

PE04-039

CHRYSLER

6-22-2004

ENCLOSURE 4

06997142

CUSTOMER COMPLAINTS

Vin	1B7KF2367	1	Cair #	6997142	Open Date	3/29/00	
Model	BE7L34	Model Year	01	Built Date	1/13/00		
In Service Dt	2/28/00	Dealer	49975	Dealer Zone	53	Mileage	2860
Last Name		Middle Int		First Name		Contact Type	T
Address			Home Phone			
City	CASPER	State	WY	Country	USA	Zip	
Remark	text						

Automatic Trans / Transaxle - Jumps Out of Gear/Park

Fleet customer contacted Zone and advised that driver put vehicle into park, went into a convenience store for a cup of coffee. When driver came out vehicle had moved across parking lot and struck a building on the other side of the street. Customer alleges vehicle slipped out of park and went into reverse. Accident took place in Sydney, NE. There is a police report Contact at fleet company i [REDACTED]

3/29/00 PLEASE INSPECT AND PROVIDE PVIR, DRB CODES, PHOTOS, PARKING BRAKE, THROTTLE LINKAGE AS WELL AS SHIFT LINKAGE. THANKS.
CAIR NUMBER 06997142 REQUEST EAA INSPECTION 03-29-2000 12:58
CAIR NUMBER 06997142 FAX SENT TO EAA 03-29-2000 13:00
_03.30.2000

[REDACTED] called and stated that the vehicle is in Gurley Nebr. at their pumping station. The driver i [REDACTED], Gurley Station number is 308 884 2222 an [REDACTED] cell # [REDACTED] mrp Please reassign to Denver zone and return to Roger Bott....mrp
CAIR NUMBER 06997142 REQUEST EAA INSPECTION 03-30-2000 11:44
CAIR NUMBER 06997142 FAX SENT TO EAA 03-30-2000 11:45
4/11/00S. VEHICLE TESTED AND NO MANUFACTURING RESPONSIBILITY FOUND.
RECEIVED PHOTOS FROM EAA WHICH WERE SENT TO HARD COPY PHOTOS FILE.
PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 05/05/00 AT 00:00 06997142



5472







DODGE

DODGE
TRUCKS

4x4



DODGE



4x4



MADDOX
TRUCK

4x4







FUEL DOOR ▶

P R N D S 1



km/h





FUEL DOOR ▶

P R N D S L



4x4



SAGE

03:00:00 THU 09:51 FAX 2488424558

EA ASSOCIATES

001



ENGINEERING ANALYSIS ASSOCIATES, INC.

30700 Telegraph Road - Suite 4566
Bingham Farms, Michigan 48025-4528

GK DIGITAL IS NOW KSK

KSK will be replenishing film, envelopes and labels as GK Digital used to. When you send a roll of undeveloped film in to KSK, you should receive a replacement in the mail shortly after. KSK has the same address and phone number as GK Digital. The only thing that is different is the name.

PHONE: 248-642-3232

FAX: 248-642-4558

Facsimile Cover Sheet
DaimlerChrysler Vehicle Investigation Report (VIR)

Owner:	
EAA No:	DF01-34479
CAIR No:	0997142

Transmitting	2	pages.
If transmission not complete, please call the above phone number.		

To:	Charlie Site
Phone No:	
Fax No:	

From:	Tina Martin
Date Faxed:	3-30
Due Date:	4-3

Please acknowledge promptly by FAX or phone.

Receipt of CAIR and Accepting case for investigation YES NO DATE 3-30

Fax Coversheet for DaimlerChrysler (Service Associate Use Only)
(also fax to EAA for closure)

DaimlerChrysler Fax Number: 248-512-8748

Closure Date: 4-7-00

Number of pages (including cover) 5

TO:

- | | |
|---|--|
| <input type="checkbox"/> Bennis (248) 944-7036 | <input type="checkbox"/> Martell (248) 944-7038 |
| <input type="checkbox"/> Bott (248) 944-7056 | <input type="checkbox"/> Mucci (248) 944-7039 |
| <input type="checkbox"/> Gilbert (248) 944-7037 | <input checked="" type="checkbox"/> Porterfield (248) 944-7134 |

Comments:

CUSTOMER COMPLAINTS

Vin	1B7MF3365	1	Cair #	7682398	Open Date	9/6/00	
Model	BE8L34	Model Year	01	Built Date	2/22/00		
In Service Dt	3/31/00	Dealer	41458	Dealer Zone	54	Mileage	13509
Last Name		Middle Int		First Name		Contact Type	T
Address				Home Phone			
City	MILLSTADT	State	IL	Country	USA	Zip	
Remark	text						

Legal Referral	NO PROBLEM FOUND
Product in Accident	truck went into reverse all by itself

**** Begin of Str Nar: SI POLICY FIRE OR ACCIDENT ****

Owner Alleges:

truck went into reverse by itself with customer not in vehicle

Description of the incident (what, when, where, injuries, etc)

9/6/00, Columbia, IL, no injuries

Has the owners insurance company been contacted ?

yes

If yes provide name/policy number and phone number

Patrick Ins

Where is the vehicle exactly located (provide name/address/phone #)

truck is drivable, will be at customers house

Is there property damage or other vehicles involved in the accident?

one other car involved

Has a Police or Fire report been filed (what municipality & report #)

Columbia P.D. report # 4663547

**** End of Str Nar: SI POLICY FIRE OR ACCIDENT ****

Customer was advised for inspector to look at truck, the truck must not

be repaired.

Customer states he was behind the truck with truck running and the truck

went into reverse and collided with another vehicle causing fender

damage.

9/6/00. PLEASE INSPECT AND PROVIDE PVIR, DRB CODES, PHOTOS, POLICE REPORT,
AND ANY OTHER INFORMATION. THANKS.

CAIR NUMBER 07682398 REQUEST EAA INSPECTION 09-06-2000 14:47

CAIR NUMBER 07682398 FAX SENT TO EAA 09-06-2000 15:00

9/12/00. EAA REPORT INDICATES NO PROBLEM WITH SHIFTL LINKAGE OR PARKING

BRAKE. DICTATED NO FACTORY RESPONSIBILITY.

LETTER SENT.

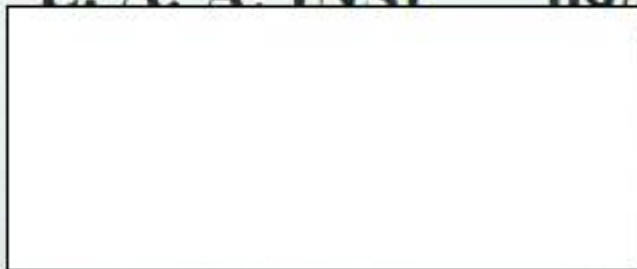
PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 10/04/00 AT 00:00 07682398

