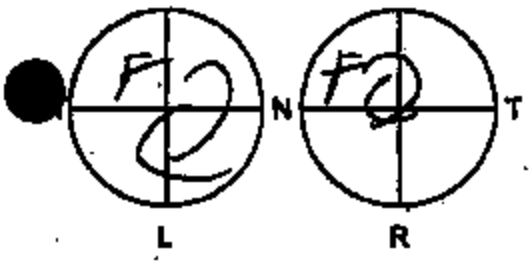
Wearing (How old? Non e ____)

OD: ____ = ____ x ____ Add: ____

OS: ____ = ____ x ____ Add: ____

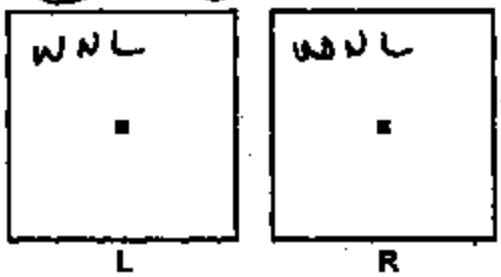
• **Confrontation Fields**

normal OD OS OU abnormal OD OS OU



Amsler grid

normal OD OS OU abnormal OD OS OU



Color

normal OD OS OU

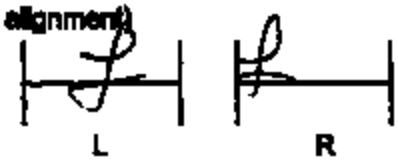
abnormal OD OS OU

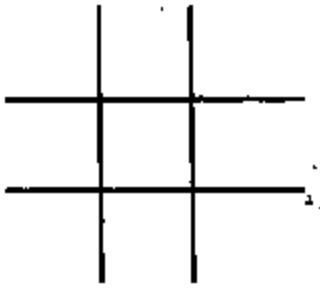
• **OCULAR MOTILITY** (including primary gaze alignment)

Sensory function tests:

Gaze alignment: orthophoria in primary gaze

full ductions



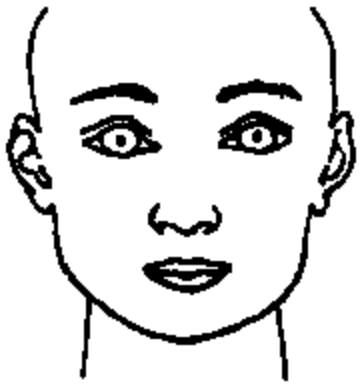


• **ADNEXA/FACE** (including lids, lacrimal glands, lacrimal drainage, orbits and preauricular lymph nodes)

external inspection unremarkable — skin clear — no ptosis — high lid crease — dermatochalasis — orbit appears normal — normal puncta position

normal tear lake — telangiectasia — rhinophyma — dry mouth — no VII palsy — no infraorbital hypesthesia — corneal sensation normal

no pre-auricular node



PUPILS AND IRIS (shape, direct and consensual reaction, size, and morphology)

Normal	Abnormal
equal, 4-5 mm OU	anisocoria (unequal) ____ mm OD ____ mm OS
normal size OD OS OU	miotic OD OS OU dilated OD OS OU
round OD OS OU	oval OD OS OU peaked OD OS OU
regular OD OS OU	irregular OD OS OU
reacts well OD OS OU	fixed OD OS OU
Hippus	sluggish OD OS OU

ANTERIOR SEGMENT

Right Eye | Left Eye

eyelid margin clear mild scurf MGD
puncta good position everted stenosis
• conjunctiva injected quiet
• cornea WNL
tear film:
WNL dry excessive mucoid purulent
epithelium:
WNL PEE
stroma:
WNL thick clear cloudy
endothelium:
WNL guttata no guttata
• anterior chamber
depth deep centrally deep peripherally
cells & flare none
Iris WNL
• lens
clarity cortical cortex early opacity
anterior &
posterior capsule clear PSC
nucleus cortical early NS

Gonioscopy open, wide OD OS OU

R L

• IOP OD: 11 OS: 10 Time measured: 3:15
☑ Appl ☐ Tonopen ☐ Pneumo Time used glaucoma meds: _____
☐ Not done: child trauma possible infectious disease

PUPILS DILATED: Time: 3:15 Meds used: MN/OU
☐ Not dilated (reason): _____

POSTERIOR SEGMENT

Right Eye | Left Eye

Vitreous clear posterior detachment
• Optic disc: physiologic no change
Size
Cup/disc
Nerve fibers
• Retina:
Macula WNL drusen
Vessels WNL narrow
Periphery WNL lattice

R L

TEST RESULTS AND INTERPRETATION

☐ Visual Field ☐ Photography ☐ Angiography ☐ Echography ☐ Corneal Topography
OD:

OS:

Exam Date: _____ Interpretation Date: _____ Signature: _____

☐ Visual Field ☐ Photography ☐ Angiography ☐ Echography ☐ Corneal Topography
OD:

OS:

Exam Date: _____ Interpretation Date: _____ Signature: _____

DIAGNOSTIC IMPRESSIONS/ASSESSMENT

HA post. concussion ?
& disc. edema
CT scan ⊖

MANAGEMENT PLAN

observe
see PCP
re TX
+ 100 pressures

Reason for service (ICD-9)
Primary condition that prompted service:

Co-existing conditions that affected visit or procedure:

(Optional) conditions without impact on service rendered today:

Follow-up plan: _____

Next visit Exam	Refract	Keratometry
	Goniscopy	Dilated Fundus Exam

Next visit Tests	Diagnostic reason	Signature
Visual Field		
PKS		
Fluor angio		
Echography		
Other		

Signatures:

[redacted]

☐ technician ☐ resident ☐ fellow ☐ faculty
☐ optometrist ☐ optometric trainee ☐ nurse

[redacted]

☐ technician ☐ resident ☐ fellow ☑ faculty
☐ optometrist ☐ optometric trainee ☐ nurse

ALLERGIES ☐ None

Sulfa.

KNOWN ACTIVE AND SIGNIFICANT PAST MEDICAL CONDITIONS

Problems/System Review			Diagnoses/Problems	Hosp/Surg/Proc	Current Medications
Constitutional	Y	N			
ENT	Y	N			
Cardiovas	Y	N			
Lung	Y	N		(R) ankle SX.	
GI	Y	N			
GU/GYN	Y	N			
Skel-Musc	Y	N			
Skin	Y	N			
Breast	Y	N			
Neuro	Y	N	Headaches Migraines		
Psych	Y	N			
Endocrine	Y	N			
Blood/Lymph	Y	N			
Cancer	Y	N			
Immune	Y	N			

PROBLEMS UNDER TREATMENT AT ABLEH

Diagnoses | Current Medications

Chronology of Diseases and Procedures

Problem list recorded/updated

Date	Signature
9/2/23	Heberto

OTHER PERMANENT/REFERENCE INFORMATION

- Family history Ø
- Occupation Police officer
- Outside physician

Smoke Ø
ETOH Ø
Married

Most Recent Refraction

PROBLEM LIST

ANNE BATES LEACH EYE HOSPITAL
BASCOM PALMER EYE INSTITUTE
MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

PROBLEM LIST AND MEDICAL HISTORY

Stock No. 3614 | Rev. 6/99

NAME [redacted]

MRN: 83-73-64

AGE: [redacted] DOB: [redacted]

THANK-YOU; IT WILL MAKE THINGS FASTER IF YOU CAN FILL THIS OUT.

Main reason for today's visit: Fell off vehicle on 8/17/03 hit head and have blurred vision

Doctor(s) who should get reports, with addresses, phone, fax, etc.: _____

☐ Yes ☑ No Do you want examination for glasses or lenses or a prescription for glasses or lenses as the main reason or part of the reason for today's exam?

You should know that there is a separate charge for refraction (glasses examination) that is not covered by Medicare and by many insurance plans.

YOUR EYE CONDITION:

List any known eye conditions you have, eye surgery you have had (and when):

none

MEDICATIONS FOR YOUR EYES:

Give the dose, how often, and what for:

☑ None

Medication, strength, how often, which eye(s)	What for

FAMILY HISTORY ☐ Family History unknown

Cataract?	No	Yes
Glaucoma?	No	Yes
Retinal Detachment?	No	Yes
Blindness?	No	Yes
Macular degeneration?	No	Yes
Diabetes?	No	Yes
Retinitis pigmentosa?	No	Yes
Other familial ocular disorder?	No	Yes
Familial non-ocular disease?	No	Yes

YOUR OTHER MEDICAL CONDITIONS:

List past and present medical conditions, major illnesses and injuries, hospitalizations, surgery.

Surgery on right ankle
injured back during fall

MEDICATIONS FOR MEDICAL CONDITIONS:

Give dose, how often, and what for: (Include prescription medication, aspirin, birth control pills, vitamins, health supplements, etc.):

☑ None

Medication	What for

ANNE BATES LEACH EYE HOSPITAL
BASCOM PALMER EYE INSTITUTE
MIAMI, FLORIDA - PALM BEACH GARDENS, FLORIDA

OCULAR AND MEDICAL HISTORY

Stock No. 3512 | Rev. 4/98

NAME: [redacted]

MRN:

AGE: 39 DOB: 8 / 28 / 64

DATE OF SERVICE: 9 / 2 / 03

REVIEW OF SYSTEMS AND MEDICAL CONDITIONS

DO YOU HAVE TROUBLE WITH:

Cancer	☑ No	☐ Yes
Ears, Nose, Throat	☑ No	☐ Yes
Heart	☑ No	☐ Yes
Chest Pain	☑ No	☐ Yes
Irregular heartbeat	☑ No	☐ Yes
Heart attack	☑ No	☐ Yes
High blood pressure	☑ No	☐ Yes
Circulation	☑ No	☐ Yes
Cold hands or feet	☑ No	☐ Yes
Lungs and Breathing	☑ No	☐ Yes
Wheezing, or asthma	☑ No	☐ Yes
Stomach or intestines	☑ No	☐ Yes
Kidney & Urine	☑ No	☐ Yes
Kidney stones or blood in urine	☑ No	☐ Yes
Bones, joints, muscles	☑ No	☐ Yes
Skin	☑ No	☐ Yes
Breast	☑ No	☐ Yes
Neurological problems	☑ No	☐ Yes
Stroke	☑ No	☐ Yes
Migraine headaches	☐ No	☑ Yes
Non-Migraine headaches	☐ No	☑ Yes
Mental or emotional	☑ No	☐ Yes
Stress, nervousness, insomnia	☑ No	☐ Yes
Glands or hormones	☑ No	☐ Yes
Diabetes	☑ No	☐ Yes
Thyroid problem	☑ No	☐ Yes
Blood	☑ No	☐ Yes
Anemia	☑ No	☐ Yes
Past blood transfusions	☑ No	☐ Yes
Allergies ☐ None	☐ No	☐ Yes
Bad reaction to any medication	☐ No	☑ Yes
Sulfa allergy or bad reaction	☐ No	☑ Yes
Penicillin allergy or reaction	☑ No	☐ Yes
Food allergies	☑ No	☐ Yes
Hay fever	☑ No	☐ Yes
Other: _____	☑ No	☐ Yes

COMMENT IF ANSWER IS YES TO ANY OF THE ABOVE.

_____

_____

_____

_____

_____

SOCIAL HISTORY AND LIFE STYLE:

Status: single, married, divorced, widowed

Past Occupation _____

Present Occupation [redacted]

Living circumstances (alone, with family members):

_____

Daily activities, travel, hobbies:

_____

Do you drive? ☐ No ☑ Yes ☐ Have trouble

Special vision needs: _____

Smoked: ☑ Never ☐ quit _____ years ago

☐ _____ ppd for _____ years

Alcohol: ☑ Never or rare ☐ Occasional

☐ moderate (most days or week-ends)

Other recreational substance intake:

☑ Never ☐ Yes (past or current?)

(explain): _____

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT?

_____

_____

_____

_____

_____

Patient's signature [redacted]

Date: 1-7-03

Reviewed by:

_____

☐ technician ☐ resident ☐ fellow ☐ faculty attending

☐ optometrist ☐ optometric trainee

_____

☐ technician ☐ resident ☐ fellow ☐ faculty attending

☐ optometrist ☐ optometric trainee

University of Miami School of Medicine

Patient Consent for Medical Treatment

1. CONSENT FOR MEDICAL TREATMENT

I, the undersigned, hereby consent to any and all diagnostic procedures, tests, medical treatment, and hospital care required in the diagnosis of my illness and course of treatment by the physician or his/her designee, medical staff and other agents, and/or employees of the University of Miami and/or University of Miami Medical Group (UMMG), including residents and medical students. I recognize that the University of Miami School of Medicine is a teaching and research facility and that my treatment and care will be observed and in some instances aided by residents or medical students in their course of training. Additionally, I consent to the use of my medical data and non-identifiable photographs for educational and research purposes. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the result of tests, examinations, treatments, procedures or any other services rendered.

I authorize the University/Hospital to retain, preserve, and use for scientific, educational, commercial, or research purposes, or dispose of as they deem fit, any specimens, tissues, or organs taken from my body during the course of treatment. I will not share in any proceeds from any product which may be developed from them.

2. RELEASE OF MEDICAL INFORMATION (Third Party Payers, Guarantors, Physicians)

By signing this form, I hereby authorize this institution to use and release information and/or copies of my medical records as necessary for my treatment, for payment for that treatment and for the health care operations of the provider treating me; including to the Hospital, Physician or other Provider, Guarantor, of my accounts, or third party payors for which I have assigned benefits for my treatment and care, and, if requested, to my referring physician, or any other healthcare provider responsible for my care; and as otherwise provided in the UM Notice of Privacy Practices. This includes information pertaining to psychiatric and/or psychological care, alcohol and/or substance abuse, AIDS, ARC, or HIV diagnosis, testing and/or treatment for this period of illness. It also includes other admissions if related to the accident or illness giving rise to this admission, medical, and other information as necessary for the operations of the Hospital or Physician or as required to secure payment for charges incurred by me or on my behalf, including a diagnosis of my medical condition. I further authorize the Department of Health and Human Services and/or Social Security Administration to release any confidential case information related to my application for government assistance requested by the University of Miami School of Medicine.

3. RELEASE OF LIABILITY FOR LOSS OF PERSONAL PROPERTY

I have been advised that it is in my best interest to send my valuables home or deposit them in the hospital vault, if inpatient, for safekeeping. Accordingly, I hereby release the University of Miami School of Medicine and the facilities in which services are rendered from liability resulting from the loss by theft or negligence of any employee of the institution or of any third party. I agree that I am responsible for any item(s) I keep with me in my possession, including, but not limited to money, clothing, eyeglasses, jewelry, dentures, or any other personal items.

I hereby acknowledge that I have read this form and I understand its contents and agree to all of the provisions contained herein.

[redacted] [redacted]

Signature of Patient/Guardian/Authorized Agent — Witness

9/2/03

Spouse/Guarantor Signature — Date

NOTICE: ANYONE WHO MISREPRESENTS OR FALSIFIES INFORMATION REQUESTED HEREIN MAY, UPON CONVICTION, BE SUBJECT TO A FINE OR IMPRISONMENT UNDER FEDERAL LAW.