DAIMLER/CHRYSLER



MILLSTADT, IL

E. A. A. INSP 09/08/2000



ECM DTCs --

NO DTCs DETECTED

Starts Since Clear : 255

Page back to exit

F1

F2

F3

F4

106
51.2
9-1-03

DELTA

DRB-III

— PCM DTCs —

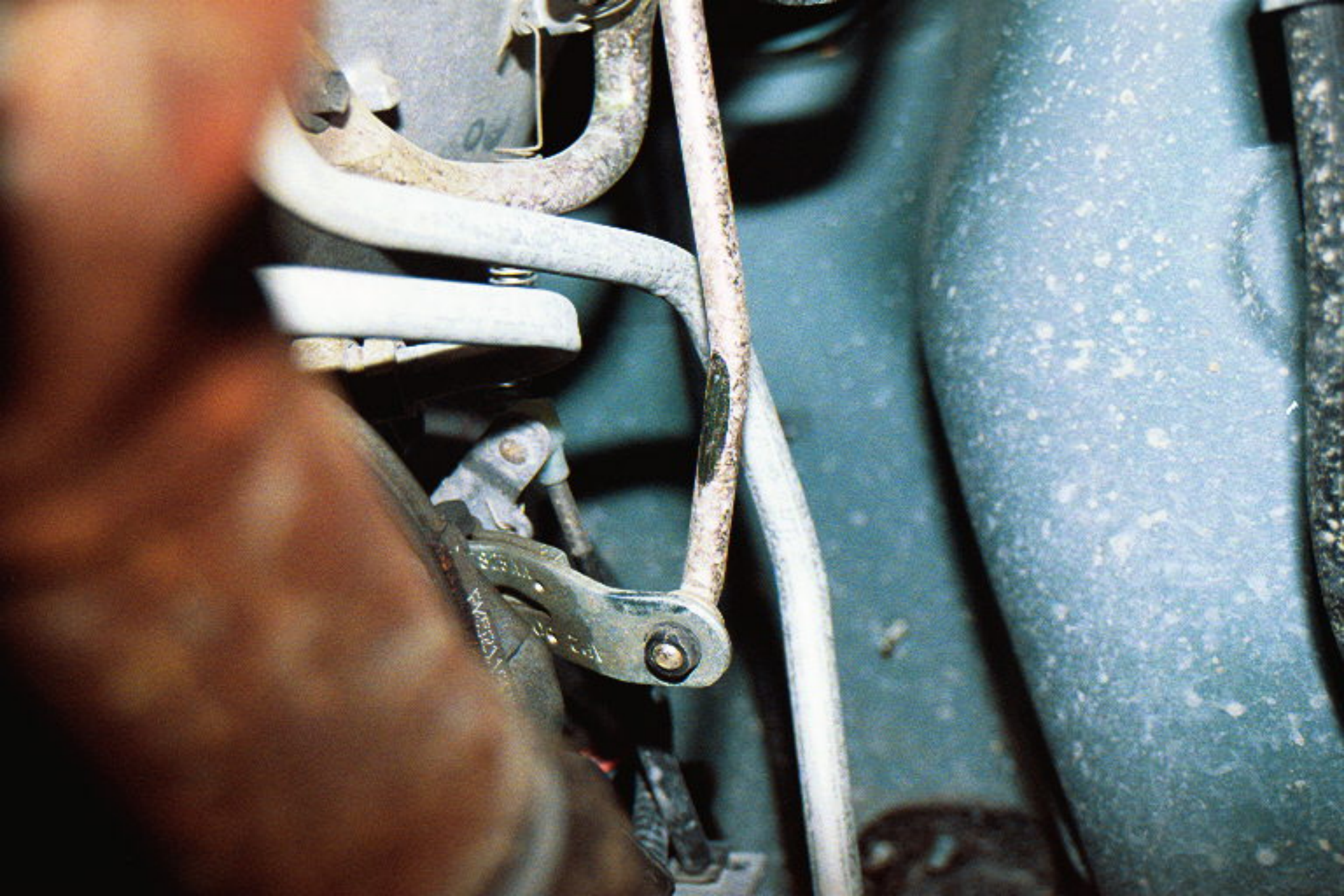
NO DTCs DETECTED

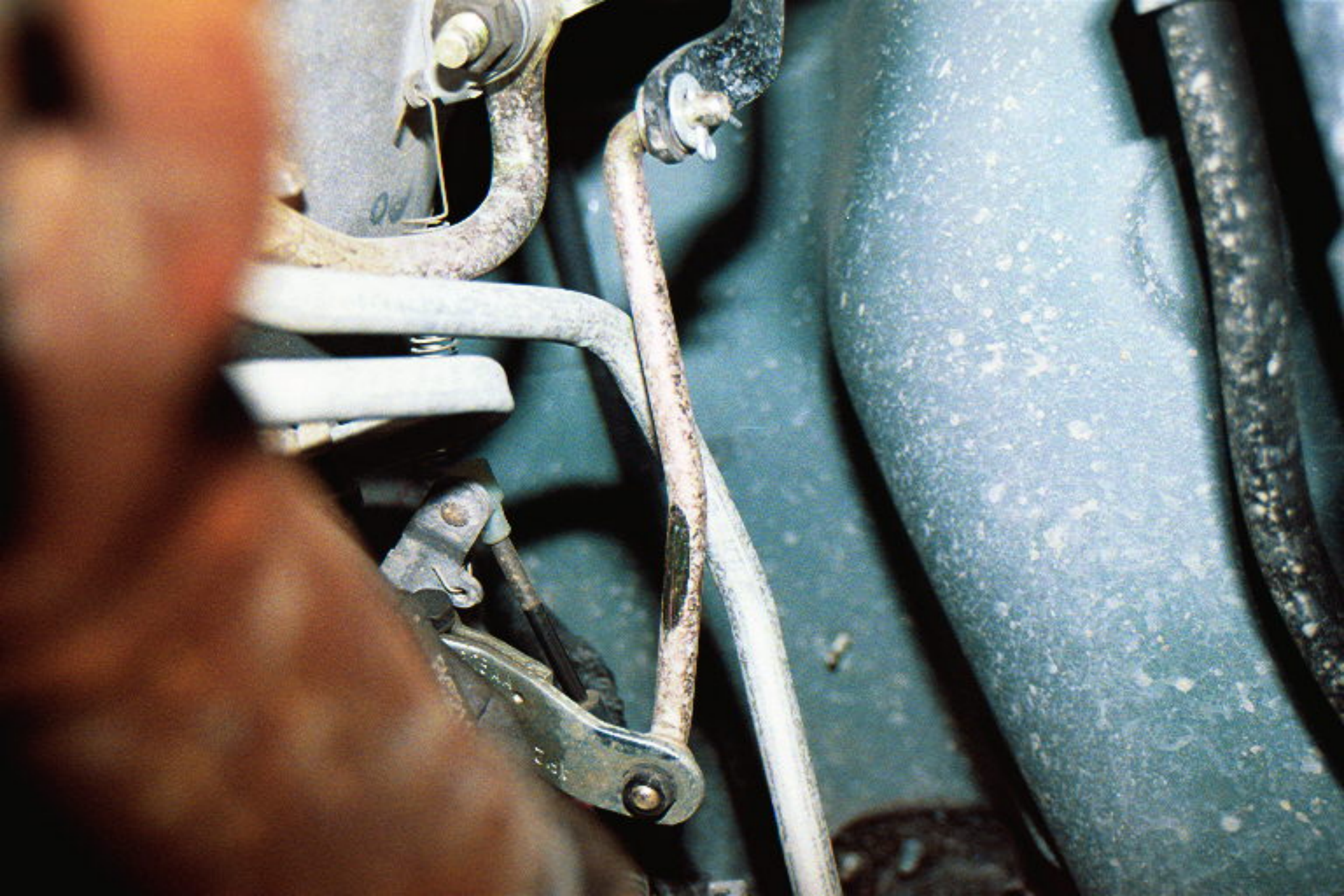
Starts Since Clear : 52

Page back to exit

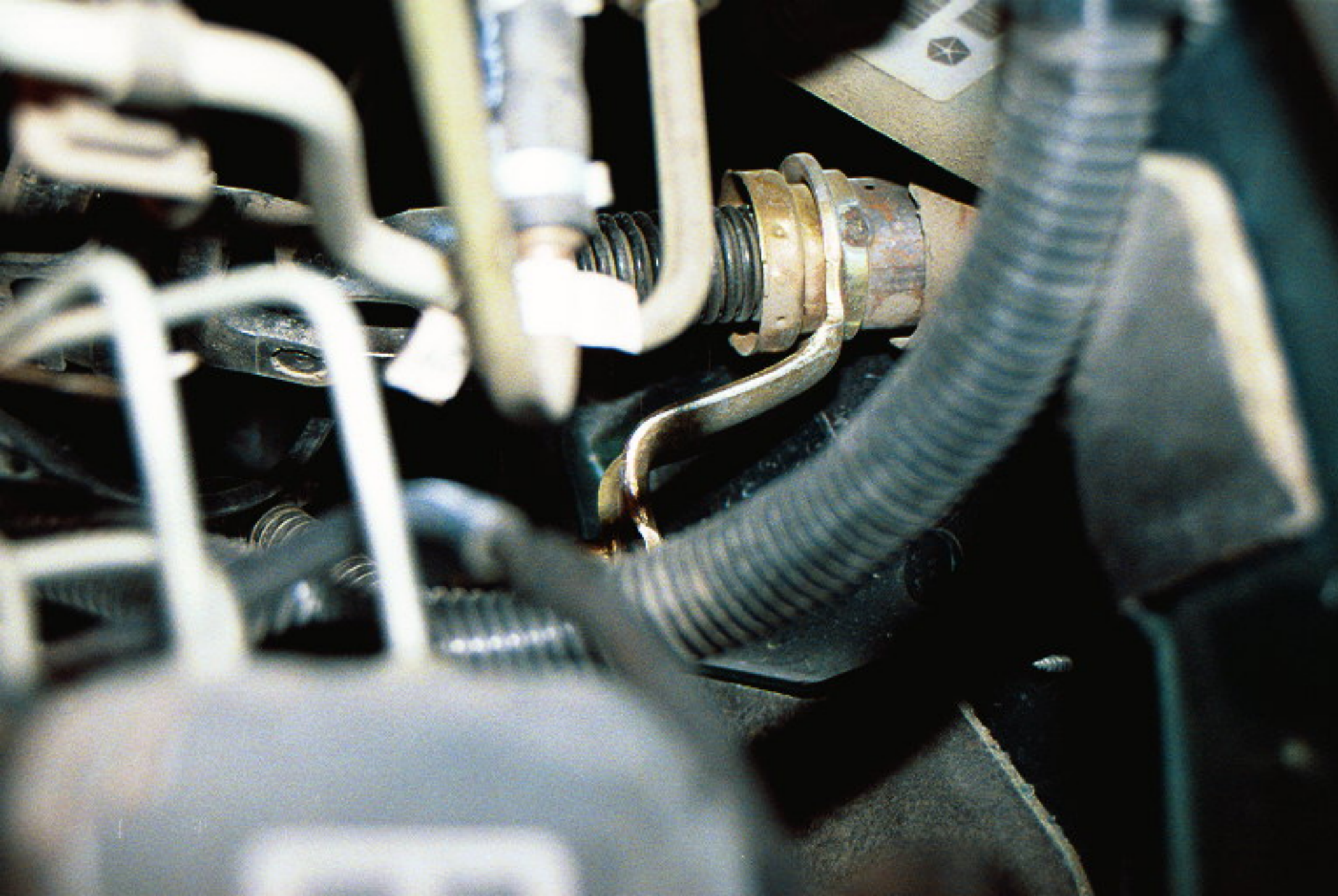
F1 F2 F3















ODY SHOP



BODY SHOP

ENTER

EMPLOYEE
ENTRANCE

DO NOT

BLOCK

DOOR







VISITOR
PARKING











St Peters, MO
 FAX PHONE



Fax

To: Roger Bott **From:** Chuck Fischer

Fax: 248 512-8748 **Pages:** X 7

Phone: 248 944-7056 **Date:** 9/8/00

Re: **CC:**

Urgent
 For Review
 Please Comment
 Please Reply
 Please Recycle

● **Comments:**

Hi Roger,

I inspected this vehicle today. There were no codes in the system. The parking brake stopped the vehicle in both directions and the parking paw in the transmission also held the vehicle. The linkage was tight and not damaged. The shift indicator was aligned properly and the vehicle started only in park or neutral and the key could be removed only with the transmission in park.

Call if you have any questions.

Chuck Fischer

PE04-039

CHRYSLER

6-22-2004

ENCLOSURE 4

07682398

CUSTOMER COMPLAINTS

Vin	3B7KF2360	1	Cair #	8718567	Open Date	6/4/01
Model	BE7L33	Model Year	01	Built Date	5/18/00	
In Service Dt	6/8/00	Dealer	52382	Dealer Zone	62	Mileage 38000
Last Name		Middle Int		First Name		Contact Type T
Address			Home Phone			
City	DONNA	State	TX	Country	USA	Zip
Remark	text					

Product Jumps out of Gear / Park	
Product in Accident	states vehicle came out of gear and rolled backward

SM Bill Boyd calls DM seeking to have special investigations look at the vehicle. The owner alleges that the vehicle was running while no one was in it, and the vehicle came out of gear (park to neutral). He alleges that it rolled backward into someone else's fence, causing damage to the fender. Bill does not believe that the insurance company has been contacted. He states that there is no police report. There were no injuries and the owner wanted to note that he had witnesses.

*Note - Bill states that he recently had a similar situation where the dealership performed repairs to the linkage, then the vehicle came out of gear. He states that the dealership paid for the body repairs as a shop comeback. He will ask the investigator if there is anything that can be done.

52382 ED PAYNE MOTORS INC CPJDT
727 EAST STATE HIGH WESLACO TX 78596 956-968-2158

6-5-01 please contact owner and arrange for inspection of alleged incident. thanks. art gilbert

CAIR NUMBER 08718567 REQUEST EAA INSPECTION 06-05-2001 09:03

CAIR NUMBER 08718567 FAX SENT TO EAA 06-05-2001 09:15

6-7-01 eaa report received. parking pawl engages. no manufacturing responsibility. requested letter to owner. alg

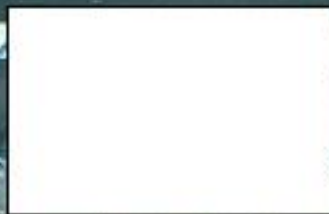
6-8-01 letter mailed. alg

PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 07/04/01 AT 00:00 08718567



DODGE

4X4





DODGE

4x4





DODGE

4x4





DODGE





DODGE



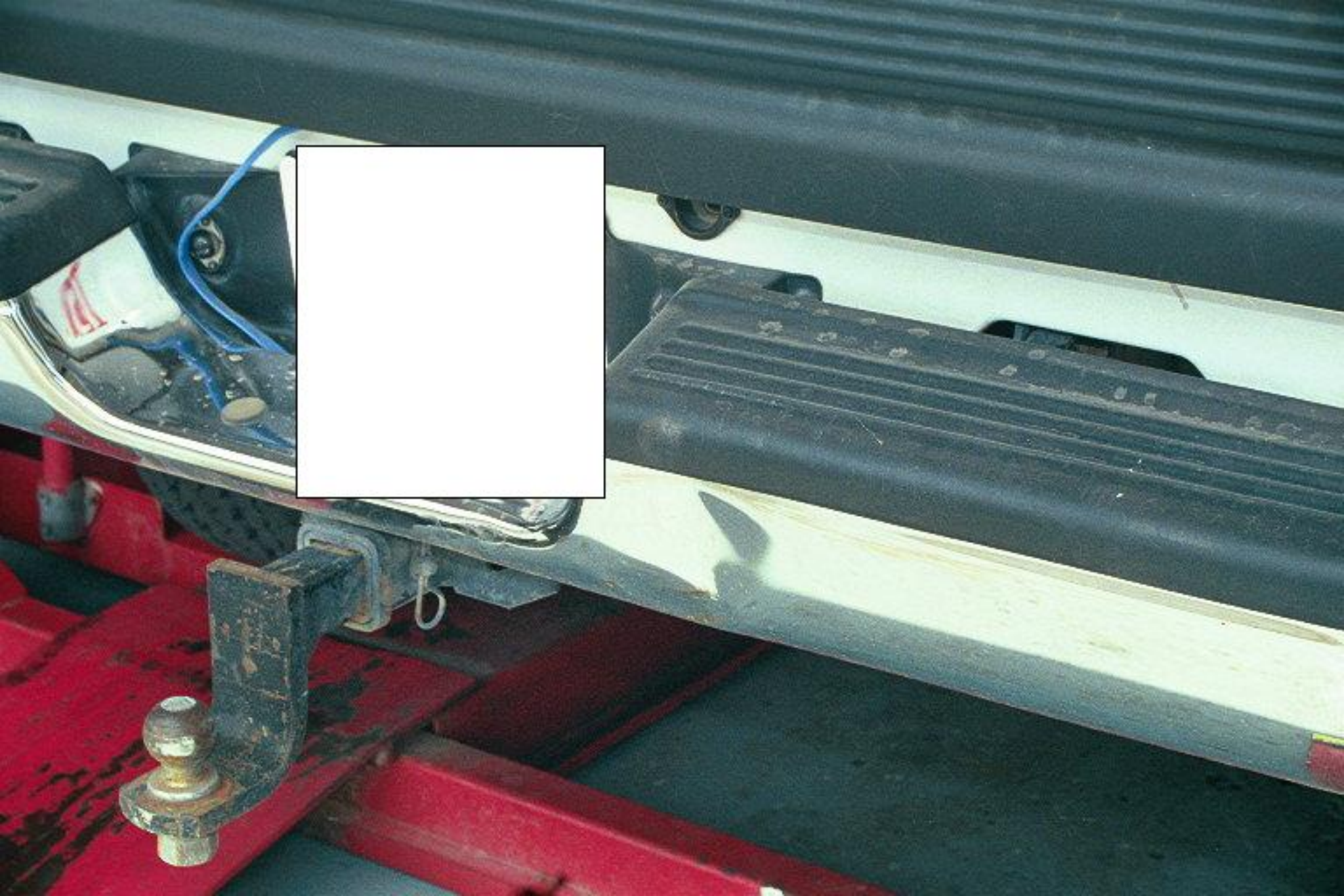






DODGE

[Redacted License Plate]





30700 Telegraph Road - Suite 4566
Bingham Farms, Michigan 48025-4532
(248) 642-3232
FAX (248) 642-4668

8718567

**Facsimile Cover Sheet
DaimlerChrysler Vehicle Investigation Report (VIR)**

Owner:	[Redacted]
EAA No:	DF01-42650
CAIR No:	[Redacted]

Transmitting:	2 pages.
If transmission not complete, please call the above phone number.	

To:	Will Bippert
Phone No:	
Fax No:	361-937-6372

From:	Felicia Mathis
Date Faxed:	6-5
Due Date:	6-8

Please acknowledge promptly by FAX or phone.	
Receipt of CAIR and Accepting case for investigation	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DATE <u>6-5-01</u>

Fax Coversheet for DaimlerChrysler (Service Associate Use Only)	
(also fax to EAA for closure)	
Closure Date: <u>06-06-01</u>	DaimlerChrysler Fax Number: 248-512-8748
Number of pages (including cover) <u>13</u>	
TO:	
<input type="checkbox"/> Bennis (248) 944-7036	<input type="checkbox"/> Martell (248) 944-7038
<input type="checkbox"/> Bott (248) 944-7056	<input type="checkbox"/> Mucci (248) 944-7039
<input checked="" type="checkbox"/> Gilbert (248) 944-7037	<input type="checkbox"/> Porterfield (248) 944-7134
Comments: <u>film mailed - case closed fax to</u>	
[Redacted]	

✓

PE04-039

CHRYSLER

6-22-2004

ENCLOSURE 4

08718567

PE04-039

CHRYSLER

6-22-2004

ENCLOSURE 4

09180273

CUSTOMER COMPLAINTS

Vin	1B7KF2360	1J	Cair #	9180273	Open Date	9/26/01	
Model	BE7L34	Model Year	01	Built Date	4/3/00		
In Service Dt	6/9/00	Dealer	42751	Dealer Zone	73	Mileage	58364
Last Name		Middle Int		First Name		Contact Type	T
Address		Home Phone					
City	CHICO	State	CA	Country	USA	Zip	
Remark	text						

Automatic Trans / Transaxle - Jumps Out of Gear/Park	
Product in Accident	vehicle jumped out of gear

**** Begin structured narrative SI POLICY FIRE OR ACCIDENT ****

Owner Alleges:

Owner alleges vehicle has jumped out of gear on two seperate occasions.