Copies of this form shall be valid as the original/Original signature on file with Medical Record
Last Revision 3/14/03

Form D3908054E

Revised 07/21/03

Patient Name: [redacted]

IDX #: 9179876

Patient SS#:

Department Name: OPNTN

esis

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

800.888.0164 tel
313.665.0911 fax

Tanya R. Morris
Claims Administrator

September 9, 2003

[redacted]
Tampa, FL [redacted]

RE: Our File No.: 466784
Our Client: General Motors Corporation
Date/Event: 08/27/03
Subject vehicle: 2002 Chevrolet Silverado
VIN: 1GCJK33142F207429

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;
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
Claims Administrator

9/9/03

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

I, the undersigned, hereby authorize the following Authorized Health Care Providers to make the authorized use and/or disclosure of confidential information contained in my medical records to ESIS at the address below:

Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:

I understand that the purpose(s) for which this information is to be used and/or disclosed is for a product liability claim against General Motors Corporation for an incident which occurred on or about 08/27/03.

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:

- I have a right to inspect or copy my confidential information that is to be used or disclosed.
- 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 may revoke this authorization at any time with respect to any Authorized Health Care Provider by notifying such Authorized Health Care Provider in writing of my revocation of this authorization and delivering to such Authorized Health Care Provider my revocation by mail or personal delivery. ESIS requests a copy of such revocation.

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

Printed Name of Patient*	Date of Birth
Address, City, State and Zip	Social Security Number
Signature of Patient or Personal Representative*	Date Signed
Relationship to Individual*	Authority to act for Individual*

*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.

EXPIRATION OF AUTHORIZATION: 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 IN WRITING BY ME AS NOTED ABOVE.

ESIS – General Motors Claims
Box 300
M/C 482-C20-D71
Detroit, MI 48265-3000

Claim Number: 466784
Claims Administrator: Tanya R. Morris

ESIS is the third-party administrator for General Motors Corporation.

SR No.	1-135573745	Ref No.		BRC Type	PAR	Safety Yes	Bus. Unit BRC
		Site					Area PAR
Last Name	[redacted]	First Name	[redacted]	Approval	Not Initiated		Sub-Area Initiate PAR-Injury
		Street	[redacted]		Body - Trunk/ Tailgate / Hatchback		Phone
Evening #		City	Tampa		Abraham Chevrolet-Tampa, Inc.		Updated 9/2/03 2:49:00 PM
		State	FL ZipCd [redacted]		Open		BOYCER
Make	Chevrolet	Mileage	15000		Satisfied		8/29/03 3:17:41 PM
	Silverado	Year	2002	Abstract	CABLES/TAILGATE		Closed
Customer Description	Per Ile Please forward all calls to Ruthe Boyce/67611	Serial #/VIN	1GCJK33142F207429				
		Warr. Start	05/25/2002				

Cust had 2 statues on the tailgate and brother got up there to help unload and the tailgate straps busting causing the tailgate and the statues to fall and breaking the cust foot.

Owner

Barber

8/27/03 8:00:00 PM

Paul

Tail gate straps busted

11/23/61 | 5'0" | Cust has both arms and one leg bore severe burn scarring

0 | 0

In the cust driveway | Vehicle Location At home

Y | Other

Composed Tail gate straps

Autoway

Concrete

Insurance Agency Liberty Mutual | (800) 225-8280

N/A

N/A

Cust has another appoint with the Dr. on Wednesday. Foot is crinkled

RECEIVED

SEP 03 2003

GM CLAIMS UNIT

PAR Detail

Y | Y | N | NA

0 | PAUL BARBER | STATUES

Prep Est $240.00

Repair Cost

CABLE BROKEN WARRANTY REPAIR

Personal

Inspection Not Performed

BROKEN STATUES

REPAIRED UNDER WARRANTY PRIOR TO PAR RECEIVING FILE

09/03/03	BOYCER	BRC PAR	Close-Resolved with Repair	Done	REPAIRED UNDER WARRANTY/SENT TO ESIS FOR INJURIES
Comment					Confidential Comment
09/03/03	BOYCER	Email - Outbound		Done	REPAIRED UNDER WARRANTY/SENT TO ESIS FOR INJURIES
Comment					Confidential Comment
09/03/03	BOYCER	BRC PAR	ESIS- Injuries	Done	SENDING TO ESIS DUE TO INJURIES AND REQUEST FOR MEDICAL COMP
Comment					Confidential Comment
09/03/03	BOYCER	BRC PAR	Inspection Not Required	Done	THIS WAS BEING HANDLED AS A WARRANTY CLAIM AT BY THE DEALERSHIP PRIOR TO PAR RECIEVING FILE
Comment					Confidential Comment
09/03/03	BOYCER	Outbound Call Dealer	Made Contact	Done	SVC MGR
Comment	CRM ADVISED SVC MGR THAT THE INJURIES WILL BE FORWARDED TO ESIS AND HE WILL NEED TO HANDLE THE PROPERTY DAMAGE AS A 1241 THROUGH THE DEALERSHIP. RUTHE BOYCE/PAR/57611				Confidential Comment
09/02/03	BOYCER	BRC PAR	Initial Contact- AVM	Done	4040528122
Comment	CRM LEFT AVM A VME DETAILING THIS CONCERN, ADVISED THE DEALERSHIP HAS BEEN NOTIFIED AND THIS FILE IS GOING TO ESIS DUE TO INJURIES. REPAIRS BEING HANDLED AT THE DEALERSHIP UNDER WARRANTY, PROPERTY DAMAGE ALSO NEEDS TO BE HANDLED BY DEALERSHIP. REQUESTED ANY INPUT OR INFORMATION AVAILABLE. RUTHE BOYCE/PAR/ 57611				Confidential Comment
09/02/03	BOYCER	BRC PAR	Initial Contact- Dealer	Done	left svc mgr vm
Comment	requested a call back to discuss cocern. ruthe boyce/par/57611				Confidential Comment
09/02/03	BOYCER	BRC PAR	Initial Contact- Phone	Done	CONTACTED AT (813) 238-8873
Comment	CUST STATED THE 2 STATUES AND HIS BROTHER WERE ON THE TAILGATE WHEN BOTH CABLES SNAPPED, ONE OF THE STATUES FELL ON HIS FOOT AND IT APPEARS TO BE BROKE. HE HAS GONE TO RETURN TO THE DOCTOR ON MIL CUST IS PROCEEDING WITH HIS HEALTH INSURANCE, BUT IS REQUESTING REIMBURSEMENT FOR THE STATUES AND THE				Confidential Comment

MEDICAL DEALERSHIP IS REPAIRING THE VEH UNDER WARRANTY. CRM ADVISES SHE WILL CONTACT THE DEALERSHIP REGARDING THE STATUS AS THE COST WAS $340.00. MEDICAL WILL BE FORWARDED TO EBS. RUTHE BOYCE/PAR/57611

09/02/03	BOYCER	BRC PAR	Acknowledgement	Done	MADE CONTACT
Comment					Confidential Comment
09/02/03	BOYCER	Ownership Changed	Ownership Escalated to BRC	Done	Ownership Escalated to BRC
Comment					Confidential Comment
09/02/03	BOYCER	Research		Done	CASE SCAN
Comment	CASE SCAN PERFORMED SIEBEL NO FILES FOUND. RUTHE BOYCE/PAR/57611				Confidential Comment
09/02/03	BOYCER	Ownership Changed		Done	Service Request Ownership has changed FROM: LOTTM TO: BOYCER
Comment					Confidential Comment
09/02/03	BOYCER	Notify CRM		Done	file assigned
Comment					Confidential Comment
09/02/03	BOYCER	BRC PAR	Case Assigned	Done	assigned file to Ruthe Boyce at ext. 57611
Comment					Confidential Comment
08/29/03	LOTTM	Ownership Changed		Done	Service Request Ownership has changed FROM: MANLEYF TO: LOTTM
Comment					Confidential Comment
08/29/03	LOTTM	Escalation	Initiate PAR	Done	Initiate PAR-Bodily Injury & property damage
Comment					Confidential Comment
08/29/03	MANLEYF	Outbound Call Dealer	Left Message	Done	Glenn
Comment	Glenn Cohen CRM lim for srv adv to let him know that the cust is making a product allegation claim. Frances Manley/cscrfps				Confidential Comment
08/29/03	MANLEYF	Inbound Call Customer	Complex Request	Done	Cust alleges product failure caused bodily injury and property damage
Comment	Cust is the original owner purchased from Autoway Chevrolet. Veh currently has 16,000 miles.Cust states he has all srv done at the dlr. Cust states that Wed. evening had a couple of statues(80 lbs) Concrete gargoyles and his brother (130lbs) on the [illegible] and his brother and the statues fell. His brother [illegible] and one of them fell on the dist foot and broke his foot. Cust seeks the statues and his brother bills to be covered due to the fact of the cables snapping and				Confidential Comment

causing bodily injury.The clr is warranty the cables.

Cust seeks some kind of assistance b/c the
cables snapped and caused bodily injury and property damage.

CRM advised cust that I am going to escalate this to cut product allegation department due to the fact that he is claiming that the failure of the cables caused property damage and bodily injury. CRM advised cust that someone would contact him within 24 to 48 business hours.

Frances Manley/cmr/pa/fd1&clear/Perez

C11 Stolen Body - Trunk / Tailgate / Hatchback

[redacted] Non-occupant of vehicle [redacted]

Injury Desc: Cust foot was broke

Medical Rpt:

Treatment Loc: [redacted] Tampa,FL [redacted]

Treated By: [redacted]

Primary Address: [redacted]

City: Tampa

State: FL

Zip: [redacted]

GM Vehicle Inquiry System
Claim History

VIN :	1GCEK33142F207429

CLAIM HISTORY

Repair Order Date :	03/26/2002	Repair Order Number :	A07429	Odometer Reading :	0 miles

Serviced By :	FISCHER CHEVROLET-OLDSMOBILE, INC. 1128 S HOPKINS AVE TITUSVILLE, FL 32780-4207 (321) 269-3311	Selling Source :	13 - CHEVROLET
		Site Code :	26213
		Business Associate Code :	116295

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
08/23/2002	302	01	G	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	N/A	LW	N/A	$ 23.24	N
03/29/2002	260	01	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	N/A	N/A	N/A	$ 104.58	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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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 :	1GCJK3314ZF207429

VEHICLE INFORMATION

Merchandising Model :	CK35943 -2002 SILVERADO 3500 CREW 4WD	Warranty Start Date :	06/25/2002
BARS Order Type :	70 - RETAIL - STOCK		
Delivering Dealer :	AUTOWAY CHEVROLET 1700 E HILLSBOROUGH AVE TAMPA , FL 33610-8234 (813) 238-3161	Selling Source :	13 - CHEVROLET
		Site Code :	26010
		Business Associate Code :	114712

Service Contract :	No	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	06/25/2002	201 miles	06/25/2005	36201 miles
72/100000 SHEET METAL RUST-THROUGH	06/25/2002	201 miles	06/25/2008	100201 miles
36/36000 SHEET METAL CORROSION	06/25/2002	201 miles	06/25/2005	36201 miles
96/80000 PCM/CC EMISSIONS	06/25/2002	201 miles	06/25/2010	80201 miles
36/36000 FEDERAL EMISSIONS	06/25/2002	201 miles	06/25/2005	36201 miles
60/50000 HEAVY DUTY EMISSIONS	06/25/2002	201 miles	06/25/2007	50201 miles

60/100000 DIE REG.DED > 3/36	06/25/2002	201 miles	06/25/2007	100201 miles
60/100000 DIESEL ENGINE EMISSIONS	06/25/2002	201 miles	06/25/2007	100201 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
03/26/2002	A07429	G	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles
03/26/2002	A07429	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
Vehicle Build

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

Help

VIN	1GCJK33142F207429

VEHICLE BUILD

Merchandising Model :	CK35943 -2002 SILVERADO 3500 CREW 4WD		
Gross Vehicle Weight Rating :	5176 kg (11413 lb)	Order Number :	DXZWX9
Build Date :	03/26/2002	Build Plant :	12F43

OPTION CODES

AG1 - 6-WAY POWER DRIVER SEAT	AG2 - SIX-WAY POWER PASSENGER SEAT
AJ1 - DEEP TINTED GLASS	AM7 - SPLIT FOLDING REAR SEAT
AN3 - * 6-WAY POWER SEATS	AU0 - REMOTE KEYLESS ENTRY
AU3 - POWER DOOR LOCK SYSTEM	A31 - POWER WINDOWS
B30 - WHEELHOUSING & FLOOR CARPETING	B32 - RUBBER FRONT FLOOR MATS
B33 - REAR COLOR KEYED FLOOR MATS	B71 - WHEEL OPENING FLARES
CMD - ASSEMBLY PLANT - FLINT, MI	C49 - ELECTREC REAR WINDOW DEFOGGER
C60 - AIR CONDITIONING-FRONT	C7W - GVW RATING - 11,400 LBS
DF2 - CAMPER TYPE EXTERIOR MIRRORS	DF5 - INT R/V MIRROR, LIGHT SENSITIVE
DK6 - OVERHEAD CONSOLE	D07 - CUSTOM FRONT FLOOR CONSOLE
E63 - FLEETSIDE BODY	FE9 - FEDERAL EMISSIONS
FT2 - ARM TORS BAR SPRING ADJ	FT3 - ARM TORS BAR SPRING ADJ

GT4 - REAR AXLE - 3.73 RATIO	G80 - LOCKING DIFFERENTIAL-REAR AXLE
HVY - IDEN 2 INCH BODY RAISE,HD MODEL	JH7 - 4 WHL PWR DISC BRAKES,12000 LBS
KC4 - ENGINE OIL COOLING SYSTEM	KNP - HD AUX TRANSMISSION COOLING SYS
KUP - THROTTLE CONTROL ELECTRONIC	K05 - ENGINE BLOCK HEATER
K34 - ELECTRONIC SPEED CONTROL	K47 - HIGH CAPACITY AIR CLEANER
K68 - 105 AMP DELCOTRON GENERATOR	LB7 - DURAMAX DIESEL 6600 V8 ENGINE
M74 - ALLISON 5 SPD AUTOMATIC TRANS	NF2 - EMISSION SYSTEM, FEDERAL TIER 1
NP1 - ELECTRONIC SHIFT TRANSFER CASE	NP5 - LEATHER WRAPPED STEERING WHEEL
NZZ - OFF ROAD SKID PLATE	PCM - * DEEP TINTED GLASS
PDD - COLOR-KEYED CARPET	P06 - WHEEL TRIM RINGS
RBA - LAM INVOICE EXEMPTIONS	R9Z - POMS EXPEDITE-SOLD ORDERS
SLM - SALES STOCK ORDERS	TQ3 - BATTERY 770 CCA (DUAL)
T96 - FRONT FOG LAMPS	UE1 - RECORDER AND HOMELINK, & LIGHT
UP0 - SPEED COMPENSATED VOLUME,	UQ3 - BOSE PREMIUM SOUND SYSTEM
UY7 - HD 7-LEAD TRAIL. WIRING HARNESS	VB3 - CHROMED REAR STEP BUMPER
VC0 - NOISE CONTROL INFORMATION LABEL	VG3 - FRONT DELUXE CHROMED BUMPER
VR4 - WEIGHT DISTRIB. PLATFORM HITCH	VXS - COMPLETE VEHICLE LABEL
V10 - COLD-CLIMATE PACKAGE	V22 - DELUXE FRONT APPEARANCE PKG.
V73 - /CANADA	XEC - LT215/85R16/E BW
X88 - THIRD ROW FLOOR MAT DELETE	YD3 - BASE EQUIP FOR SCH GVW PL-FT AX
YD6 - BASE REAR SPRING	YEC - LT215/85R16/E BW
YE9 - SILVERADO	ZEC - LT215/85R16/E BW SPARE
ZY1 - SOLID EXTERIOR APPEARANCE	ZR2 - * TRAILER HITCH PLATFORM
Z85 - FIRM RIDE SUSPENSION	1SC - * FOG LAMPS
1SZ - OKLAHOMA & LOUISIANA. PLEASE	5ZI - GRAY INTERIOR TRIM

522 - NEUTRAL CUSTOM LEATHER TRIM	6GL - FRONT SPRING SELECTOR LH
7GL - FRONT SPRING SELECTOR RH	74U - VICTORY RED / GUNMETAL GRAY

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AutoWay

AutoWay Chevrolet

1700 East Hillsborough Avenue
Tampa, Florida 33610
(813) 238-3161

CTW8126703

STATE OF FLORIDA
REGISTRATION NUMBER
MV-34747

CTW8126703

CUSTOMER NO. 91624	ADVISOR DAVID KOCHER 1453	TAG NO. 002		ORDER DATE 09/10/03	ORDER NO. CTW8126703
[redacted] TAMPA, FL [redacted]	LABOR RATE	LICENSE NO. U41THL	MILEAGE 19,745	COLOR VICTORY RED	STOCK NO.
	YEAR/MAKE/MODEL 02/CHEVROLET TRUCK/SILVERADO/CREW			DELIVERY DATE 06/25/02	DELIVERY MILES 210
	VEHICLE ID. NO. 1GCJK33142F207429			BILLING DEALER NO.	PRODUCTION DATE
	P.V.I. NO.	P.O. NO.		R.O. DATE 09/10/03	
[redacted]	COMMENTS				MO: 19745

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

J# 1 26CVZ14 CARGO AREA TRIM HOURS: 0.20 TECH(5):1360 13.65
CUSTOMER STATES TAILGATE STRAPS BROKE - REIMBURSEMENT
FOR DAMAGED PROPERTY
VE 98 Z1241 .2 NET 240.00
BARBER SEEKS REIMBURSEMENT ON 2 STATUES THAT BROKE WHEN
TAILGATE STRAPS BROKE CAUSING STATUES TO FALL OUT OF BACK
OF TRUCK

JOB # 1 TOTAL LABOR & PARTS 13.65

SUBLET----PO#--------VEND INV#-INV.DATE-DESCRIPTION----------

JOB # 1	126703	126703	09/10/03 BARBER REIMBURSEMENT	240.00
			TOTAL - SUBLET	240.00

COMMENTS----------

REIMBURSEMENT

R/O TAX	0.00
R/O TOTALS	253.65

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

CLAIM#	TOTAL
126703	253.65
CLAIM TOTALS	253.65

APPROVED BY SIGNATURE

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

DCS DATA FILE: BNGMMF.110
09/10/2003 WARRANTY NEW CLAIM
1586

RO NUMBER	RO DATE	VIN	DIV	DEALER	ODOMETER	SERVICE ADVISOR #
126703	09/10/2003	1GCJK33142F207429	3	28010	19745	101-42-2020

CUSTOMER NAME: FIRST: PAUL MIDDLE: DAVID
LAST: BARBER PHONE:WORK: 813-238-8973 HOME: 813-238-8973

LN	JOB	CT	CC	PC	PART-NO.	TOT-PTS	FC	LABOP	LHRS	OHRS	NET-ANT.	LAB-TOT.
1	01		VE				98	Z1241	.2		240.00	13.65

LN-TOT: 253.65 TECH SSN: 101-42-2020 AUTH CODE: AUTH. AUTHOR.:

R.O. TOTAL: 253.65

**************************** DUPLICATE INVOICE ****************************

PAGE 1 OF 1 ACCOUNTING COPY-W [END OF INVOICE] 09:48am

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NFD1013SNL

Reynolds and Reynolds

AutoWay Chevrolet

1700 East Hillsborough Avenue
Tampa, Florida 33610
(813) 238-3181

CTWS125946

STATE OF FLORIDA
REGISTRATION NUMBER
SMV-34747

91624	GLENN COHEN 1319	CC	08/29/03	CTWS125946	
[redacted]	U41THL	19,735	VICTORY RED		
TAMPA, FL [redacted]	02/CHEVROLET TRUCK/SILVERADO/CREW		06/25/02	210	
	1GCJK33142F207429				
			08/29/03		
[redacted]				MO: 19735	

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

JOB # 1 26CVZZ TRIM HOURS: 0.40 TECH(S):1372 27.30

BOTH REAR TAILGATE STRAPS BROKEN -
VB 1D B5750 .2 REG .2 OTH AUTH EP
BROKEN
BOTH TAILGATE STRAPS WEAK
REPLACE BOTH REAR TAILGATE STRAPS

PARTS	QTY	FP-NUMBER	DESCRIPTION	U/COST	E/COST	U/PRICE	
JOB # 1	1	88892973	CABLE 17.198	8.60	8.60	12.04	12.04
JOB # 1	1	88892972	CBL-E/BAT 17.198	8.60	8.60	12.04	12.04

JOB # 1 COST TOTAL 17.20

JOB # 1 TOTAL PARTS 24.08

JOB # 1 TOTAL LABOR & PARTS 51.38

R/O TAX 0.00
R/O TOTALS 51.38

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

CLAIM#	TOTAL
125946	51.38
CLAIM TOTALS	51.38

APPROVED BY SIGNATURE

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

DCS DATA FILE: GMGMF.038
08/29/2003 WARRANTY NEW CLAIM
1762

RO NUMBER	RO DATE	VIN	DIV	DEALER	ODOMETER	SERVICE ADVISOR #
125946	08/29/2003	1GCJK33142F207429	3	26010	19735	063-64-6208

CUSTOMER NAME: FIRST: PAUL MIDDLE: DAVID
LAST: BARBER PHONE:WORK: 813-238-8973 HOME: 813-238-8973

LN	JOB	CT	CC	PC	PART-NO.	TOT-PTS	PC	LABOP	LHRS	OHRS	NET-AMT.	LAB-TOT.
1	01		VB	2	88892972	24.08	1D	B5750	.2	.2		27.30

LN-TOT: 51.38 TECH SSN: 406-19-2797 AUTH CODE: EP AUTH. AUTHOR.: 8090
MEMO PART NUMBERS: 88892973

R.O. TOTAL: 51.38

********** DUPLICATE INVOICE **********

PAGE 1 OF 1 ACCOUNTING COPY-W [END OF INVOICE] 09:47am

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NFD1013SNL

State Farm Insurance Companies®

Morris
4160784

September 26, 2003

P. O. Box 9613
Winter Haven, FL 33883-9613
1-800-301-7350

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

RECEIVED
OCT 07 2003
ESIS-GM CLAIMS UNIT

RE: Claim Number: 59-Y512-914
Our Insured: [redacted]
Date of Loss: August 27, 2003
Make, Model, Year of Product: 1996 Chevrolet Suburban Sport Wagon
Vehicle Identification Number: 3GNEC16R0WG143408

Dear General Motors:

The identified vehicle is insured by State Farm Mutual Automobile Insurance Company. This vehicle experienced a fire loss.

State Farm® would like to give you an opportunity to inspect the vehicle and give you advance notice of our potential subrogation claim. Please contact me to set up a time for your inspection.

Sincerely,

David Wood
Claim Representative
1-800-301-7350, ext. 5562
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

DW/029/0926005.122

10/28/03

ESIS/GM Central Claims Unit
P. O. Box 300
Mail Code 482 C20 D71 tel: 800.888.0164
Detroit, MI 48265-3000 fax: 313.665.0911

[redacted] tel: [redacted]
Tampa, Fl[redacted] fax:

RE: Our File No.: 466784
Our Client: General Motors Corporation
Date/Event: 08/27/03
Subject vehicle: 2002 Chevrolet Silverado
VIN: 1GCJK33142F207429

Dear Ms. Morris

As per our telephone conversation on 10/23/03 I am responding with expense and compensation estimates incurred as a result of the above referenced claim. They are as follows:

Medical Expenses:

08/28/03	[redacted]	85.00
08/28/03	Tower Imaging	82.00
09/04/03	[redacted]	85.00
09/04/03	prescription	23.99
09/04/03	prescription	30.19
09/04/03	[redacted]	160.00
09/09/03	West Coast Brace & Limb	381.89
09/11/03	[redacted]	75.00
09/25/03	[redacted]	120.00
10/09/03	[redacted]	120.00
	TOTAL:	1163.07

Property Damage:

2 concrete statues (Gargoyles)	240.00	
	TOTAL:	240.00

Personal Injury Compensation

8 weeks @ $1700.00/week	13,600.00	
	TOTAL:	13,600.00

In consideration for compensation in the amount of $15,003.07, as above referenced. I am willing to consider this matter satisfied and hold harmless General Motors Corporation to the extents they are liable for this claim. If this settlement is agreeable to you and your client then please forward to me a check and the associated documentation and we can close this matter. I look forward to hearing from you.

Sincerely,

[redacted]

FAX COVER SHEET

ATTN: Tanya Morris

TO: ESIS/GM Central Claims Unit
P. O. Box 300
Mail Code 482 C20 D71 — tel: 800.888.0164
Detroit, MI 48265-3000 — fax: 313.665.0911

FROM: [redacted]
[redacted] — tel: [redacted]
Tampa, FL[redacted] — fax: [redacted]

RE:

Our File No.:	466784
Our Client:	General Motors Corporation
Date/Event:	08/27/03
Subject vehicle:	2002 Chevrolet Silverado
VIN:	1GCJK33142F207429

Thursday, September 25, 2003

ESIS/GM Central Claims Unit
P. O. Box 300
Mail Code 482 C20 D71
Detroit, MI 48265-3000
800.888.0164 tel.
313.665.0911 fax

1 OF 7 SHEETS

[redacted]

Attention: Tanya R. Morris

RE:	Our File No.:	466784
	Our Client:	General Motors Corporation
	Date/Event:	08/27/03
	Subject vehicle:	2002 Chevrolet Silverado
	VIN:	1GCJK33142F207429

Dear Ms. Morris,

As per our telephone conversation earlier this week I am Faxing copies of my medical files from the two doctors that have seen and been treating my broken foot.

[redacted] Tampa, FL) is my primary medical provider. I first saw [redacted] concerning the injury to my left foot on 08/28/03 at which time he prescribed Ibuprofen for swelling, Tylox for pain and sent me for X-Rays of the foot. At the follow-up consultation on 09/04/03 he informed me that a bone in my foot was broken and referred me to a podiatric specialist.

[redacted] Tampa, FL 33618) is the podiatric specialist to whom I was referred. I first saw [redacted] on 09/04/03 at which time he placed a soft cast on my left foot to immobilize it and allow more time for the swelling to lessen. He prescribed a pain walker to be fitted the following week to further protect the foot. I've seen [redacted] for two follow-up appointments thus far (09/11/03 and 09/25/03) and am scheduled for another on 10/09/03.

[redacted]

SIGNATURE: _____

[redacted]

Progress Note

NAME: [redacted]

CHART NUMBER: *27451 CHIEF COMPLAINT: left foot heavy p

DATE: 8.28.03 AGE: 41-M of concrete fell off of truck + broke

B/P: 150/86 PULSE: 78 RR: 16 TEMP: 98.0 WT: 268 HT: 5

MEDS: See med list ALLERGIES: None

PM HX: — Diabetes — HTN
— Heart — Cancer

FAM HX: + Diabetes — HTN
— Heart — Cancer

SOC HX: — Tobacco + ETOH occ

ROS: Patient denies any chest pain, fever, headache, shortness of breath, dysphagia, abdominal pain, palpitations, nausea, vomiting, diarrhea, liver disease, kidney disease, weakness of extremities, numbness, rash, depression, bleeding, bruising, or weight loss.

HX/PI: 1 70 lb object fell on patient (R) foot left ankle. Swelling & pain

DX: Contusion (R) foot

ASSESS/PLAN:
Xray (R) foot
ice 20'
Motrin 800 q 8h
Elev + 24-48, stay off

SIGNATURE: [redacted] FOLLOW UP: Wed

[redacted] Page 1

NORTH ARMENIA MEDICAL CLINIC

PHYSICAL EXAM

Comments / Abnormalities

NAME [redacted]

CHART# 27451

DATE 8-28-03

	N	A
Head		
Normocephalic, atraumatic		
Eyes		
Conjunctiva cl, lids w/o defects, sclera wl		
Pupils, extra-ocular muscles intact		
Fundi wl, discs flat (optical exam)		
Ear, Nose, Mouth, Throat		
TM, ext. ear, & nose w/o exudate/lesion		
Ext. aud. meatus w/o lesion. TM wl bilat.		
Hearing wl, finger rub		
Oral mucosa and gums w/o lesions, pharynx wl		
Neck		
Neck symmetric, full ROM, trachea midline, no visible lesions		
Neck w/o mass, thyroid wl, w/o mass enlargement or tenderness		
Lymphatic		
Neck nodes wl, non-enlarged, not tender		
Axillary nodes wl, non-enlarged, not tender		
Groin/inguinal nodes wl, non-enlarged, not tender		
Other nodes wl, non-enlarged, not tender Specify:		
Respiratory		
Inspect: Resp. symmetrical, wl dia. excursion		
Perc: No dullness, flatness or hyperresonance		
Palp: Chest wall symmetric, w/o masses, wl tactile fremitus		
Ausc: Breath sounds clear, w/o rhonchi, rales, rales or wheezes		
Cardiovascular		
Palp: PMI wl, no lifts, heaves, thrills		
NL S1/S2, w/o S3/S4, murmur, rub, click		
Carotid auscultation: wl pulse supp. w/o bruits		
Bilateral pedal pulses: full and symmetric		
No peripheral edema or varicosities		
Abd. aorta: wl size w/o bruits		
Fem. arteries wl pulse w/o bruits		
Breasts		
Insp: breasts symmetric, no masses, discharge, rash		
Palp: breasts w/o mass or tenderness; Axillae w/o masses or lumps		
Skin		
No rashes, lesions, pigment, subcutaneous wl		
No palp. masses, induration, lightening		

Tenderness 1+ Adjacent Cervical Disease

Circle choice for items in italics N = normal A = abnormal	N
Musculoskeletal	
• Gait, coordination and strength	
• Digits/nails w/o clubbing, cyanosis or inflammatory change; wl peripheral, wl capillary fill bilaterally & symmetric	
Check joint stability where: ___Hips & neck for ___Spine, ribs and pelvis for ___R UE (c) ___L UE (c) ___R LE (c) ___L LE (c)	
• No misalignment, asymmetry, swelling, tenderness, crepitation, mass, effusion or deformity	
• Joints w/full ROM. No tenderness, crepitance or contracture	
• Joint stable/intact. No subluxation/laxity	
• Muscle tone/strength wl for age	
Abdomen	
Wl bowel sounds, no masses or tenderness Scars: yes / no	
Liver and spleen w/o tenderness or enlargement	
No hernias present	
Rectal: Perineum and anus w/o lesion, wl sphincter tone, no mass, hemorr. or lesion	
Hemo-cult: Positive ___ Negative___	
Genitourinary / Male	
Scrotum w/o lesion tenderness: Testes wl	
Penis w/o lesion, rash or discharge	
Prostate nonenlarged, symmetric, w/o nodularity or tenderness	
Genitourinary / Female	
Wl fem. escutcheon, w/o lesion, rash, scar or vulvar swelling	
Urethral meatus, w/o redness, mass or lesion; Vag. mucosa pink, wl, w/o d/c	
Cervix: wl in position and appearance. No abn. discharge or cervical motion tenderness	
Uterus midline, wl size, shape, consistency and mobility; Adnexa: yes / no	
Adnexa nontender, w/o enlargement, ovaries palpable / non-palpable / absent	
Neurologic	
Cranial nerves intact	
Cerebellar: gait ataxia, wl FN, HT bil	
DTR: bil & symmetric bil, wl bilateral	
Superficial sensation intact bilaterally.	
Psychiatric	
Judgment & insight w/i normal limits	
MS: oriented to person, place, time	
MS: recent and remote memory normal	
MS: wl mood disorder, affect appropriate	

[redacted]

Signature: [redacted]

page 2

INITIAL OFFICE VISIT

PATIENT NAME: [redacted]

DATE: 9/4/2003

OFFICE: [redacted]

CHIEF COMPLAINT: Patient is a 43-year-old male represents a day with the chief complaint of fracture left foot from 100 lb. weight falling on his foot one week ago.