Description of the incident (what, when, where, injuries, etc)

Owner claims he is not certain of date on 1st incident. Son placed vehicle in park (vehicle still running), walked 20 ft away, claiming vehicle jumped out of gear, went into reverse, and hit another vehicle. No injuieres were reported. Second incident ocurred on 09/22 in owner's driveway. Same as above, vehicle jumped out of gear, went into reverse and hit a brick pillar. No injuries reported.

Has the owners insurance company been contacted ?

yes, 1st claim # [REDACTED] no claim # for 2nd incident yet

If yes provide name/policy number and phone number

allstate, (530) 898-9999 contact: Gary or Rose Mary

Where is the vehicle exactly located (provide name/address/phone #)

[REDACTED]

Chico, C

[REDACTED]

Is there property damage or other vehicles involved in the accident?

First time there was one other vehicle & property damage, owner paid insurance deductible (\$500.00). Second time when vehicle backed into brick pillars driver's door was severely damaged.

Has a Police or Fire report been filed (what municipality & report #)

NO ANSWER PROVIDED BY AGENT

**** End structured narrative SI POLICY FIRE OR ACCIDENT ****

Owner will be out of town from 09/26-09/29, message can be left.

Owner can be reached @ [REDACTED] the next two days.

9.26.2001

Please arrange inspection including PVIR report, DRB codes, Police reports and any important information...mrp

CAIR NUMBER 09180273 REQUEST EAA INSPECTION 09-26-2001 16:26

CAIR NUMBER 09180273 FAX SENT TO EAA 09-26-2001 16:30

10.04.2001

LETTER/ No manufacturing responsibility found. Shifter is loose maintenance..mrp

PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 10/19/01 AT 00:00 09180273



2-
NA PART: 921782-1601
DATE: 10/05/04





















L TERRAIN
RADIA





MODEL	SE-3000	SE-3000
MAXIMUM WEIGHT	15,000	15,000
MAXIMUM HEIGHT	5,000	5,000







110

E

F

FUEL DOOR

1021



110

|||||

E F



FUEL DOOR

1021



FUEL DOOR

ND2







30760 Telegraph Road - Suite 4566
Bingham Farms, Michigan 48025-4532
Phone (248) 642-3232
Fax (248) 642-4558

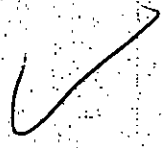
Facsimile Cover Sheet DaimlerChrysler Vehicle Investigation Report (VIR)

Owner: [Redacted]
 EAA No: [Redacted]
 CAIR No: 9R0073
 To: Bob Lewis
 Phone No:
 Fax No: 916-782-8562

Transmitting 3 pages.
 If transmission not complete, please call the above phone number.
 From: Tina Martin
 Date Faxed: 9-27
 Due Date: 10-2

Please acknowledge promptly by FAX or phone.
 Receipt of CAIR and forwarding case for investigation YES NO DATE 9-27-01

Fax Cover Sheet for DaimlerChrysler (Service Associate Use Only)
 (also fax to EAA for closure)
 Closure Date: 9-28-01 DaimlerChrysler Fax Number: 248-612-8748
 Number of pages including cover: 13
 TO:
 Benita (248) 944-7036
 Ball (248) 944-7056
 Gibart (248) 944-7037
 Martell (248) 944-7038
 Mucci (248) 944-7039
 Porterfield (248) 944-7134
 Comments:



October 4, 2001

[Redacted]

Chico, CA [Redacted]

Reference No.: [Redacted]

VIN: 1B7KF23601J [Redacted]

Dear [Redacted]

This letter will further acknowledge your contact to DaimlerChrysler Motors Corporation regarding your 2001 Dodge Ram 2500.

Naturally, we were sorry to learn of the incident described to us during initial contact. However, we have had the opportunity to review the inspection report, and must inform you that I am unable to associate this incident with any manufacturing or assembly responsibility. Our inspection revealed that the parking pawl is operating properly. When the vehicle is placed in park, it will not roll from here. However, it is noted that the linkage is out of adjustment, and this is considered a maintenance responsibility. Therefore, we must respectfully decline any responsibility associated with this incident.

Based on this information, we can only suggest that you refer this matter to your insurance carrier. Should they feel a manufacturing responsibility exists, they have full subrogation rights under the terms of your policy.

Sincerely,

M. R. Porterfield
Special Investigations
(248) 944-7134

MRP/mtr

PE04-039

CHRYSLER

6-22-2004

ENCLOSURE 4

09756951

CUSTOMER COMPLAINTS

Vin	3B7KF2360	1G721306	Cair #	9756951	Open Date	3/5/02	
Model	BE7L33	Model Year	01	Built Date	9/11/00		
In Service Dt	10/21/00	Dealer	99999	Dealer Zone	54	Mileage	14000
Last Name	DENNIS	Middle Int		First Name	DANNY	Contact Type	T
Address	RR 1 BOX 166A			Home Phone	(573) 546-7305		
City	ARCADIA	State	MO	Country	USA	Zip	63621-9717
Remark	text						

Product in Accident	ACCIDENT
Legal Referral	Vehicle rolled while in park
Parking Brake Assy - Inquiry	PARKING BRAKE.....IT WORKS IF USED. IT WAS NOT USED.
Gear Selector / Linkage - Jumps Out of Gear/Park	INVESTIGATION SHOWS NO PROBLEM WITH TRANS LINKAGE

Owner calls stating that vehicle was backed into driveway and warming up with child inside in child seat when vehicle began to roll down the driveway. Owner lives in rural area and vehicle rolled down a long driveway and across a road into a tree. Child does not appear to be injured. Mr. Dennis gave chase to vehicle and ambulance was called for him due to ill effects of chase possibly related to his history of heart concerns. Mr. Dennis took medication and did not have to be taken to hospital. Vehicle suffered front end damage, owner not sure where vehicle will be taken for repairs. It is currently in driveway. Owner has AAA insurance and has been given claim number of PA648471. Contact person is Brant Briggs at 800-222-7623 X 5318

3/6/02. PVIR, PHOTOS, SHIFT LINKAGE, SHIFT DETENTS, PARKING BRAKE, AND ANY OTHER INFORMATION.

CAIR NUMBER 09756951 REQUEST EAA INSPECTION 03-06-2002 09:17

CAIR NUMBER 09756951 FAX SENT TO EAA 03-06-2002 09:30

3/13/02. PARKING BRAKE HOLDS IN BOTH DIRECTIONS. IT WAS NOT USED. SHIFT LINKAGE WORKS AS DESIGNED. NO PROBLMES FOUND.

letter sent.

PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 04/04/02 AT 00:00 09756951