PMH: none

MEDICATIONS: ibuprofen

ALLERGIES: penicillin

PSH: burns 1990 60 percent of body, gallbladder, kidney stone

SH: none

PHYSICAL EXAM: D.P. and PT pulses are 2/4 bilateral. Capillary refill instantaneous. Epicritic sensation intact. Edema and ecchymosis dorsal aspect of left foot and second, third, and fourth digits. X-ray examination left foot nondisplaced fracture second metatarsal medial cortex left foot.

ASSESSMENT: nondisplaced fracture second metatarsal left foot

PLAN: Today I have stressed the importance of limited weight bearing on left foot. I have placed a good unna boot compressive dressing around the patient's left foot and ankle ordered a CAM walker. The will be reappointed in one week for follow-up, patient was instructed to limit weight bearing on left foot.

[redacted]

5 wks.

ESTABLISHED PATIENT U.V.

PATIENT NAME: [redacted]

DATE: 9/11/2003

OFFICE: [redacted]

SUBJECTIVE: Patient presents today for continued treatment of fracture second metatarsal right foot. Patient states that he has decreased pain and has been ambulating the cam Walker this week.

OBJECTIVE: D.P. and PT pulses are 2/4 bilateral. Capillary refill [illegible] Epicritic sensation intact. Decreased Edema and pain [illegible]

ASSESSMENT: Nondisplaced fracture second metatarsal left foot

PLAN: Patient will continue to use the CAM walker and will be rescheduled in two weeks for follow-up x-rays he will limit weight-bearing as much as possible.

[redacted]

[redacted]

SIGNATURE: FOLLOW UP:

NAME [redacted]

CHART# 27451

DATE 6-28-03

NORTH ARMENIA MEDICAL CLINIC

PHYSICAL EXAM

Comments / Abnormalities

	N	A
Head		
Normocephalic, atraumatic		
Eyes		
Conjunctiva nl, lids w/o defects, sclera nl		
Perrla, extra-ocular motions intact		
Fundi nl, discs (for optical exam)		
Ear, Nose, Mouth, Throat		
AE, ext, canal & nose w/o septum perforation		
Ext. aud. canals w/o lesion. TM nl bilat.		
Hearing nl. Finger rub		
Oral mucosa and pharynx w/o lesions, pharynx nl.		
Neck		
Neck symmetric, full ROM, trachea midline, no visible lesions		
Neck w/o mass, thyroid nl, w/o mass enlargement or tenderness		
Lymphatic		
Neck nodes nl. non-enlarged, not tender		
Ax. nodes nl, non-enlarged, not tender		
Groin/inguinal nodes nl, non-enlarged, not tender		
Other nodes: nl, non-enlarged, not tender Specify:		
Respiratory		
Inspect: Resp. pattern nl, no spasms		
Perc: No dullness, flatness or hyperresony		
Palp: Chest wall symmetric, w/o mass, nl mobile fremitus		
Ausc: Breath sounds clear, w/o abnormal resp. rales or wheezes		
Cardiovascular		
Palp: PMI nl, no lifts, heaves, thrills		
NL S1/S2, w/o S3/S4, murmur, rub, click		
Carotid arteries: nl pulse ampl. w/o bruits		
Bilateral pedal pulses: full and symmetric		
No peripheral edema or varicosities		
Abd. aorta nl size w/o bruits		
Fem. arteries nl pulse w/o bruits		
Breasts		
Insp: breasts symmetric, no masses, discharge, rash		
Palp: breasts w/o masses or tenderness; Axillae w/o masses or lymp		
Skin		
No rashes, lesions, ulcers; color/texture nl		
No palp. masses, induration, tightening		

(1) 2nd not heard c min delay Pulse 24

Circle choice for items in italics N = normal A = abnormal	N
Musculoskeletal	
• Gait: coordinated and smooth	
• Digits/nails w/o clubbing, cyanosis or inflammatory changes; no petechiae, nl capillary fill bilaterally symmetric	
Check with examiner above:	
___Hand & neck (w)	
___Spine, ribs and pelvis (b)	
___RUE (r) ___LUE(r) ___RLE(r) ___LLE(r)	
• No misalignment, asymmetry, swelling, tenderness, crepitation, mass, effusion or deformity	
• Joints w/full ROM. No tenderness, crepitance or assessment	
• Joints stable/intact. No subluxation/laxity	
• Muscle tone/strength nl for age	
Abdomen	
Nl bowel sounds, no masses or tenderness Hernia: yes / no	
Liver and spleen w/o tenderness or enlargement	
No hernias present	
Rectal: Perianal and anal w/o lesion, nl sphincter tone, no mass, tumor, or lesion	
Hemoccult: Positive ___ Negative ___	
Genitourinary / Male	
Scrotum w/o lesion tenderness: Testes nl	
Penis w/o lesion, rash or discharge	
Prostate non-enlarged, symmetric, w/o nodularity or tenderness	
Genitourinary / Female	
Nl fem. escutcheon, w/o lesion, rash, sores or vulvar swelling	
Urethra non-patulous, w/o tenderness, masses lesion: Vag. mucosa pink, nl w/o lesions	
Cervix: nl col, position and appearance. No abn. discharge or cervical motion tenderness	
Uterus: nl size, shape, consistency and mobility: Adnexa yes / no	
Adnexa non-tender, w/o enlargement; ovaries palpable / non-palpable / absent	
Neurologic	
Cranial nerves intact	
Cerebellum no ataxia, nl FN, HT bil	
DTRs full & symmetric bil., nl babinski	
Superficial sensation intact bilaterally.	
Psychiatric	
Judgement & insight wit normal limits	
A&O: oriented to person, place, time	
MR: recent and remote memory normal	
MD: no mood disorder, affect appropriate	

[redacted]

Signature _____

[redacted] page 2

NAME [redacted]

CHART NUMBER: 27451 CHIEF COMPLAINT: flu, refill

DATE: 9-04-03 AGE: 41-m

B/P: 130/80 PULSE: 76 RR: 16 TEMP: 98.7 WT: 269 HT: 5

MEDS: see med list ALLERGIES: NKA

PM HX: — Diabetes — HTN
— Heart — Cancer

FAM HX: + Diabetes — HTN
— Heart — Cancer

SOC HX: — Tobacco + ETOH occ

ROS: Patient denies any chest pain, fever, headache, shortness of breath, dysphagia, abdominal pain, palpitations, nausea, vomiting, diarrhea, liver disease, kidney disease, weakness of extremities, numbness, rash, depression, bleeding, bruising, or weight loss.

HX/PI: [illegible] Chol 204, Trig 250
(2) non displaced fx (L) foot 2nd met head

DX: fx foot

ASSESS/PLAN:
[illegible]

SIGNATURE: [redacted] FOLLOW UP:

[redacted] page 1

[redacted]

ESTABLISHED PATIENT O.V.

PATIENT NAME: [redacted]

DATE: 9/11/2003

OFFICE: [redacted]

SUBJECTIVE: Patient presents today for continued treatment of fracture second metatarsal right foot. Patient states that he has decreased pain and has been dispensed the cast Walker this week.

OBJECTIVE: D.P. and PT pulses are 2/4 bilateral. Capillary refill [illegible]. Epicritic sensation intact. Decreased fibrosis and pain dorsal aspect left foot.

ASSESSMENT: Nondisplaced fracture second metatarsal left foot

PLAN: Patient will continue to use the CAM walker and will be reappointed in two weeks for follow-up x-rays he will limit weight-bearing as much as possible.

[redacted]

Michael K. Schulz
Claim Administrator
ESIS/GM Central Claims

ESIS

An Insurance Services Company

300 Renaissance Center
Mail Code 482 C20 D71
Detroit, MI 48265-3000
Telephone 313.665.3406
Facsimile 313.665.091

October 6, 2003

[redacted]

Fort Worth, TX [redacted]

VIA U.S. MAIL

Re:	File Number:	467974
	Date of Event:	9/12/2003
	Claimant:	[redacted]
	Client/Account:	General Motors Corporation

Dear [redacted]

As we discussed, ESIS is the third-party administrator on behalf of General Motors Corporation for matters involving allegations of product liability.

In that regard, this claim has been forwarded to me for handling. ESIS is on notice of this matter and I have assigned an investigator to help gather information so that ESIS/GM can evaluate this claim. Also, the investigator may be asked to photograph the vehicle and the scene of the accident as well as interview you with regard to the incident. Please be prepared to discuss this matter and if possible have the following documents and information ready for the investigator with regard to the 2001 Chevrolet Silverado that is the subject of this claim:

1. Proof of a manufacturing defect in the subject vehicle. The proofs should establish the defect as the cause of this incident. All supporting documents, including an expert report, original or laser color copies of the photographs taken by your expert, videotapes, the alleged defective component and the insurance carrier's along with the alleged defective tailgate strap should be presented to ESIS for evaluation;

2. Any official police/fire or incident reports and/or a complete description of the incident which includes their photographs, if any;

3. Did the vehicle owner and/or operator note anything wrong or unusual about the vehicle prior to the incident? Please include a description of the incident;

4. Copies of all available maintenance, warranty, or repair orders on the subject vehicle. If repairs and maintenance were performed by the vehicle owner, then a chronological summary of operations performed is needed;

5. Was any after-market equipment installed on the subject vehicle? If so, provide copies of receipts and/or invoices for installation of said equipment;

6. Were there any modifications, alterations, or changes to the subject vehicle? If so, provide copies of relevant installation receipts;

7. Was the vehicle involved in any prior accidents? If so, identify the nature and extent of damages and repairs completed. Supply repair orders and photographs depicting damage sustained;

8. Please provide the location of the subject vehicle and determine if it is available for inspection;

9. Was the vehicle hauling anything at the time of the incident?

10. Was anyone injured as a result of the incident? If so, please provide the names of the doctors and medical facilities that treated you / them as a result of this incident.

11. Please indicate who the insurance company is and how much, if any, that your insurance company has paid for medical care and repair of the subject vehicle.

Your cooperation in providing the above-requested documents and information would be sincerely appreciated. During this entire process, the subject vehicle and its components should remain available for inspection if necessary. **If you should choose to pursue this matter further, you have a duty to preserve the evidence in its immediate post incident condition.**

If you have any questions, please call me.

Sincerely,

Michael K. Schultz
Claim Administrator
313.665.3406

Scr/ Request PAR

PJ

SR No.	1-1407287779	Roll No.		SRC Type	PAR	Bus. Unit	SRC
Account		Site		Goodwill		Area	PAR
Last Name	[redacted]	First Name	[redacted]	Approval	Not Initiated	Sub-Area	Initiate PAR- Injury
Daytime #	[redacted]	Con Acct		UCC	Body - Trunk / Tailgate / Hatchback	Safety	Yes
Involved Dealer	Classic Chevrolet, Inc.	Source	Phone	Priority	Medium	Updated	9/22/03 12:36:11 PM
Serial #/VIN	1GCHC23U21F194114	Licence #	CHEVROLET	Status	Closed	Owner	PAULS
Model	Silverado	Warr. Start	11/27/2001	Sub-Status	Satisfied	Opened	9/15/03 11:13:28 AM
Make	Chevrolet	Mileage	50000	Year	2001	Closed	9/22/03 12:36:03 PM
Customer Description	***This is a PAR file. Please forward all inquiries to Stacey Paul/PAR/57645			Abstract	tailgate strap***		

. re-PAR

PAR Modifier	Owner	Incident Date/Time	9/12/03 7:40:00 PM	Drivers Last Name	Hatcher	Drivers First Name	Stan
Incident Location	Legacy Park	Incident Description	loaded bike onto bed of truck and while walking off vehicle the tailgate just	DOB	6/19/55	Height	6'0"
Road Surface	Arlington, TX	Road Condition		Disabilities			
# of Other Vehicles	1	[illegible]	[illegible]	Insurance Last Name		Insurance First Name	
Injuries	Y	Component	Body - Trunk / Tailgate / Hatchback	Insurance Agency		Agent Phone #	
# People in Vehicle	1	Vehicle Location	Vehicle is with customer...	Fire Report #		Contact Person	Howell 817-284-3300
Maintenance Location	Classic Chevrolet once problem is resolved	Police Report #		Add'l Info			

RECEIVED
SEP 23 2003
ESIS-GM CLAIMS DEPT

PAR Detail

Jobber		Property Damage	N	Non Collision	Y	Initial Est	N
Vehicle Speed	0	Weather Condition	dry	Owner Name	NA	Property Type	
Veh Damage Description	tailgate strap broke	Last Service Date		Property Location		Est Repair Cost	
Est Repair Cost	$0.00	Loc Last Service		Prop Damage Description		Inspection Date/Time	
Primary Veh Use	Personal	Spec Equip Installer		Inspected By	Inspection Not Performed	Inspection Type	
Spec Equip	bed liner			Explain Other	SENDING TO ESIS		

Activities

08/22/03	PAULS	SR Closed - Satisfied		Done	Service Request has been Closed Satisfied.	
08/22/03	BOYCER	Notify CRM		Done	ESIS reassignment	
08/19/03	PAULS	Ownership Changed	Ownership Escalated to BRC	Done	Ownership Escalated to BRC	
08/19/03	PAULS	BRC PAR	GM Decision- Other	Done	No GM decision made - sent to ESIS	
08/19/03	PAULS	BRC PAR	Initial Contact- AVM	Done	AVM Solaris Dan 9/2076 8240	Cmr left Msg advising of allegation and no action required. Cmr advised sending case to ESIS for handling and if any questions call per cmr. Stacey Paul/Par/67845