DAIMLER/CHRYSLER

9756951

DANNY DENNIS

ARCADIA, MO

E. A. A. INSP. 03/12/2002

C. A. FISCHER



MISSOURI
D7 183
DISABLED VETERAN



MISSOURI
D7 183
DISABLED VETERAN



RAM 2500



MISSISSIPPI
P7 183
2007

RAM 2500



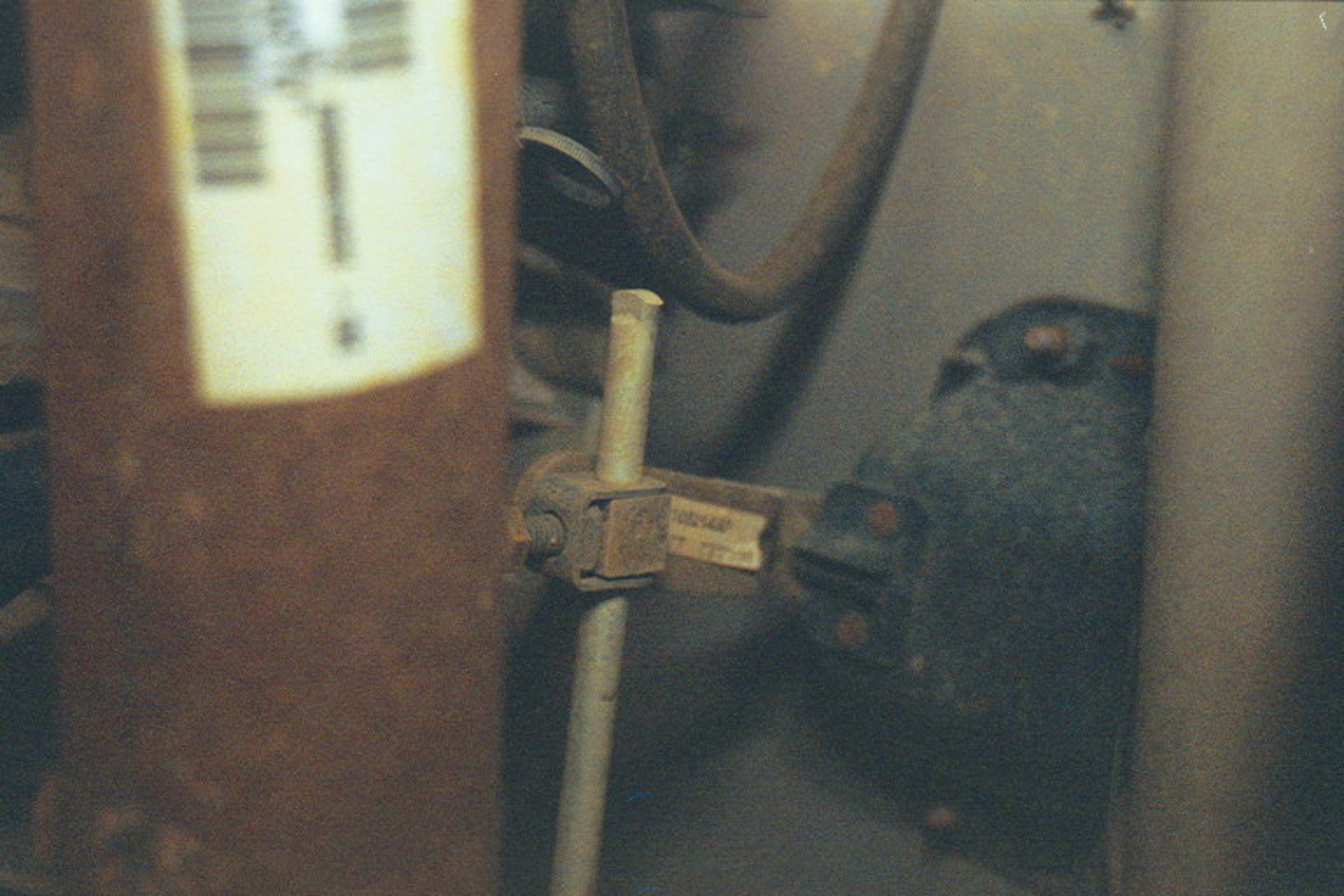
DODGE

4x4

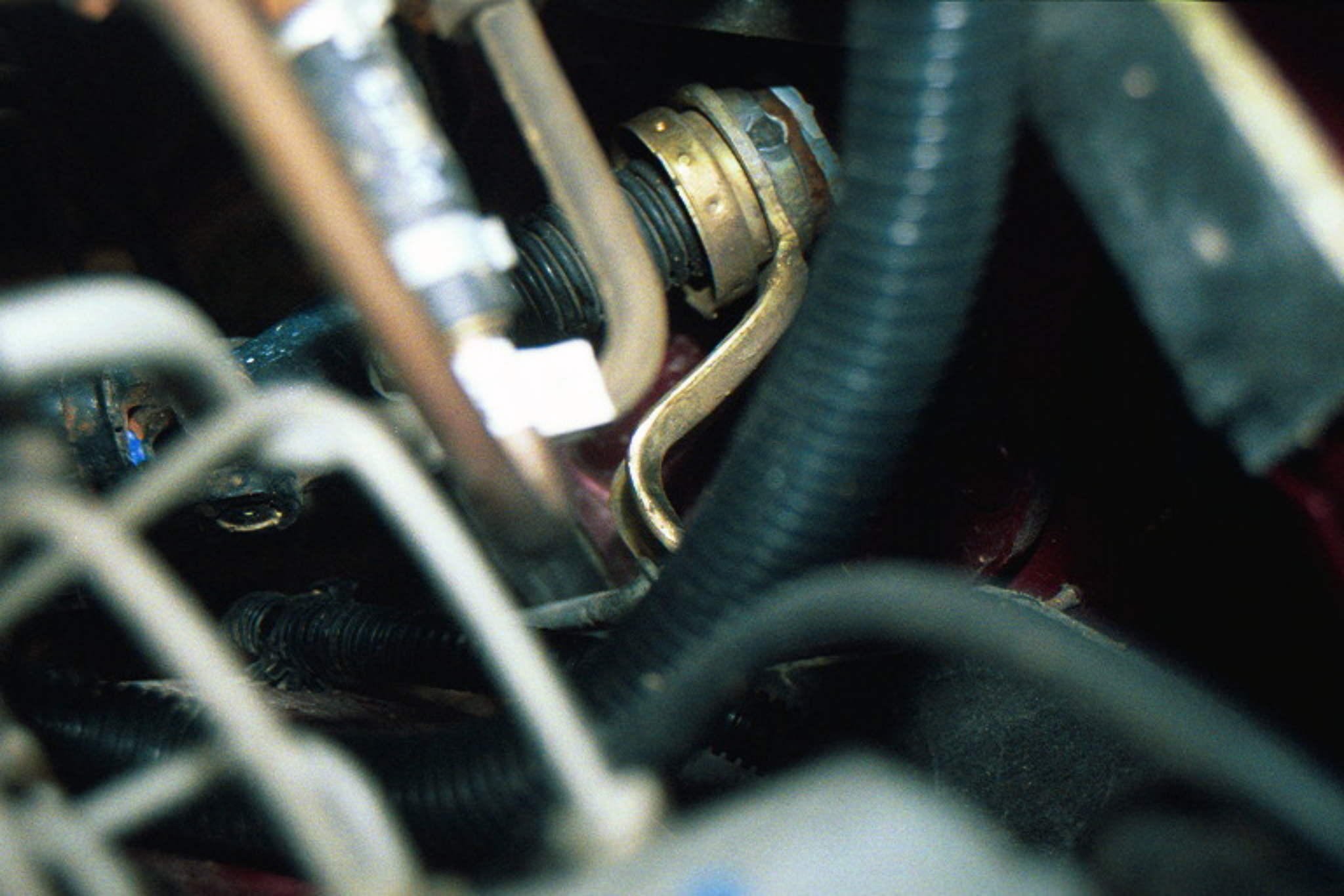
MISSOURI
D7 183
MO













Upper Front
Passenger Air Bag
Deactivation
Manual

ON

OFF

PASSENGER
AIRBAG



DIESEL FUEL ONLY

RPM X 1000

21288



A1 cab

Confidential Preliminary Vehicle Investigation Report

REF # 975695

YEAR 2001	MODEL Dodge RAM 2500	VEHICLE IDENTIFICATION NUMBER 3B7MF23G91G721306	ODOMETER 21,288	M.D.H. 8/9/11/14	DELIVERY DATE 10/21/00
NAME OF OWNER Danny Dennis		ADDRESS/LOCATION R #1 Box 166 A			
CITY Arcadia	STATE MO	ZIP 63621	BUSINESS PHONE ()	HOME PHONE (573) 546 7305	
SELLING DEALER NAME Larry Hill, Chrysler	ZONE 54	DLR. CODE 44507	CITY Poplar Bluff	STATE MO	
CHRYSLER REPRESENTATIVE - PRINT C. A. Fischer	ZONE EAA	PHONE 636 978-4736	<input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> MAJOR		REPAIR ESTIMATE \$ 3500-4000

INTERVIEW *Reyes est per Bill Wilson Wilson B.S.*

INTERVIEW WITH: <input checked="" type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> OTHER	NAME Danny Dennis	INTERVIEW DATE 03/07/02	DATE OF INCIDENT 03/05/02	TIME OF INCIDENT 7:30 PM	INSPECTION DATE 03/12/02
--	----------------------	----------------------------	------------------------------	-----------------------------	-----------------------------

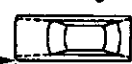
DESCRIPTION OF EVENT: (INCLUDING: WEATHER CONDITIONS AND ROAD SURFACE)
Mr Dennis said he pulled the truck out of the garage, let it run in park and got out to close the garage door. The truck took off and ran down driveway in a forward direction and hit a tree. His child was in back seat in a car seat. No previous accidents

Personal Injury: Were there Personal Injuries? Yes No If yes, complete section "L."

IMPORTANT: SHOW TO NO ONE & DRAW NO CONCLUSIONS

- DIRECTIONS:
- FILL OUT UPPER PART OF FORM.
 - FOR "FIRE" USE FORM 84-130-6950.
 - FOLLOW INSTRUCTIONS FOR SECTION "A" ON ALL VEHICLES.
 - FOLLOW INSTRUCTIONS FOR SPECIFIC ALLEGATIONS FOR THIS VEHICLE.
 - ATTACH ANY ADDENDUMS TO REPORT AND STATE SECTION IT PERTAINS TO.

- COMMENTS:
- NOTE ANY MISSING COMPONENTS AND WHO REMOVED THEM.
 - NOTE ANY AFTERMARKET EQUIPMENT INSTALLED AND BY WHOM.

ALLEG.	PHOTOGRAPH REQUIRED	INFORMATION	EVALUATION
A	<input checked="" type="checkbox"/> From center of vehicle front every 45 degrees (8 total)	<input type="checkbox"/> Police report <i>None</i>	<input checked="" type="checkbox"/> Driver's and/or occupant's description of incident
	<input checked="" type="checkbox"/> If crash damaged - perspective from every corner of vehicle down both original lateral sight lines. (8 total)	<input type="checkbox"/> Vehicle service file <i>None</i> <input type="checkbox"/> Any reports/photos by others <i>None</i> <input type="checkbox"/> Location of inspection	<input checked="" type="checkbox"/> What? When? Where? How? <input checked="" type="checkbox"/> Exact order of events <input checked="" type="checkbox"/> Did this happen before?
		<i>Wilson Auto Body Fenton, MO</i>	<input checked="" type="checkbox"/> Complete exterior damage diagram and measurements on last page.
	<input type="checkbox"/> Sand neg. & 2 sets of prints		

B	<input type="checkbox"/> Steering Wheel	<input type="checkbox"/> Record:	<input type="checkbox"/> Evidence of tampering or disassembly?
	<input type="checkbox"/> Airbag(s)	<input type="checkbox"/> Was Airbag deployed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Knee Blockers	Driver <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Use DRB II
	<input type="checkbox"/> All possible body contact areas	Passenger <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Record Existing Readings
<input type="checkbox"/> All code readings using DRB II	<input type="checkbox"/> Type of Steering Wheel	1. _____	2. _____
	<input type="checkbox"/> Condition of Steering Wheel	<input type="checkbox"/> Record Stored Readings	1. _____
		2. _____	3. _____
	<input type="checkbox"/> Condition of Steering Wheel Mounting (measure column collapse)	<input type="checkbox"/> Important: DO NOT ERASE DRB II READINGS.	

Confidential

REF. # 975695

ALLEG.	PHOTOGRAPH REQUIRED	INFORMATION	EVALUATION
C Sudden Acceleration or Throttle Hold	<input type="checkbox"/> Accelerator Pedal <input type="checkbox"/> Throttle Cable <input type="checkbox"/> Return Springs <input type="checkbox"/> Floor Mats	<input type="checkbox"/> Describe any Accelerator Pedal interference with Carpet/Mat <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> DRB II Tests <input type="checkbox"/> Disconnect Cable at Throttle Body/Carburetor lever; operate: <input type="checkbox"/> Lever <input type="checkbox"/> Cable <input type="checkbox"/> Any restricted motion? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If safe and permitted to drive - attempt to duplicate and check Service Brakes at reported speed.
D Brakes	<input type="checkbox"/> Items in Information Block.	<input type="checkbox"/> Check and record Brake Fluid Level. _____ <input type="checkbox"/> Check and record if Vacuum Hose is connected. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check and record for Brake Line Leaks. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pull Wheels, check Linings and record condition. <hr/> <input type="checkbox"/> Check Brake Pedal, does it set firm? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check operation of Parking Brake. <input type="checkbox"/> Check operation of ABS System.	With Engine off: <input type="checkbox"/> Apply Brake fully 3 or 4 times. <input type="checkbox"/> With light force held to Pedal, start the Engine. <input type="checkbox"/> Note reaction of Pedal and record: <hr/> <hr/> <input type="checkbox"/> ABS System DRB II test readouts <hr/> <hr/>
E Steering	<input type="checkbox"/> Complete Steering System including as required: • Rack & Pinion • Linkage • CV & Universal Joints • Column • Belts & Pulleys	<input type="checkbox"/> Record if: <input type="checkbox"/> Manual Steering <input type="checkbox"/> Power Steering <input type="checkbox"/> Check Fluid Level _____ <input type="checkbox"/> Record if Drive Belt is tight <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check for Hose/System leaks <input type="checkbox"/> Yes <input type="checkbox"/> No Leaks <input type="checkbox"/> Check condition of Steering Linkage from Wheels to Steering Column, record deformation or loose connections. <hr/> <hr/>	<input type="checkbox"/> Unlock key and turn Wheels fully right and left. <input type="checkbox"/> If safe, start Engine and turn Wheels fully right and left. <input type="checkbox"/> Record Steering function.
F Transmission	<input checked="" type="checkbox"/> Entire Transmission with pictures and closeup of leaks, if any. <i>key must be on and shift lever pulled toward driver to shift out of Park.</i> <i>Vehicle does not have shift/brake interlock system</i> <i>Vehicle starts only in P & N</i> <i>key come out only with shifter in P</i> <i>Parking brake holds in both directions</i>	<input type="checkbox"/> Record: Type of Transmission? <input checked="" type="checkbox"/> Auto <input type="checkbox"/> Std. How many Speeds? <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Record Gear Shift location at time of inspection <i>Park</i> <input type="checkbox"/> Run Shift Lever thru all shift positions and record "Feel of Gating" <i>Good positive feel when it shifts in to gear</i> <input type="checkbox"/> Is Shift Indicator properly aligned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If safe and permitted to drive vehicle: <input type="checkbox"/> Drive Vehicle and record feel of Gear during each Gear Shift <hr/> <hr/> <hr/> <hr/> <input checked="" type="checkbox"/> Does Parking Pawl engage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If lockup is alleged - check rotation of Transmission in all Gears. <input checked="" type="checkbox"/> Check starting ability in park and neutral. Check to see that start does not occur in other selector positions.
G Engine Stall/Drivability	<input type="checkbox"/> Complete Engine Compartment including as required: • Underhood Emissions Label • Engine Wiring/Connections • Vacuum Hoses • Fuel Lines • Exhaust System • Spark Plugs • Connections	<input type="checkbox"/> Record type of Spark Plugs (location of unique plugs). <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> If safe and permitted to: <input type="checkbox"/> Try to duplicate Allegation Off Hiway <input type="checkbox"/> DRB II or I/P Fault Code Test <hr/> <hr/> <hr/> <hr/>

Confidential

REF. # 975695

ALLEG.	PHOTOGRAPH REQUIRED	INFORMATION	EVALUATION
H	<input type="checkbox"/> Overall of seat belts I/B and O/B. <input type="checkbox"/> Close ups of any irregularities on belts. <input type="checkbox"/> Shoulder Belt Pendulum <input type="checkbox"/> Latchplate wear <input type="checkbox"/> Close up of D-ring to show belt loading.	<input type="checkbox"/> Locate seat belt labels and record ALL information (Some labels are sewn to webbing, other labels are on retractor frame. Inboard seat belt labels are near floor.) <hr/> <input type="checkbox"/> Record ALL information stamped on latchplate. <hr/>	If allowed, function belts to insure they FUNCTION PROPERLY, note results: Do they latch? <input type="checkbox"/> Yes <input type="checkbox"/> No Do they release? <input type="checkbox"/> Yes <input type="checkbox"/> No Do they retract? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does Inertia Pendulum System run freely? <input type="checkbox"/> Yes <input type="checkbox"/> No

I	<input type="checkbox"/> Overall of seat <input type="checkbox"/> Close ups of damage	<input type="checkbox"/> Existing location of recliner - number of teeth from rear of sector gear to rear edge of Pawl (crayon mark location). <hr/> <input type="checkbox"/> Existing location of seat adjuster (window or tooth location from rear of adjuster). <hr/> <input type="checkbox"/> Existing location of head restraint (measure gap under head restraint). <hr/>	<input type="checkbox"/> If allowed, adjust all functions of seat and return to original location <input type="checkbox"/> Describe functions <hr/> <input type="checkbox"/> Note any irregular orientations <hr/>
----------	--	--	---

J	<input type="checkbox"/> Each Tire with visible location label, insuring all Tire identification and Tread wear is documented. <input type="checkbox"/> All damaged Wheel and Rim area including impacted foreign material.	Record: <input type="checkbox"/> Tire Size <input type="checkbox"/> Brand <input type="checkbox"/> Ratings <input type="checkbox"/> DOT No. (I/B Side) <input type="checkbox"/> Rim Size <input type="checkbox"/> Tread Depth	Front Left	Front Right	Rear Left	Rear Right

K	<input type="checkbox"/> Entire Axle and close up of Leaks	While on hoist: <input type="checkbox"/> Rear Wheel Drive Record amount of Lateral Axle Movement on each side and wlll Wheels turn <hr/> <input type="checkbox"/> Trans. Axle - rotate Wheels <input type="checkbox"/> Note function <hr/>
----------	--	---

L	<input type="checkbox"/> Windshield <input type="checkbox"/> All areas of occupant contact on interior and exterior. <input type="checkbox"/> Close ups of stains, skin, hair, cloth <input type="checkbox"/> Exterior and Interior damage	<input type="checkbox"/> See Seat Belt/Seats if applicable <input type="checkbox"/> Occupant contact description <hr/> <hr/>
----------	---	--