Activities

09/16/03	PAULS	BRC PAR	Initial Contact- Phone	Done		***Description of Incident*** Original owner aftermarket bed liner Customer stated that she he was standing on truck tailgate. Customer stated that the tailgate gave way and he hit the ground, twisting his knee, hurting his thumb and back. Customer stated both straps broke. Customer stated that he only weighs 200lbs. Customer stated that he is going to the doctor and is seeking medical docs, and replacement of straps. Customer stated no damage to veh body. Cnn advised will send case to ESIs for handling. Customer understood and satisfied. STacey Paul/Par/57845
09/16/03	PAULS	Research		Done	vin search performed - no previous files	
09/16/03	PAULS	Notify CRM		Done	file assigned	
09/16/03	LOTTM	Ownership Changed		Done	Service Request Ownership has changed FROM: MICKLESM TO: LOTTM	

Servi Request PAR

Activities

09/18/03	DONNEM	Inbound Voice Mail	Complex Request	Done	tailgate weight...	advised 750 lbs evenly distributed is the tailgate capacity. (scusicomedia) donnie nacoosanfarmerlawtex
09/18/03	MICKLESM	Outbound Call Customer	Made Contact	Done	customer injured from tailgate collapse	Called customer to get details on injury from tailgate collapsing. See Pre- Par information. Please contact customer within 48hrs. MARLON MICKLES/ CAC/ TAMPA

Activities

09/14/03	MICKLESM	Inbound Call Customer	Complex Request	Done	tailgate weight...	Customer seeking information on tailgate weight. Friday afternoon stood on tailgate and it just collapsed customer twisted elbow Jammed Thumb and hurt his back. Customer only weighs 198 lbs. CRM ADVISED- will contact research dept to determine weight maximum for tailgate. Will contact customer once information is received. Gave customer CRM phone number and extension. MARLON MICKLES/ CAC/ TAMPA

UCC Information

C11	Broken	Body - Trunk / Tailgate / Hatchback

PAR Injuries

Hatcher	Steve	09/19/66	Occupant of Owner's Vehicle	standing on tailgate of vehicle	soreness in back armed , swollen pinky elbow soreness

Servi Request Activity

SR No.	1-14072879	Ref No.		BRC Type	PAR	Bus. Unit	BRC
Account		Site		Goodwill		Area	PAR
Last Name	[redacted]	First Name	[redacted]	Approval	Not Initiated	Sub-Area	Initiate PAR- Injury
Daytime #	[redacted]	Con. Acct.		UCC	Body - Trunk / Tailgate / Hatchback	Safety	Yes
Involved Dealer	Classic Chevrolet, Inc.	Source	Phone				
Serial #/VIN	1GCHC23U21F194114					Updated	9/22/03 12:35:11 PM
Model	Silverado	Licence #	CHEVROLET	Priority	Medium	Owner	PAULS
Make	Chevrolet	Warr. Start	11/27/2001	Status	Closed	Opened	9/16/03 11:13:28 AM
Year	2001	Mileage	30000	Sub-Status	Satisfied	Closed	9/22/03 12:35:03 PM
Customer Description	***This is a PAR file. Please forward all inquiries to Stacey Paul/PAR/67546			Abstract	tailgate strap***		

Activities

09/22/03	BOYCER	PAULS	SR Closed - Satisfied		Done	Service Request has been Closed Satisfied.
09/22/03	LOYTM	BOYCER	Notify CHM		Done	ESIS reassignment
[redacted]						
09/16/03	PAULS	PAULS	Ownership Changed	Ownership Escalated to BRC	Done	Ownership Escalated to BRC
[redacted]						
09/16/03	PAULS	PAULS	BRC PAR	GM Decision- Other	Done	No GM decision made - sent to ESIS

Activities

09/16/03	PAULS	PAULS	BRC PAR	Initial Contact- AVM	Done	AVM	Solelo	Dan	972075	6240	Cnm left msg advising of allegation and no action required. Cnm advised sending case to ESIS for handling and if any questions call per cnm. Stacey Paul/Par/57845
[redacted]											
09/16/03	PAULS	PAULS	BRC PAR	Initial Contact- Phone	Done	[redacted]					***Description of Incident*** Original owner aftermarket bed liner Customer stated that she he was standing on truck tailgate. Customer stated that the tailgate gave way and he hit the ground, twisting his knee, hurting his thumb and back. Customer stated both straps broke. Customer stated that he only weighs 200lbs. Customer stated that he is going to the doctor and is seeking medical docs, and replacement of straps. Customer stated no damage to veh body. Cnm advised will send case to ESIs for handling. Customer understood and satisfied. STacey Paul/Par/57845
[redacted]											
09/24/03	PAULS	PAULS	Research		Done	vin search performed - no previous files					
[redacted]											

Activities

[redacted]							
09/16/03	LOTTM	PAULS	Notify CRM		Done	file assigned	
[redacted]							
09/16/03	LOTTM	LOTTM	Ownership Changed		Done	Service Request Ownership has changed FROM: MICKLESM TO: LOTTM	
[redacted]							
09/15/03	DONNIEM	DONNIEM	Inbound Voice Mail	Complex Request	Done	tailgate weight...	advised 750 lbs evenly distributed is the tailgate capacity. (sourcecanada) donnie mccowen/sms/master
[redacted]							
09/15/03	MICKLESM	MICKLESM	Outbound Call Customer	Made Contact	Done	customer injured from tailgate collapse	Called customer to get details on injury from tailgate collapsing. See Pre- Par information. Please contact customer within 48hrs. MARLON MICKLES/ CAC/ TAMPA

Activities

9/19/03	GREENTH	GREENTH	Inbound Call Customer	Service Request Update	Done	CRM CALLING MEDDUTY TRUCK	CRM ADV...CALLER IS T-CAC CRM CALLED MEDUTY TRUCK INADVERTENTLY AND WANTS TRAILERING WEIGHT FOR LIGHT DUTY TRUCK. CALLER REFERRED TO CAC OR INOF STATION. THOMAS GREEN /TPA / GMICT/ LEVEL ONE & DISSAT EMPOWERED

[redacted] [redacted]

[redacted]

[redacted] [redacted]

[redacted]

Fort Worth TX

[redacted]

Home Mailing USA

[redacted] No Known Rest

[redacted]

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 :	1GCHC23U21F194114

VEHICLE INFORMATION

Merchandising Model :	CC25743 -2001 SILVERADO 2500 CREW 2WD	Warranty Start Date :	11/27/2001
BARS Order Type :	70 - RETAIL - STOCK		
Delivering Dealer :	CLASSIC CHEVROLET, INC. PO BOX 1717 GRAPEVINE , TX 76099-1717 (817) 421-1200	Selling Source :	13 - CHEVROLET
		Site Code :	07566
		Business Associate Code :	112295

Service Contract :	No	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	11/27/2001	0 miles	11/27/2004	36000 miles
72/100000 SHEET METAL RUST-THROUGH	11/27/2001	0 miles	11/27/2007	100000 miles
36/36000 SHEET METAL CORROSION	11/27/2001	0 miles	11/27/2004	36000 miles
96/80000 PCM/CC EMISSIONS	11/27/2001	0 miles	11/27/2009	80000 miles
36/36000 FEDERAL EMISSIONS	11/27/2001	0 miles	11/27/2004	36000 miles
60/50000 HEAVY DUTY EMISSIONS	11/27/2001	0 miles	11/27/2006	50000 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
08/06/2003	022844	#	E3350 - CROSS MEMBER, TORRIBON BAR SUPPORT-REPL	27011 miles
06/13/2001	A94114	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 :	1GCHC23U21F194114

CLAIM HISTORY

Repair Order Date :	08/06/2003	Repair Order Number :	022844	Odometer Reading :	27011 miles

Serviced By :	HUDIBURG CHEVROLET 7769 GRAPEVINE HWY NORTH RICHLAND HILLS, TX 76180-7199 (817) 498-2400	Selling Source :	13 - CHEVROLET
		Site Code :	07340
		Business Associate Code :	187128

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
08/22/2003	406	01	#	E3350 - CROSS MEMBER, TORRISON BAR SUPPORT-REPL	N/A	N/A	N/A	$ 13.90	N

Repair Order Date :	06/13/2001	Repair Order Number :	A94114	Odometer Reading :	0 miles

Serviced By :	CLASSIC CHEVROLET, INC. PO BOX 1717 GRAPEVINE, TX 76099-1717 (817) 421-1200	Selling Source :	13 - CHEVROLET
		Site Code :	07566
		Business Associate Code :	112295

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
06/19/2001	179	01	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	N/A	N/A	N/A	$ 92.19	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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GM Vehicle Inquiry System
Vehicle Build

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

Help

VIN	1GCHC23U21F194114

VEHICLE BUILD

Marchandising Model :	CC25743 -2001 SILVERADO 2500 CREW 2WD		
Gross Vehicle Weight Rating :	4177 kg (9210 lb)	Order Number :	DHCR35
Build Date :	06/13/2001	Build Plant :	11F43

OPTION CODES

AG1 - 6-WAY POWER DRIVER SEAT	AG2 - 6-WAY POWER PASSENGER SEAT
AJ1 - DEEP TINTED GLASS	AM7 - FOLDING REAR SEAT
AN3 - FRONT BUCKETS WITH POWER ADJ.	AU0 - REMOTE KEYLESS ENTRY SYSTEM
AU3 - POWER DOOR LOCK SYSTEM	A31 - POWER WINDOWS
B30 - WHEELHOUSING & FLOOR CARPETING	B32 - RUBBER FRONT FLOOR MATS
B33 - REAR COLOR KEYED FLOOR MATS	B71 - WHEEL OPENING FLARES
B85 - BRIGHT BODY SIDE MOLDINGS	CMD - ASSEMBLY PLANT - FLINT, MI
C49 - REAR WINDOW DEFOGGER (INCLUDES	C5W - GVW RATING - 9,200 LBS
C60 - AIR CONDITIONING-FRONT	DP5 - INT R/V MIRROR, LIGHT SENSITIVE
DK6 - OVERHEAD CONSOLE	DL8 - EXT REMOTE CTRL HEATED MIRRORS
D07 - CUSTOM FRONT FLOOR CONSOLE	E63 - FLEETSIDE BODY
FE9 - FEDERAL EMISSIONS	FT2 - ARM TORS BAR SPRING ADJ
FT3 - ARM TORS BAR SPRING ADJ	GT5 - REAR AXLE - 4.10 RATIO
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-SPD AUTOMATIC TRANS-HVY DUTY
NA4 - HEAVY DUTY EMISSIONS	NF2 - EMISSION SYSTEM, FEDERAL TIER 1
NP5 - WHEEL	NRE - EXHAUST CATALYTIC CONVERTER,
PY0 - FORGED POLISHED ALUMINUM WHEELS	QIZ - LT245/75R16/E ALS BW TIRES
SLM - SALES STOCK ORDERS	T17 - TIRE BRAND ALL FIRESTONE
T96 - FRONT FOG LAMPS	UE1 - ONSTAR COMMUNICATIONS SYSTEM
UP0 - AM/FM STEREO RADIO/COMPACT DISC	UQ3 - BOSE PREMIUM SOUND SYSTEM
UY7 - HD 7-LEAD TRAIL. WIRING HARNESS	VB3 - CHROME REAR STEP BUMPER

VG3 - FRONT DELUXE CHROMED BUMPER	VR4 - WEIGHT DISTRIB. PLATFORM HITCH
VXS - COMPLETE VEHICLE LABEL	V22 - DELUXE FRONT APPEARANCE PKG.
V73 - STATEMENT OF VEHICLE CERT.-U.S.	XHH - LT245/75R16/E ALS BW TIRES-FRS
X88 - CHEVROLET CONVERSION	YD3 - BASE EQUIP FOR SCH GVW PL-FT AX
YD6 - BASE REAR SPRING	YE9 - LS TRIM
YHH - LT245/75R16/E ALS BW TIRES-REAR	ZHH - LT245/75R16/E ALS BW TIRE-SPARE
ZY1 - SOLID PAINT	Z82 - HEAVY DUTY TRAILERING EQUIPMENT
Z85 - INCREASED CAPACITY CHASSIS PACK	1SC - * DUAL ELECTRIC MIRRORS
1SZ - BOW TIE BONUS SAVINGS	51U - DARK CARMINE RED MET/LT PEWTER
6GL - FRONT SPRING SELECTOR LH	7GL - FRONT SPRING SELECTOR RH
92I - MED GRAY INTERIOR TRIM	922 - EZSPEC

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PAR Case Assessment Form

Siebel Request No.: 1-140729779
Customer Name: [redacted]
Product Purchased?: ☒ New ☐ Used
Vehicle Identification Number: 1GCHC23U21F184114
Model:Silverado **Make:Chevy** **Year:2001** **Mileage:90,000**

Service Request Detail Screen ☒ Reviewed and Updated
Pre-PAR Form ☒ Reviewed and Updated
PAR Detail Form ☒ Reviewed and Updated

Allegation and / or Claim

☐ **OnStar (Follow specialized procedure)**
☐ **Credit / Rebill Process (Review Step-by-Step)**

☒ **Injury**
- ☐ **Reviewed Step-by-Step in Webknowledge:**
- ☐ ***Major*** **(Surgery, compensation, current medical treatment, lacerations, sutures, fractures, paralysis, loss of consciousness, fatality)**
  - ☐ **Forward file to ESIS.**
- ☒ ***Minor*** **(Bruises, bumps, scratches, abrasions, headaches) - Review with customer for a thorough description.**
  - ☐ **Dealer**
  - ☐ **Forward file to EAA**
- ☐ ***Grey Area*** **(Past medical treatment, surgery and injury. Pregnancy, numbness)**
  - ☐ **Review file with Team Manager**
  - ☐ **Forward file to ESIS**
  - ☐ **PAR will work file**

☐ **Collision (includes curbs and / or sidewalks):**
- ☐ ***Air Bags (Vetronix)*** **–**
- ☐ **Non-Deployment**
  - ☐ **Forward file to EAA**
  - ☐ **Advised customer on basic air bag function**
- ☐ **Inadvertant Deployment without collision**
  - ☐ **Advised customer on basic airbag function**
  - ☐ **Dealer (Inspect under-carriage)**
  - ☐ **Forward file to EAA**
- ☐ **Deployment with Collision**
  - ☐ **Advised customer on basic air bag function**
  - ☐ **Dealer (Inspect vehicle and obtain a repair estimate)**
  - ☐ **Forward file to EAA (Customer is requesting an inspection)**
- ☐ ***Brakes / ABS (Vetronix if available) / Suspension / Tires / Wheel Separation / Steering***
- ☐ **Major Body Damage (Review with customer and/or Dealership, Bodyshop for thorough description and vehicle location)**
  - ☐ **Forward file to EAA**
  - ☐ **Advised customer on basic brake/ABS function**
- ☐ **Minor Body Damage (Review with customer and/or Dealership, Bodyshop for thorough description and vehicle location)**
  - ☐ **Advised customer on basic brake/ABS function**
  - ☐ **Dealer**
  - ☐ **Forward file to EAA (Customer is requesting an inspection)**

☐ **Thermal Event:**
- ☐ *Major* (Entire: vehicle, compartment, component and / or > 2 components)
  - ☐ Forward file to EAA.
- ☐ *Minor* (Centralized / Confined to a small area) – Review with customer and/or Dealership for a thorough description.
  - ☐ Dealer inspection and / or Repair Order
  - ☐ Forward file to EAA.
- ☐ *Smoke / Non-Thermal* –
  - ☐ Return to Workflow (File reviewed < 24 HRS after assignment).
  - ☐ PAR will work file (File is > 24 HRS after assignment).