ADDITIONAL COMMENTS

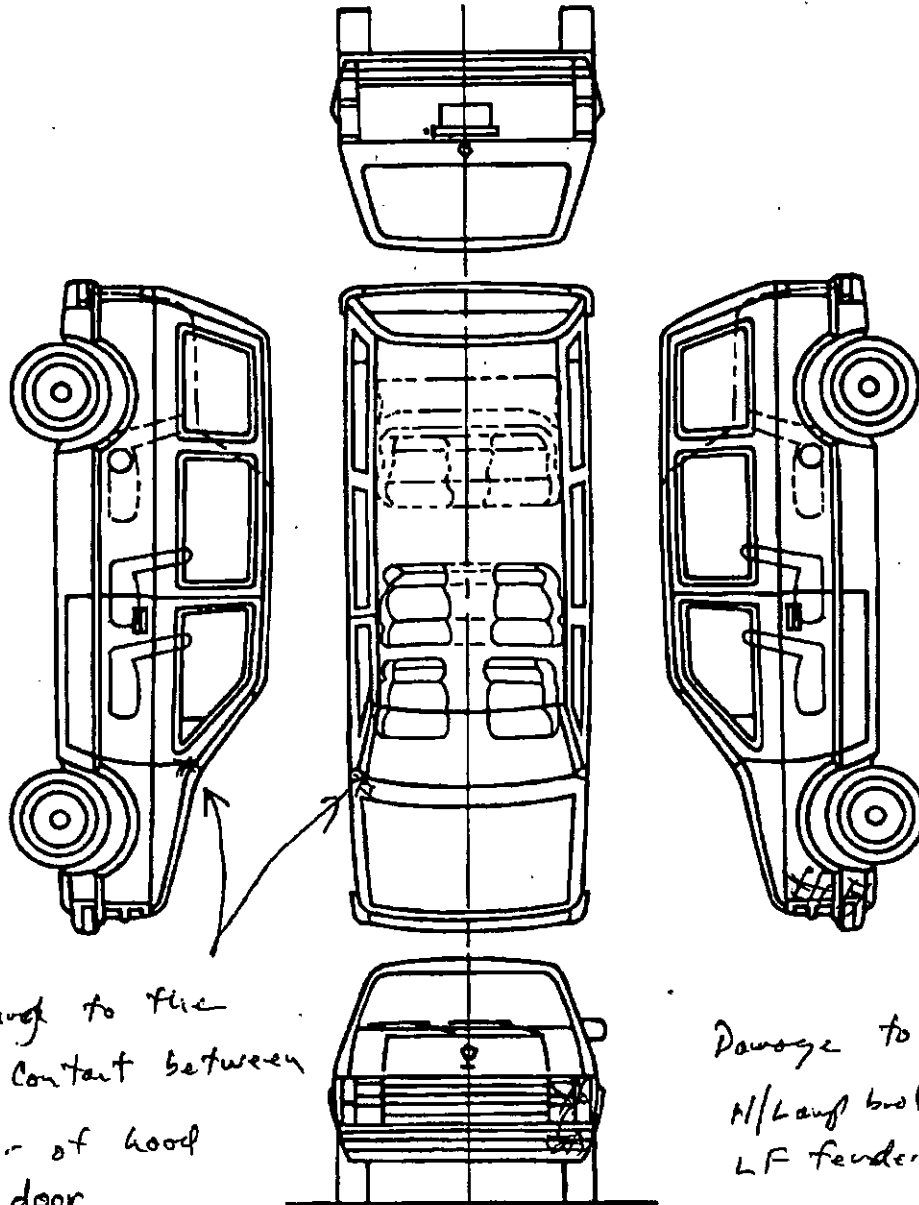
Vehicle is a Rural Cab 4 wd Turbo Diesel - Undercarriage very clean - No scratches and dents. Does not look as if truck has been off road.

Aftermarket electronics - trailer brakes installed - Module under dash. Running boards installed both sides. Passenger air bag switch "OFF"

Confidential

REF # 9756951

Exterior Damage Diagram and Measurements



Hood sprung to the
 Right. Contact between
 RR corner of hood
 and RF door

Damage to LF corner
 A/Lamp broke - Corner of
 LF fender crushed and
 L corner of front
 bumper pushed 5" to R.
 Contact between bumper
 & LF tire when turning

Sketch damage on all views. Include dimensions to describe and locate each damaged area and maximum depth of penetration for each impact. Annotate observations which might be useful in reconstructing the accident (e.g., direction of scrapes, markings on tires and wheels, etc.). Take photographs.

March 13, 2002

Mr. & Mrs. Danny Dennis
RR 1, Box 166A
Arcadia, MO 63621-9717

Reference No.: 9756951
VIN: 3B7KF23601G721306

Dear Mr. & Mrs. Dennis:

This is in regard to the inspection that was performed on your vehicle by a representative of Engineering Analysis Associates.

I have had the opportunity to review the inspection report generated by our engineering firm and must advise you that we have been unable to determine a problem with your vehicle.

The transmission, linkage, parking pawl, and all related systems were checked very carefully. Also, a test drive, as well as a physical and electronic inspection of the unit indicates that the transmission is operating properly.

As stated in your owner's manual, DaimlerChrysler Motors Corporation recommends that the gear selector be placed in park with an automatic transmission and first gear with a manual transmission, the parking brake set, the ignition turned off, and the keys removed whenever the vehicle is left unattended. Therefore, we must respectfully decline participation with any costs associated with this incident.

Thank you for the opportunity to inspect, review, and advise you in this matter.

Sincerely,

R. A. Bott
Special Investigations
(248) 944-7056

RAB/mtr

PE04-039

CHRYSLER

6-22-2004

ENCLOSURE 4

10064930

CUSTOMER COMPLAINTS

Vin	3B7KF2364	1G817343	Cair #	10064930	Open Date	5/30/02	
Model	BE7L33	Model Year	01	Built Date	7/6/01		
In Service Dt	7/25/01	Dealer	68742	Dealer Zone	62	Mileage	12422
Last Name	PLACKER	Middle Int	W	First Name	TIMOTHY	Contact Type	T
Address	HC 1 BOX 625A			Home Phone	(936) 327-7697		
City	GOODRICH	State	TX	Country	USA	Zip	77335-9704
Remark	text						

Product Jumps out of Gear / Park	
Product in Accident	vehicle in accident, rolled away on owner in gear

**** Begin structured narrative SI POLICY FIRE OR ACCIDENT ****

Owner Alleges:

Owner went into a store after putting vehicle in park and noticed that the vehicle rolled away in reverse hitting a utility pole.

Description of the incident (what, when, where, injuries, etc)

Sherpard, TX. is where accident occurred. No injuries.

Has the owners insurance company been contacted ?

Yes

If yes provide name/policy number and phone number

Liberty Mutual

No phone number available.

Where is the vehicle exactly located (provide name/address/phone #)

Owner is driving vehicle currently, vehicle still runs and is being used by owner. Owner states that he can get the vehicle where it is needed.

Is there property damage or other vehicles involved in the accident?

Owner's vehicle and utility pole was leaning.

Has a Police or Fire report been filed (what municipality & report #)

No, neither.

**** End structured narrative SI POLICY FIRE OR ACCIDENT ****

05-30-02 First owner calls in stating that this vehicle rolled away in reverse while in park. Owner exited with the vehicle running and in park, went into a store, and noticed vehicle rolling away backwards. Vehicle is on road, driveable, and owner is using as everyday vehicle. Owner will take vehicle where necessary for inspection. Provided owner with the file number. Will forward file to ALG2 for further review. Information is updated and accurate. da471

Liberty mutuals phone is 800.872.9043 The policy # is AB6298038764702

The customer states she was not sure if her husband had the parking brake on but she has never seen him use the parking brake. Writer informed owner her concerns will now be forward to the special investigations department.

6-5-02 please contact owner and arrange for inspection of alleged incident. thanks. art gilbert

CAIR NUMBER 10064930 REQUEST EAA INSPECTION 06-05-2002 09:11

CAIR NUMBER 10064930 E-MAIL SENT TO EAA 06-05-2002 09:11

6-6-02 did not receive confirmation. thanks. art gilbert

CAIR NUMBER 10064930 REQUEST EAA INSPECTION 06-06-2002 11:48

CAIR NUMBER 10064930 E-MAIL SENT TO EAA 06-06-2002 11:48

6-11-02 eaa report received. parking pawl engages, did not use parking brake. no manufacturing responsibility. requested letter to owner. alg

6-12-02 letter mailed. alg

Owner seeking information on the concern listed. Advised owner letter has been mailed.

PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 07/19/02 AT 00:00 10064930





RAM 2500

601 88



PRISON BODY SHOP

SINCE 1945

**PAINTS STRAIGHTENED
GLASS INSTALLED**

**STATE
INSP.**



HARRISON BODY SHOP

SINCE 1945

FRAMES STRAIGHTENED

LED





















A photograph showing the rear of a dark grey pickup truck. The truck is parked in a garage or workshop, with a red hydraulic lift visible on the right side. The truck's rear tailgate features a white "4x4" decal. The license plate is white with black text and a blue border, reading "6DU-L88". Below the license plate, there is a metal bumper guard and a tailpipe. The truck's right taillight is visible, and a portion of the right rear tire is seen. The background shows a concrete floor and a doorway leading outside.