☐ **Property Damage** (*includes pets*):
- ☐ *< $1,000* - Advise Dealership to proceed under PAR Warranty code Z1241
- ☐ *> $1,000* - Review with customer and/or Dealership for thorough description. Obtain estimate and attach to file and / or conclude damage may be >$1,000
  - ☐ Forward file to ESIS.

☐ **Insurance Subrogation Claim**
☐ **Deductible Claim**
☐ **Compensation Claim with Supporting Documentation** – Review with customer and/or caller for thorough description.
- ☐ Forward file to ESIS.

☐ **Law Enforcement Inquiry without allegation**
- ☐ Forward file to Workflow

☐ **Law Enforcement Inquiry with allegation**
- ☐ Review file with Team Manager

☐ **Customer Retracted Allegation:**
- ☐ PAR will close file.

Vehicle Evaluation

☐ *Inspection requested*
- ☐ EAA
- ☐ Dealer
- ☐ Field Personnel

☒ *Inspection not requested*
- ☐ Customer did not authorize inspection
- ☒ Customer accepted explanation and resolution
- ☐ Customer retracted allegation
- ☐ Vehicle not available
- ☐ Customer does not own vehicle

Global Actions/Follow-Up

☒ Documented all actions and events in the PAR file
☐ Provided resolution to Dealer and AVM

GNM Resolution / Recommendation

☒ Forward file to ESIS
☐ Repair
☐ Repurchase
☐ Trade Repurchase
☐ Law Enforcement Inquiry
☐ GM declines responsibility
☐ File Closed / Customer Information Request Only
☐ File forwarded to the Workflow
☐ Non PAR File
☐ Other

---

esis

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C30 D71
Detroit, MI 48265-3000

800.888.0164 tel
313.665.0911 fax

Tiffini Halle
Claims Administrator

October 9, 2003

[redacted]
Owensboro, KY [redacted]

RE: Claimant: [redacted]
Our File No.: 8213-259-468329
Our Client: General Motors Corporation
Date/Event: September 7, 2003
Subject vehicle: 2000 Chevrolet Silverado
VIN: 2GCEK19T9Y1407947

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. I have tried contacting you but my attempts have been unsuccessful.

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. All medical records concerning the injuries suffered as a result of this accident. A consent to develop medical and wage information is enclosed to assist this office in obtaining those records;
3. Documentation to substantiate the type and amount of damages claimed (medical bills and/or wage loss information);
4. 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.

ESIS Field Investigator, James Patrick has been assigned to assist me in the investigation of this case. He will contact you to schedule an appointment to interview you and photograph the vehicle.

10/9/03

esis

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,

Tiffini Halls
Claims Administrator

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

I, the undersigned, hereby authorize the following Authorized Health Care Providers to make the authorized use and/or disclosure of confidential information contained in my medical records to ESIS at the address below:

Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:

I understand that the purpose(s) for which this information is to be used and/or disclosed is for a product liability claim against General Motors Corporation for an incident which occurred on or about September 7, 2003.

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:

- I have a right to inspect or copy my confidential information that is to be used or disclosed.
- 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 may revoke this authorization at any time with respect to any Authorized Health Care Provider by notifying such Authorized Health Care Provider in writing of my revocation of this authorization and delivering to such Authorized Health Care Provider my revocation by mail or personal delivery. ESIS requests a copy of such revocation.

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

Printed Name of Patient*	Date of Birth
Address, City, State and Zip	Social Security Number
Signature of Patient or Personal Representative*	Date Signed
Relationship to Individual*	Authority to act for Individual*

*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.

EXPIRATION OF AUTHORIZATION: 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 IN WRITING BY ME AS NOTED ABOVE.

ESIS – General Motors Claims
PO Box 300
M/C 482-C20-D71
Detroit, MI 48265-3000

Claim Number: 468329
Claims Administrator: Tiffini Haila

ESIS is the third-party administrator for General Motors Corporation.

468329

SR No.	1-144209707	Ref No.		SRC Type	PAR	Safety Yes	Bus. Unit	SRC
		Site					Area	PAR
Last Name	[redacted]	First Name	[redacted]	Approval	Not Initiated		Sub-Area	Initiate PAR-Injury
		Street	[redacted]		Body - Trunk / Tailgate / Hatchback			Phone
Evening #		City	Owensboro		Handsome Chevrolet, Inc.		Updated	9/26/03 4:25:52 PM
		State	KY ZipCd [redacted]		Open			BOYOER
Make	Chevrolet	Mileage	40000	Serial #/VIN	2BCEK19T8Y1407847			9/24/03 11:29:59 AM
	Silverado	Year	2000	Warr. Start	10/27/2000	Abstract		Closed
Customer Description	Par file Please forward all calls to Ruthe Boyce/57611							

Owner	9/7/03 11:45:00 AM	Cust jumped up onto tailgate to sit down, both cables broke, tailgate dropped and threw cust on head	
[redacted]	[redacted]	tailgate broken on veh cables damaged	
10/12/30	5ft 9in	strong	
0	1	[redacted] cust's driveway	Vehicle Location: at dlr for veh diagnosis
	Component: tailgate		
Y	Dry		
	Gravel	none	
		Insurance Agency	
		cust weighs 165lbs	

RECEIVED
OCT 0 1 2003
ESIS-GM CLAIMS UNIT

PAR Detail

	Y	N	N	

no omni usp

0

Personal

CLEAR

NA

Prop Bal Repair Cost

BROKEN CABLES

Inspection Not Performed

09/30/03	BOYCER	BRC PAR	Close	Done	CLOSING FILE SENDING TO ESIS DUE TO REQUEST FOR MED COMPAIN & SUFFERING
Comment					Confidential Comment
09/30/03	BOYCER	Email - Outbound		Done	SENDING TO ESIS DUE TO REQUEST FOR MED COMPAIN & SUFFERING
Comment					Confidential Comment
09/30/03	BOYCER	BRC PAR	ESIS- Injuries	Done	SENDING TO ESIS DUE TO REQUEST FOR MED COMPAIN & SUFFERING
Comment					Confidential Comment
09/30/03	BOYCER	BRC PAR	Inspection Not Required	Done	SENDING TO ESIS DUE TO REQUEST FOR MED COMPAIN & SUFFERING
Comment					Confidential Comment
09/30/03	BOYCER	Outbound Call Customer	Made Contact	Done	CRM ADVISED CUST THE FILE WAS BEING FORWARDED TO ESIS
Comment	DUE TO CUST REQUEST FOR MED COMP PER TM BURCHAM. RUTHE BOYCE/PAR/57611				Confidential Comment
09/30/03	BOYCER	BRC PAR	Initial Contact- AVM	Done	404082 6169
Comment	CRM LEFT AVM A VME DETAILING THIS CONCERN, ADVISED THE DEALERSHIP HAS BEEN NOTIFIED AND THIS FILE IS GOING TO ESIS DUE TO INJURIES. . REQUESTED ANY INPUT OR INFORMATION AVAILABLE. RUTHE BOYCE/PAR/ 57611"				Confidential Comment
09/30/03	BOYCER	BRC PAR	Initial Contact- Dealer	Done	SVC MGR NOT AVAILABLE
Comment	ASST SVC MGR- IF FAXING RO ON REPLACEMENT TAILGATE STRAPS . DID NOT TAKE CARE OF THIS CUST, WAS NOT FAMILAR WITH THIS CONCERN. CRM ADVISED IT WAS A PAR FILE GOING TO ESIS DUE TO INJURY. RUTHE BOYCE/PAR/57611				Confidential Comment
09/29/03	BOYCER	Research		Done	CASE SCAN
Comment	CASE SCAN PERFORMED IN COREPOINT AND SIEBEL. NO FILES FOUND. RUTHE BOYCE/PAR/57611				Confidential

09/26/03	BOYCER	Ownership Changed	Ownership Escalated to BRC	Done	Ownership Escalated to BRC
Comment					Confidential Comment
09/26/03	BOYCER	BRC PAR	Initial Contact- Phone	Done	CONTACTED AT (270) 683-1144
Comment	CUST BOUGHT USED AT HENDERSON CHEVROLET. CUST STATES HE JUMPED UP TO SIT ON TAILGATE AND BOTH CABLES SNAPPED AT THE SAME TIME CAUSING HIM INJURY HE HAS NOT SEEN A DOCTOR, STATES HE HAS HEADACHES. DEALERSHIP GAVE HIM CABLES AND HE REPLACED THEM HINSELF. CUST IS SEEKING COMPENSATION FOR PAIN AND SUFFERING CRM ADVISED SHE WILL CONTACT HIM AFTER SPEAKING TO THE DEALERSHIP. RUTHE BOYCE/PAR/57611				Confidential Comment
09/26/03	BOYCER	BRC PAR	Acknowledgement	Done	MADE CONTACT
Comment					Confidential Comment
09/26/03	BOYCER	Ownership Changed		Done	Service Request Ownership has changed FROM: LOTTM TO: BOYCER
Comment					Confidential Comment
09/26/03	BOYCER	Notify CRM		Done	file assigned
Comment					Confidential Comment
09/26/03	BOYCER	BRC PAR	Case Assigned	Done	assigned file to Ruthe Boyce at ext. 57611
Comment					Confidential Comment
09/26/03	LOTTM	Ownership Changed		Done	Service Request Ownership has changed FROM: DOSSAP TO: LOTTM
Comment					Confidential Comment
09/25/03	LOTTM	Escalation	Initiate PAR	Done	tailgate collapse/cust injury
Comment	Received and assigned in PAR. Marjorie Lott/PAR/Worldcw				Confidential Comment
09/24/03	DOSSAP	Inbound Call Customer	Voice Mail Received	Done	update
Comment	Tony,svc dir states that he did offer the cust a Goodwill adjustment (R.O. 78583). States that he advised the cust that he would need to keep cables for warranty-cust argued stating he needs cables for evidence to file suit. States he advised cust that the way he got onto the cable tailgate may have sided in cables breaking and that he did do a Goodwill adjustment on a veh that is out of warranty by mileage (40,001), but still in by time. States cust finally gave him one of the cables. States cust is upset w/ situation b/c of the safety and feels it needs to be addressed, someone could be killed. States if further contact is needed he can be reached at 1-800-761-2277.				Confidential Comment
09/24/03	DOSSAP	Outbound Call Dealer	Made Contact	Done	veh diagnosis
Comment	Svc dir states that he is not aware of the cust's situation, last time cust was in was on 12/11/02 @ 30,000 miles. States that since cust is in parts dept., he would walk over and talk w/ cust, diagnose veh, and give me a call back.				Confidential Comment

CRM Advised Svc Dir of cust's concern and advised of contact info & SRN.

aprille dosa/cac/tpa

09/24/03 DOSSAP Inbound Call Customer Complex Request Done broken tailgate

Comment

CUST STATES that they are the second owner of a Chevy Silverado purchased from Henderson Chevrolet w/ 35,000 miles on it at time of purchase. Cust does have an extended service contract.

Confidential Comment

CUST STATES that he jumped up on tailgate trying to sit down, and when he jumped on the tailgate, the cables broke causing the tailgate to fall on the bumper and the cust was thrown to the ground on the head. States that he suffers occasional headaches. States that it was very embarrasing for him. States that he is currently at dlr and is being told that he will have to pay for cables to be replaced. States that he refuses to pay for repair and will not leave dlr until something is done about the situation. States there should be a recall regarding this b/c it could cause life threatening injuries. States that he has not been seen by dr. regarding this. Cust states that he does not remember the exact date of the incident but it happened about a week ago on a Sunday, probably the 7th.

CUST SEEKS to have repair fixed free of charge. Seeks to find out what GM is going to do about his injury.

CRM ADVISED that b/c of the injury sustained, I would have to pass the case on to another dept. which will be contacting him w/ 48hrs. Advised that more than likely he would have to pay for repairs for veh.

Aprille Dosa/CAC/TPA

C11 Broken Body - Trunk / Tailgate / Hatchback

[redacted] Occupant of Owner's Vehicle [redacted] Driver

Injury Desc: Cust fell on head and has experienced occasional headaches

Medical Rpt

Treatment Loc

Treated By

Primary Address

City

State

Zip

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 :	2GCEK19T9Y1407947

VEHICLE INFORMATION

Merchandising Model :	CK15753 -2000 PICKUP	Warranty Start Date :	10/27/2000
BARS Order Type :	70 - RETAIL - STOCK		
Delivering Dealer :	HEARTLAND CHEVROLET PONTIAC BUICK PO BOX 247 BOONVILLE , IN 47601-0247 (812) 897-2220	Selling Source :	13 - CHEVROLET
		Site Code :	25054
		Business Associate Code :	162332

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	10/27/2000	39 miles	10/27/2003	36039 miles
72/100000 SHEET METAL RUST-THROUGH	10/27/2000	39 miles	10/27/2006	100039 miles
36/36000 SHEET METAL CORROSION	10/27/2000	39 miles	10/27/2003	36039 miles
96/80000 PCM/CC EMISSIONS	10/27/2000	39 miles	10/27/2008	80039 miles
36/36000 FEDERAL EMISSIONS	10/27/2000	39 miles	10/27/2003	36039 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
09/24/2003	079563	#	B5750 - RT TAILGTE SUPP RPL	40501 miles
07/31/2002	069812	#	H1240 - VAC P/B HS VLV RPL	31030 miles
07/31/2002	069812	#	N0528 - BULBS, EXTERIOR - REPLACE	31030 miles
04/22/2002	067475	#	K4123 - TRANS CASE SHL SW	26877 miles
07/13/2000	043467	#	Z6999 - PREDELIVERY INSPECTION FLUID ADDS	4 miles
06/22/2000	A07947	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 :	2GCEK19T9Y1407947

CLAIM HISTORY

Repair Order Date :	09/24/2003	Repair Order Number :	079563	Odometer Reading :	40501 miles

Serviced By :	HENDERSON CHEVROLET OLDSMOBILE 2746 HWY 41 N HENDERSON, KY 42420-2047 (270) 826-7600	Selling Source :	13 - CHEVROLET
		Site Code :	25060
		Business Associate Code :	181602

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
09/26/2003	416	01	#	B5750 - RT TAILGTE SUPP RPL	88892973 - CABLE	AEP	N/A	$ 49.38	N

Repair Order Date :	07/31/2002	Repair Order Number :	069812	Odometer Reading :	31030 miles

Serviced By :	HENDERSON CHEVROLET OLDSMOBILE 2746 HWY 41 N HENDERSON, KY 42420-2047 (270) 826-7600	Selling Source :	13 - CHEVROLET
		Site Code :	25060
		Business Associate Code :	181602

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
08/06/2002	297	01	#	H1240 - VAC P/B HS VLV RPL	N/A	N/A	N/A	$ 18.65	N
08/06/2002	297	02	#	N0528 - BULBS, EXTERIOR - REPLACE	12450108 - BULB	N/A	N/A	$ 20.79	N

Repair Order Date :	04/22/2002	Repair Order Number :	067475	Odometer Reading :	26877 miles

Serviced By :	HENDERSON CHEVROLET OLDSMOBILE 2746 HWY 41 N HENDERSON, KY 42420-2047 (270) 826-7600	Selling Source :	13 - CHEVROLET
		Site Code :	25060
		Business Associate Code :	181602

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
04/26/2002	268	01	' #	K4123 - TRANS CASE SEL SW	15709327 - SWITCH	N/A	N/A	$ 73.61	N

Repair Order Date :	07/13/2000	Repair Order Number :	043467	Odometer Reading :	4 miles

Serviced By :	NORTHSIDE CHEVROLET, L.P. PO BOX 4839 EVANSVILLE, IN 47724-0839 (812) 421-0077	Selling Source :	13 - CHEVROLET
		Site Code :	25320
		Business Associate Code :	131171

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
07/21/2000	84	01	#	Z6999 - PREDELIVERY INSPECTION FLUID ADDS	N/A	N/A	N/A	$ 3.00	N

Repair Order Date :	06/22/2000	Repair Order Number :	A07947	Odometer Reading :	0 miles

Serviced By :	NORTHSIDE CHEVROLET, L.P. PO BOX 4839 EVANSVILLE, IN 47724-0839 (812) 421-0077	Selling Source :	13 - CHEVROLET
		Site Code :	25320
		Business Associate Code :	131171

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
06/27/2000	77	01	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	N/A	N/A	N/A	$ 61.42	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	2GCEK19T9Y1407947

VEHICLE BUILD

Merchandising Model :	CK15753 -2000 PICKUP		
Gross Vehicle Weight Rating :	2906 kg (6408 lb)	Order Number :	CMWBX5
Build Date :	06/22/2000	Build Plant :	2Y153

OPTION CODES

AE7 - FRT SPLIT, DRIVER, PASS	AJ1 - DEEP, ALL EXCEPT W/S AND DRS
AM7 - REAR SEAT FOLDING	AU0 - REMOTE ENTRY
AU3 - SIDE DR, ELEC	A31 - POWER OPERATED, ALL DOORS
B30 - CARPET	B32 - FLOOR MATS, AUX
B33 - FLOOR MATS, AUX	B85 - BODY SIDE MOULDINGS, BRIGHT
C60 - AIR CONDITIONER FRT, MAN CONTRO	C7H - GVWR: 2903 KG (6400 LB)
DK7 - INTERIOR, CUSTOM	D48 - LH & RH, REMOTE CONTROL, ELECTR
EVA - DVT, EVAP EMISSION REQUIREMENT	E24 - DOOR - SIDE CARGO, HINGED
E63 - FLEETSIDE BODY OPTION	F69 - FEDERAL EMISSIONS
FK2 - TORS BAR SPRING ADJ (A)	FK3 - TORS BAR SPRING ADJ (B)
GT4 - 3.73 RATIO (DUP WITH 5X1)	G80 - LIMITED SLIP
IC5 - VAC POWER, 4 WHL DISC, 7,200 LB	KNP - TRANSMISSION FLUID COOLER

K34 - CRUISE CONTROL	K47 - HIGH CAPACITY
K68 - GENERATOR	LM7 - GAS, 8 CYL, 5.3L, MFI, IRON, GM
M30 - 4L60 AUTO TRANS	NF2 - EMISSION SYSTEM, FEDERAL TIER I
NP5 - STEERING WHEEL- LEATHER WRAPPED	NP8 - AUTOTRAC - AUTOMATIC 4WD
NZZ - SKID PLATE, "OFF ROAD" SPOT	OSG - OSHAWA, ONT, CANADA (TRK)
PF9 - 16" ALUMINUM WHEELS (4)	QGC - TIRES- P265/75R-16" ALL TERRAIN
SLM - STOCK ORDERS	UN0 - AM/FM STEREO, SEEK/SCAN, CD, AU
UQ3 - PREMIUM SPEAKER SYSTEM INCLUDES	UY7 - TRUCK TRAILER, HD
VB3 - STEP, CHROME, IMPACT STRIP	VG3 - IMPACT STRIP
VR4 - WEIGHT DISTRIBUTING PLATFORM	VXS - COMPLETE
V22 - RADIATOR, CHROME	V73 - USA/CANADA
XGC - P265/75R16-114S BW R/PE ST TL A	XB8 - CHEVROLET
YD3 - (BASE EQUIP) FOR SCHEDULING GVW	YD6 - RR, BASE EQUIPMENT
YE9 - DECOR PACKAGE	YGC - TIRES- P265/75R-16" ALL TERRAIN
ZGC - P265/75R16-114S BW R/PE ST TL A	ZY1 - SOLID
Z71 - OFF ROAD CHASSIS EQUIPMENT	Z82 - H.D. TRAILERING EQUIPMENT
1SB - PREFERRED EQUIP. GROUP - 1SB **	1SZ - OPTION PACKAGE
12D - GRAPHITE CLOTH	12I - GRAPHITE (96)
50U - EXTERIOR, BLUE WHITE (91)	6WY - COMPUTER SEL SUSP (6WY)
7WY - COMPUTER SEL SUSP (7WY)	

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HENDERSON CHEVROLET-OLDSMOBILE

2746 HWY. 41 NORTH
HENDERSON, KY 42420
PHONE: (270) 826-7800
FAX: (270) 831-7171

Goodyear

RECOMMENDED SERVICES

01CVZ10	30000 MILE INSPECT.	MI	367.10	01CVZ01	LUBE,OIL,FILTER,WASH	MI	26.95
01CVZ11	*ROTATE TIRES	MI	12.95	01CVZ13	AUTO TRANS SERVICE	MI	89.95
01CVZ14	4X4 AUTO TRANS SERV	MI	0.00	01CVZ17	SERV COOL '95 & DOWN	MI	0.00
01CVZ25	MINOR TUNE 4 CYL	MI	47.33	01CVZ01	MINOR TUNE 6 CYL	MI	47.33
01CVZ27	MINOR TUNE 8	MI	52.95	01CVZ01 TRUCK	LUBE,OIL,FILTER,WASH	MI	26.95

SERVICE HISTORY

12/11/02	72774	38014	1064	5780	C	01CVZ0001C	LUBE OIL FILTER
11/19/02	72180	36230	1064	5818	C	13CVZ	WINDS/WASHERS
10/17/02	71626	34507	3663	5780	C	01CVZ0001C	LUBE OIL FILTER
				5780	C	01CVZ11	*ROTATE TIRES
08/21/02	70302	31029	1064	4453	C	01CVZ0001C	*LUBE OIL FILTER
07/31/02	69812	31050	1064	1298	W	04CVZ	*BRAKE SYSTEM

SALESPERSON NO. 5337 JAY E. CLAYPOOL **S E R V I C E** STATE REG# 2

2GCEK19T9Y1407947	00/CHEVROLET/SILVERADO/Z71 LS		23512A	757FTH	79563	
[redacted]	6427 JM'A	12/20/02	39,519		09/24/03	
DWENSBORO, KY [redacted]	WHITE/		01/01/06	72,000		
	CYZ	40,501	6238	MARY		

[redacted]

11:05am 09/24/03 05:00pm

HENDERSON CHEVROLET-OLDSMOBILE
2746 Hwy. 41 North
HENDERSON, KENTUCKY 42420
Phone: (270) 826-7800 Fax: (270) 831-7171

ORIGINAL CUSTOMER ESTIMATE: PARTS LABOR TOTAL

X _____

COMMENTS: TAIL GATE SUPPORT CABLES BROKEN

1 W 48CVZ ACCESSORIES
C/S TAILGATE SUPPORT CABLES BROKE WHILE STANDING ON T/GATE-
VISUAL INSPECTION SHOWED CABLES RUNTIED INSIDE CONDUIT CASING

Customer Contacted. Cable not 2nd cable
Customer Informed that Cables being Replaced
Customer would only let me Replace one Cable for Warranty Reimbursement.
Customer Has Called Customer Assistance Rep # 1-844-209-707
April 1-866-962-4288 Ext 58998
Customer State Cables Supposed which is her atts Responsibility to get up and Tailgate.
Intend to submit to. Verification that T/Gate

[redacted]

ALL PARTS MUST BE INSTALLED OTHERWISE INDICATED.
REPLACED PARTS WILL BE DISPOSED UNLESS SPECIFIED.
SAVE REPLACED PARTS YES ☐ NO ☐ OTHER
☐ WARRANTY ☐ EXTENDED WARRANTY
☐ INTERNAL ☐ CUSTOMER PAY

Thank you for this opportunity to serve you. It is our aim to perform all the repairs requested on this repair order to your complete satisfaction. If our service was satisfactory tell your friends, if not, please tell us immediately. THANK YOU!

PAGE 1 OF 1 HARD COPY 79563

HENDERSON
CHEVROLET-OLDSMOBILE
2746 HWY. 41 NORTH
HENDERSON, KY 42420
PHONE: (270) 826-7800
FAX: (270) 691-7171

Goodyear

6427	MARY 6238		09/24/03	CV057956
[redacted]	CAPACITY 757FTH	MILEAGE 40,501	WHITE/	23512A
OWENSBORO, KY [redacted]	00/CHEVROLET/SILVERADO/2T1 LS		12/20/02	39,51
	2GCEK19T9Y1407947			
			09/24/03	

LABOR & PARTS

JOB # 1 ACCESSORIES HRS: 0.40 TECH(3):1481 ..... 18.30

C/S TAILGATE SUPPORT CABLES BROKE WHILE STANDING ON T/GATE.
VISUAL INSPECTION SHOWED CABLES RUSTED INSIDE CONDUIT CASING
CABLES RUSTED AND BROKE IN THE MIDDLE
REPLACED T/GATE SUPPORT CABLES UNDER GOODWILL ADJUSTMENT FOR
CUSTOMER-CUST RETAINED 1 CABLE FOR HIS REFERENCE-SEE RO

PARTS	QTY	PP-NUMBER	DESCRIPTION	U/COST	E/COST	U/PRICE	
JOB # 1	1	[illegible]	CABLE 17.100	8.60	8.60	12.04	12.04
JOB # 1	1	[illegible]	CBL-E/BRT 17.201	8.60	8.60	12.04	12.04

JOB # 1 COST TOTAL 17.20

JOB # 1 TOTAL PARTS 24.08

JOB # 1 TOTAL LABOR & PARTS 49.38

COMMENTS
TAIL GATE SUPPORT CABLES BROKEN

R/O TAX 0.00
R/O TOTALS 49.38

WARRANTY CLAIM DETAIL TOTALS

CLAIM#	TOTAL
79000	49.38
CLAIM TOTALS	49.38

APPROVED BY SIGNATURE

DCS AUDIT SLIP

DCS DATA FILE: GHDMF.843
09/24/2003 WARRANTY NEW CLAIM
1402

RO NUMBER	RO DATE	VIN	QTY	DEALER	ODOMETER	SERVICE ADVISOR #
879883	09/24/2003	2GCEK19T9Y1407947	3	25060	40501	307-78-1780

CUSTOMER NAME: FIRST: GENE MIDDLE: NC
LAST: NC CONNICK PHONE:WORK: HOME: 270-683-1144

LN	JOB	CT	CC	PC	PART-NO.	TOT-PTS	PC	LABOR	LHRS	OHRS	NET-AMT.	LAB-TOT.
1	01		NA	2	[illegible]	24.08	SM	[illegible]	.4	.0		18.30

LN-TOT: 49.38 TECH [illegible] 406-26-4325 AUTH CODE: ASP AUTH. AUTHOR.: 0000 — CM # 416
MEMO PART NUMBERS: [illegible]

R.O. TOTAL: 49.38

THANK YOU

[END OF INVOICE]

SERVICE FILE COPY W

esis

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C30 D71
Detroit, MI 48265-3000

800.888.0164 tel
313.665.0911 fax

Tanya R. Morris
Claims Administrator

October 9, 2003

[redacted]

Rock Rapids, IA[redacted]

RE: Our File No.: 468394
Our Client: General Motors Corporation
Date/Event: 09/20/03
Subject vehicle: 2001 Chevrolet Silverado
VIN: 1GCEK19TX1E201296

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;
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
Claims Administrator

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

I, the undersigned, hereby authorize the following Authorized Health Care Providers to make the authorized use and/or disclosure of confidential information contained in my medical records to ESIS at the address below:

Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:
Name, address, telephone number of medical provider:

I understand that the purpose(s) for which this information is to be used and/or disclosed is for a product liability claim against General Motors Corporation for an incident which occurred on or about 09/20/03.

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:

- I have a right to inspect or copy my confidential information that is to be used or disclosed.
- 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 may revoke this authorization at any time with respect to any Authorized Health Care Provider by notifying such Authorized Health Care Provider in writing of my revocation of this authorization and delivering to such Authorized Health Care Provider my revocation by mail or personal delivery. ESIS requests a copy of such revocation.

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

Printed Name of Patient*	Date of Birth
Address, City, State and Zip	Social Security Number
Signature of Patient or Personal Representative*	Date Signed
Relationship to Individual*	Authority to act for Individual*

*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.

EXPIRATION OF AUTHORIZATION: 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 IN WRITING BY ME AS NOTED ABOVE.

ESIS – General Motors Claims
PO Box 300
M/C 482-C20-D71
Detroit, MI 48265-3000

Claim Number: 468394
Claims Administrator: Tanya R. Morris

ESIS is the third-party administrator for General Motors Corporation.

PZ

1, MORE

UPC

SR No. 1-14957336

Ref No.

Site

Last Name [redacted] 94

First Name [redacted]

Evening # [redacted]

Street [redacted]

City Rock Rapids

State IA ZipCd [redacted]

Make Chevrolet

Silverado

Mileage 40800

Year 2001

Serial #/VIN 1GCEK19TX1E201296

Warr. Start 05/09/2001

Customer Description Per file Please forward all calls to Rahe Boyce/57611

ERC Type PAR Safety Yes

Approved Not Initiated

Body - Trunk / Tailgate / Hatchback

Vander Lee Motors, Inc.

Open

Disallowed

Abstract [redacted] Closed

Bus. Unit ERC

Area PAR

Sub-Area Initiate PAR-Injury

Email

Updated 10/1/03 2:42:29 PM BOYOER

9/30/03 8:30:24 AM

Owner [redacted]

9/30/03 11:30:00 AM [redacted]

Cust alleges: he was in back and at veh cleaning it out. He was on hands & knees on Tailgate. Both of steps on tailgate broke. Landed on ground.

12/9/60

6'2"

none

0

1

Steps on tail gate broke, has not inspected to see if any damage to tailgate.

Y

Dry

Component Tailgate/Steps

[redacted] Rapids IA

Vehicle Location [redacted] Rock Rapids IA

does some himself, some at Vanderlee Motors/Chevrolet dship Rock Rapid

Gravel

na

na

Insurance Agency Sieperda/Foltz Insurance & Real Estate (712) 472-3724

RECEIVED

OCT 0 2 2003

ESIS-GM CLAIMS UNIT

Prep Bill

PAR Detail

0

Y

N

CLEAR

N

NONE

NA

Personal

Repair Cost

BROKEN STRAPS

Inspection Not Performed

SENDING TO ESIS

10/01/03	BOYCER	Email - Outbound		Done	SENDING TO ESIS DUE TO INJURIES
Comment					Confidential Comment
10/01/03	BOYCER	BRC PAR	ESIS- Injuries	Done	SENDING TO ESIS DUE TO INJURIES
Comment					Confidential Comment
10/01/03	BOYCER	BRC PAR	Inspection Not Required	Done	SENDING TO ESIS DUE TO INJURIES
Comment					Confidential Comment
10/01/03	BOYCER	BRC PAR	Initial Contact- AVM	Done	650 991 6369
Comment	CRM LEFT AVM A VME DETAILING THIS CONCERN, ADVISED THE DEALERSHIP HAS BEEN NOTIFIED AND THIS FILE IS GOING TO ESIS DUE TO INJURIES. . REQUESTED ANY INPUT OR INFORMATION AVAILABLE. RUTHE BOYCER/PAR/ 57611				Confidential Comment
10/01/03	BOYCER	BRC PAR	Initial Contact- Dealer	Done	SVC MGR HEADS UP
Comment	CRM ADVISED SVC MGR OF THIS CONCERN, AND ADVISED THAT THE AVM WILL BE NOTIFIED AND THIS FILE IS GOING TO ESIS DUE TO INJURIES. .RUTHE BOYCER/PAR/ 57611				Confidential Comment
10/01/03	BOYCER	Ownership Changed	Ownership Escalated to BRC	Done	Ownership Escalated to BRC
Comment					Confidential Comment
10/01/03	BOYCER	BRC PAR	Initial Contact- Phone	Done	CUST CONTACTED AT 717-472-6690
Comment	CUST STATED HE WAS ON HIS TAILGATE WHEN STRAPS BROKE. VEH IS HOUSED INSIDE AND TAKEN VERY GOOD CARE OF. VERY DISAPPOINTED IN THE PRODUCT. HAD A SLIGHT CONCUSSION AND BROKEN BONE ON RING FINGER OF LEFT HAND. INSURANCE COMPANY IS STILL PAYING FOR MEDICAL TREATMENTS. CUST IS SEEKING REIMBURSMENT TO CUST AND INS COMPANY AS THIS WAS A DEFECTIVE PRODUCT. RUTHE BOYCER/PAR/57611				Confidential Comment
10/01/03	BOYCER	Outbound Call Customer	Made Contact	Done	CUST NOT AT OFFICE WAS ADVISED HE MAY BE REACHED AT 717-499-2690
Comment					Confidential Comment
09/29/03	BOYCER	BRC PAR	Acknowledgement	Done	CRM LEFT VM AT CUST OFFICE (717) 472-6690
Comment	PER RECEIONIST HE WILL NOT BE IN TILL FRIDAY CRM LEFT NAME/ NUMBER/ HOURS AND A CALL BACK REQUEST. RUTHE BOYCER/PAR/57611				Confidential

						Comment
09/29/03	BOYCER	Research		Done	CASE SCAN	
Comment	CASE SCAN PERFORMED IN COREPOINT AND SIEBEL NO FILES FOUND. RUTHE BOYCE/PAR/57611					Confidential Comment
09/29/03	BOYCER	Ownership Changed		Done	Service Request Ownership has changed FROM: LOTTM TO: BOYCER	
Comment						Confidential Comment
09/25/03	BOYCER	Notify CRM		Done	file assigned	
Comment						Confidential Comment
09/25/03	BOYCER	BRC PAR	Case Assigned	Done	assigned file to Ruthe Boyce at ext. 57611	
Comment						Confidential Comment
09/25/03	LOTTM	Ownership Changed		Done	Service Request Ownership has changed FROM: STAILEYD TO: LOTTM	
Comment						Confidential Comment
09/23/03	LOTTM	Escalation	Initiate PAR	Done	Initiate PAR	
Comment	Received and assigned to PAR. Marjorie Lott/PAR/Worldlow					Confidential Comment
09/23/03	MACELLIA	Inbound Call Customer	Escalation	Done	Alleged Component Failure/Tailgate Straps	
Comment	Cust alleges that on Sept 20th, 2003 approx 11:30 a.m. was cleaning out back of Silverado. Was on his hands and knees on end of tailgate and tailgate straps broke, both straps at same time. Cust alleges: that he fell to the ground, bumped his head, fingers and elbows. Went to ER in Rock Rapids IA. Has splint of ring finger of left hand for chipped knuckle bone. He cannot remember the medical term. It was meant that it was fractured. Cust seeks: to document complaint. CRM advsd: Initiated PAR and person from that dept will call cust wthn 48 business hours. Angela Macelli/Corp/pdx/L2E					Confidential Comment
09/22/03	STAILEYD	Scheduled Follow-up		Done	1-143572338 check for customer reply	
Comment						Confidential Comment
09/22/03	STAILEYD	Email - Outbound		Done	RE: Chevrolet Silverado Owner Assistance	
Comment						Confidential Comment
09/22/03	STAILEYD	Email - Inbound		Done	Chevrolet Silverado Owner Assistance	

CMP

Comment

Name : [redacted]
Address [redacted]

: Rock Rapids, IA [redacted]

Daytime Phone Number [redacted]
ex.
Evening Phone Number [redacted]
ex.

Vehicle : 2001 Silverado
VIN : 1GCEK19TX1E201286
Mileage : 40800

Dealer : Vander Lee Motors

Comments : Has there been a problem with the straps that hold the tailgate up? I had the misfortune of having both of them break Saturday, Sept. 20, 2003. I was climbing out of the back and the tail gate gave away and I injured myself by falling on the ground. Broken bone in my hand and hit my head. I went in and purchased 2 new cables. Concerned for other owners.

Please advise.

Thanks

[redacted]

Email Address : [redacted]

Confidential Comment

C11 [redacted]

Broken

Occupant of Owner's Vehicle

Body - Trunk / Tailgate / Hatchback

[redacted] Driver

n/a Cust did not have seatbelt on, alleges was not driving, was in back of pickup

Injury Desc Broken knuckle bone chipped on ring finger-left hand, mild concussion, headaches

Medical Rpt

Treatment Loc Merrill Pioneer Community Hospital, ER

Treated By [redacted]

Primary Address [redacted]

City Rock Rapids **State** IA **Zi** [redacted]

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 :	1GCEK19TX1E201296

VEHICLE INFORMATION

Merchandising Model :	CK15753 -2001 SILVERADO 1500 EXT 4WD	Warranty Start Date :	05/25/2001
BARS Order Type :	60 - RETAIL - SOLD		
Delivering Dealer :	VANDER LEE MOTORS, INC. 101 FIRST AVE W ROCK RAPIDS , IA 51246-1501 (712) 472-2595	Selling Source :	13 - CHEVROLET
		Site Code :	04454
		Business Associate Code :	111673

Service Contract :	No	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	05/25/2001	195 miles	05/25/2004	36195 miles
72/100000 SHEET METAL RUST-THROUGH	05/25/2001	195 miles	05/25/2007	100195 miles
36/36000 SHEET METAL CORROSION	05/25/2001	195 miles	05/25/2004	36195 miles
96/80000 PCM/CC EMISSIONS	05/25/2001	195 miles	05/25/2009	80195 miles
36/36000 FEDERAL EMISSIONS	05/25/2001	195 miles	05/25/2004	36195 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
11/12/2002	100435	#	R0942 - RF WOOFER RPL	26850 miles
09/26/2002	114022	#	C0183 - LEFT FT DOOR WINDOW (POWER) R&R OR REPLACE.	16380 miles
02/13/2002	113511	#	C6880 - SPLIT CUSH R&R/RPL	15190 miles
02/05/2002	113460	#	D2118 - HVAC MODULE TO BODY SEAL RPL	14997 miles
10/05/2001	111708	#	N0928 - BULBS, EXTERIOR - REPLACE	8750 miles
11/16/2000	A01296	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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VIN :	1GCEK19TX1E201296

CLAIM HISTORY

Repair Order Date :	11/12/2002	Repair Order Number :	100435	Odometer Reading :	26850 miles
Serviced By :	VANDER LEE MOTORS, INC. 101 FIRST AVE W ROCK RAPIDS, IA 51246-1501 (712) 472-2595	Selling Source :	13 - CHEVROLET		
		Site Code :	04454		
		Business Associate Code :	111673		

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
11/19/2002	327	01	#	R0942 - RF WOOFER RPL	15038566 - SPEAKER	N/A	N/A	$ 52.75	N

Repair Order Date :	03/26/2002	Repair Order Number :	114022	Odometer Reading :	16380 miles
Serviced By :	VANDER LEE MOTORS, INC. 101 FIRST AVE W ROCK RAPIDS, IA 51246-1501 (712) 472-2595	Selling Source :	13 - CHEVROLET		
		Site Code :	04454		
		Business Associate Code :	111673		

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
04/02/2002	261	01	#	C0183 - LEFT FT DOOR WINDOW (POWER) R&R OR REPLACE	15077833 - REGULATOR	N/A	N/A	$ 206.06	N

Repair Order Date :	02/13/2002	Repair Order Number :	113511	Odometer Reading :	15190 miles

Serviced By :	VANDER LEE MOTORS, INC. 101 FIRST AVE W ROCK RAPIDS, IA 51246-1501 (712) 472-2595	Selling Source :	13 - CHEVROLET
		Site Code :	04454
		Business Associate Code :	111673

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
02/19/2002	249	01	#	C6880 - SPLIT CUSH R&R/RPL	12476987 - COVER	N/A	N/A	$ 211.08	N

Repair Order Date :	02/05/2002	Repair Order Number :	113460	Odometer Reading :	14997 miles

Serviced By :	VANDER LEE MOTORS, INC. 101 FIRST AVE W ROCK RAPIDS, IA 51246-1501 (712) 472-2595	Selling Source :	13 - CHEVROLET
		Site Code :	04454
		Business Associate Code :	111673

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
02/12/2002	247	01	#	D2118 - HVAC MODULE TO BODY SEAL RPL	12345739 - SEALANT-R	N/A	N/A	$ 154.83	N

Repair Order Date :	10/05/2001	Repair Order Number :	111708	Odometer Reading :	8750 miles

Serviced By :	VANDER LEE MOTORS, INC. 101 FIRST AVE W ROCK RAPIDS, IA 51246-1501 (712) 472-2595	Selling Source :	13 - CHEVROLET
		Site Code :	04454
		Business Associate Code :	111673

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
10/16/2001	213	01	#	N0528 - BULBS, EXTERIOR - REPLACE	12450143 - BULB,FRT	N/A	N/A	$ 22.75	N

Repair Order Date :	11/16/2000	Repair Order Number :	A01296	Odometer Reading :	0 miles

Serviced By :	PROSTROLLO MOTOR SALES, INC. PO BOX 1415 HURON, SD 57350-1415	Selling Source :	13 - CHEVROLET
		Site Code :	04699

	(605) 352-6411	Business Associate Code :	111729

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
11/21/2000	119	01	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	N/A	N/A	N/A	$ 62.99	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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GM Vehicle Inquiry System
Vehicle Build

VIN	1GCEK19TX1E201296

VEHICLE BUILD

Merchandising Model :	CK15753 -2001 SILVERADO 1500 EXT 4WD		
Gross Vehicle Weight Rating :	2906 kg (6408 lb)	Order Number :	CWHVZD
Build Date :	11/16/2000	Build Plant :	11B53

OPTION CODES

AE7 - LEATHER SPLIT BENCH RECL FRT ST	AG1 - 6-WAY POWER DRIVER SEAT
AG2 - SIX-WAY POWER PASSENGER SEAT	AJ1 - DEEP TINTED GLASS
AM7 - FOLDING REAR SEAT	AU0 - REMOTE KEYLESS ENTRY
AU3 - POWER DOOR LOCK SYSTEM	A31 - POWER WINDOWS
B30 - WHEELHOUSING & FLOOR CARPETING	B32 - RUBBER FRONT FLOOR MATS
B33 - REAR COLOR-KEYED FLOOR MATS	B85 - BLACK BODY SIDE MOLDINGS
C49 - OUTSIDE REARVIEW MIRRORS	C60 - AIR CONDITIONING
C7H - 6,400 LB GVW RATING	DF5 - INT R/V MIRROR, LIGHT SENSITIVE
DK7 - INTERIOR CUSTOM ROOF CONSOLE	DL8 - EXT REMOTE CTRL HEATED MIRRORS
EVA - EVAP EMISSION REQUIREMENT	E63 - FLEETSIDE BODY
FE9 - FEDERAL EMISSIONS	FK2 - TORSION BAR SPRING ADJUSTMENT
FK3 - TORSION BAR SPRING ADJUSTMENT	GMC - ASSEMBLY PLANT-PONTIAC EAST

GT4 - REAR AXLE - 3.73 RATIO	G80 - LOCKING DIFFERENTIAL-REAR AXLE
JC5 - 4 WHEEL POWER DISC BRAKES	KNP - HD AUX TRANSMISSION COOLING SYS
KI5 - ENGINE BLOCK HEATER	K34 - ELECTRONIC SPEED CONTROL
K47 - HIGH CAPACITY AIR CLEANER	K68 - 105 AMP DELCOTRON GENERATOR
LM7 - VORTEC 5300 V8 SFI GAS ENGINE	M30 - 4 SPD AUTOMATIC TRANSMISSION
NF2 - EMISSION SYSTEM, FEDERAL TIER 1	NP5 - WHEEL
NP8 - AUTOTRAC ACTIVE TRANSFER CASE	NZZ - OFF ROAD SKID PLT&FUEL TNK SHLD
PF9 - CAST ALUMINUM WHEELS	QGD - P265/75R16-114S ALT WOL TIRES
R9Z - CONTROL-SALES ITEM NO. 100	SLL - SOLD ORDERS
T96 - FRONT FOG LAMPS	UN0 - CLOCK, AND 4 SPEAKERS
UQ3 - BOSE PREMIUM SOUND SYSTEM	UY7 - HD 7-LEAD TRAIL. WIRING HARNESS
VB3 - CHROME REAR STEP BUMPER	VG3 - FRONT DELUXE CHROMED BUMPER
VR4 - WEIGHT DISTRIB. PLATFORM HITCH	VXS - COMPLETE VEHICLE LABEL
V22 - DELUXE FRONT APPEARANCE PKG.	V73 - #CANADA
XGD - P265/75R16 ALT WOL TIRES-FRNT	X88 - THIRD ROW FLOOR MAT DELETE
YD3 - BASE EQUIP FOR SCH GVW PL-FT AX	YD6 - BASE REAR SPRING
YE9 - DECOR	YGD - P265/75R16-114S ALT WOL TIRES
ZGD - P265/75R16 ALT WOL TIRE-SPARE	ZY1 - SOLID PAINT
Z71 - WITH RIDE CONTROL INCLUDES:	Z82 - HEAVY DUTY TRAILERING EQUIPMENT
1SB - Z28 PREFERRED EQUIPMENT GROUP 1	1SZ - PREFERRED EQUIPMENT SAVINGS
12D - GRAPHITE CUSTOM CLOTH	12I - GRAPHITE INTERIOR TRIM
39U - AZURITE BLUE METALLIC	6YH - COMPONENT FRT LH COMPUTER SEL
7YH - COMPONENT FRT RH COMPUTER SEL	

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