4x4

6DU-L88

98015



Jun-07-02 03:03P

P.01
P.01

Tom 248-399-2931



10064930

28635 Mound Road
Warren, Michigan 48092-3498
(588) 753-3328
FAX (588) 753-3336

**Facsimile Cover Sheet
DaimlerChrysler Vehicle Investigation**

Owner: Placker
Project No. DAIM-0001

CAIR No.: 10064930

TO: Mike Terrell

FROM: Tina Martin

Fax No.: 201-955-1475

Date Sent: 6-5-02

VENDOR ID: TERM10

DUE DATE: 6-10-02

***PLEASE ACKNOWLEDGE PROMPTLY BY FAX OR EMAIL**

***Receipt of CAIR and Accepting case for investigation? Yes No**

Date: 6/6/02

**Coversheet for DaimlerChrysler (Service Associate Use Only)
(Also fax or email to EAA for closure)**

***Closure Date: 06/07/02**

DaimlerChrysler Fax No.: 248-512-8748

Bennis (248) 944-7036

Martell (248) 944-7038

Bott (248) 944-7056

Suealla (248) 944-7149

Gilbert (248) 944-7037

Porterfield (248) 944-7134

Comments:

Jun-07-02 03:03P
JAIMLERCHRYSLER

P.02

CONNECTION Preliminary Vehicle Investigation Report

REF # 10064930

YEAR 2001	MODEL Dodge RAM	VEHICLE IDENTIFICATION NUMBER 3B7MF236416817343	ODOMETER 0113412070608	M.O.M.	DELIVERY DATE 07/25/01
NAME OF OWNER Timothy Placker		ADDRESS/LOCATION HC01 Box 625A			
CITY Goodrich		STATE TX	ZIP 77335	BUSINESS PHONE (936) 327-7791	HOME PHONE (936) 327-7697
BLIND DEALER NAME Bounds Chrysler Dodge		ZONE 62	OUR CODE 68742	CITY Livingston	STATE TX
SALES REPRESENTATIVE - PRINT M. D. TERRELL - EAA		ZONE Houston	PHONE 281-955-6296	<input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> MAJOR	REPAIR ESTIMATE 4600.65

INTERVIEW

INTERVIEW WITH: <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER	NAME Timothy Placker	INTERVIEW DATE 06/07/02	DATE OF INCIDENT 05/24/02	TIME OF INCIDENT 3:00 PM	INSPECTION DATE 06/07/02
---	-------------------------	----------------------------	------------------------------	-----------------------------	-----------------------------

Driver's and/or occupant's description of incident
 What? When? Where? How?
 Exact order of events
 Did this happen before?


Mr. Placker had been driving about 45 minutes and stopped at a convince store. put vehicle in park - did not set emergency brake - left vehicle running and went inside to make a purchase - looked out the window of the store and the vehicle had moved backwards and crossed hwy 59 and hit a pole. Mr. Placker indicated the vehicle had never done this before.

Personal Injury: Were there Personal Injuries? Yes No If yes, complete section "L."

IMPORTANT: SHOW TO NO ONE & DRAW NO CONCLUSIONS

- DIRECTIONS:**
- FILL OUT UPPER PART OF FORM.
 - FOR "FIRE" USE FORM 84-130-6950.
 - FOLLOW INSTRUCTIONS FOR SECTION "A" ON ALL VEHICLES.
 - FOLLOW INSTRUCTIONS FOR SPECIFIC ALLEGATIONS FOR THIS VEHICLE.
 - ATTACH ANY ADDENDUMS TO REPORT AND STATE SECTION IT PERTAINS TO.

- COMMENTS:**
- NOTE ANY MISSING COMPONENTS AND WHO REMOVED THEM.
 - NOTE ANY AFTERMARKET EQUIPMENT INSTALLED AND BY WHOM.

ALLREQ.	PHOTOGRAPH REQUIRED	INFORMATION	EVALUATION
A	<input checked="" type="checkbox"/> From center of vehicle front every 45 degrees (8 total) <input checked="" type="checkbox"/> If crash damaged -- perspective from every corner of vehicle down both original lateral sight lines. (8 total)  <input type="checkbox"/> Send neg. & 2 sets of prints	<input type="checkbox"/> Police report - <i>NONE FILED</i> <input type="checkbox"/> Vehicle service file <input type="checkbox"/> Any reports/photos by others <input type="checkbox"/> Location of inspection	<input checked="" type="checkbox"/> Driver's and/or occupant's description of incident <input checked="" type="checkbox"/> What? When? Where? How? <input checked="" type="checkbox"/> Exact order of events <input checked="" type="checkbox"/> Did this happen before? <i>No</i>

B	<input type="checkbox"/> Steering Wheel <input type="checkbox"/> Airbag(s) <input type="checkbox"/> Knee Blockers <input type="checkbox"/> All possible body contact areas <input type="checkbox"/> All code readings using OAB II	<input type="checkbox"/> Record: <input type="checkbox"/> Was Airbag deployed? Driver <input type="checkbox"/> Yes <input type="checkbox"/> No Passenger <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Type of Steering Wheel <input type="checkbox"/> Tilt <input type="checkbox"/> Std. <input type="checkbox"/> Condition of Steering Wheel _____ <input type="checkbox"/> Condition of Steering Wheel Mounting (measure column collapse) _____	<input type="checkbox"/> Use OAB II <input type="checkbox"/> Record Existing Readings 1 _____ 2 _____ <input type="checkbox"/> Record Stored Readings 1 _____ 2 _____ 3 _____ <input type="checkbox"/> Important DO NOT ERASE OAB II READINGS.	<input type="checkbox"/> Evidence of tampering or disassembly? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Jun-07-02 03:03P

WALLMOUNT LABEL

P.03
MEF. # 1006472

ALLEG.	PHOTOGRAPH REQUIRED	INFORMATION	EVALUATION
Sudden Acceleration or Throttle Hold	<input type="checkbox"/> Accelerator Pedal <input type="checkbox"/> Throttle Cable <input type="checkbox"/> Return Springs <input type="checkbox"/> Floor Mats	<input type="checkbox"/> Describe any Accelerator Pedal Interference with Carpet/Mat <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> DRB II Tests <input type="checkbox"/> Disconnect Cable at Throttle Body/Carburetor lever; operate: <input type="checkbox"/> Lever <input type="checkbox"/> Cable <input type="checkbox"/> Any restricted motion? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If safe and permitted to drive - attempt to duplicate and check Service Brakes at reported speed.
			C

Brakes	<input type="checkbox"/> Items in Information Block.	<input type="checkbox"/> Check and record Brake Fluid Level. _____ <input type="checkbox"/> Check and record if Vacuum Hose is connected. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check and record for Brake Line Leaks. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pull Wheels, check Linkage and record condition.	With Engine off: <input type="checkbox"/> Apply Brake fully 3 or 4 times. <input type="checkbox"/> With light force held to Pedal, start the Engine. <input type="checkbox"/> Note reaction of Pedal and record: _____ <input type="checkbox"/> ABS System DRB II test readouts _____ _____
		<input type="checkbox"/> Check Brake Pedal, does it set firm? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check operation of Parking Brake. <input type="checkbox"/> Check operation of ABS System.	D

Steering	<input type="checkbox"/> Complete Steering System including as required: • Rack & Pinion • Linkage • CV & Universal Joints • Columns • Belts & Pulleys	<input type="checkbox"/> Record if: <input type="checkbox"/> Manual Steering <input type="checkbox"/> Power Steering <input type="checkbox"/> Check Fluid Level _____ <input type="checkbox"/> Record if Drive Belt is tight <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check for Hose/System leaks <input type="checkbox"/> Yes <input type="checkbox"/> No Leaks <input type="checkbox"/> Check condition of Steering Linkage from Wheels to Steering Column, record deformation or loose connections.	<input type="checkbox"/> Unlock key and turn Wheels fully right and left. <input type="checkbox"/> If safe, start Engine and turn Wheels fully right and left. <input type="checkbox"/> Record Steering function.
		E	

Transmission	<input type="checkbox"/> Entire Transmission with pictures and closeup of leaks, if any.	<input type="checkbox"/> Record: Type of Transmission? <input checked="" type="checkbox"/> Auto <input type="checkbox"/> Std. How many Speeds? <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 - 4-wheel Drive <input type="checkbox"/> Record Gear Shift location at time of inspection <u>Park</u>	If safe and permitted to drive vehicle: <input type="checkbox"/> Drive Vehicle and record feel of Gear during each Gear Shift Test drive showed transmission shifted 1 - 2 shift smooth 2 - 3 shift smooth 3 - 4 shift smooth No abnormal noises or smells <input type="checkbox"/> Does Parking Pawl engage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If lockup is alleged - check rotation of Transmission in all Gears. <u>NA</u> <input type="checkbox"/> Check starting ability in park and neutral. Check to see that start does not occur in other selector positions.
		<input type="checkbox"/> Run Shift Lever thru all shift positions and record "Feel of Gearing" <u>OK - Normal</u> <input type="checkbox"/> Is Shift Indicator properly aligned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	F

Engine Idle Irregularity	<input type="checkbox"/> Complete Engine Compartment including as required: • Underhood Emissions Label • Engine Wiring/Connections • Vacuum Hoses • Fuel Lines • Exhaust System • Spark Plugs • Connections	<input type="checkbox"/> Record type of Spark Plugs (location of unique plugs). _____ _____ _____ _____ _____	Vehicle only started in Park and Neutral If safe and permitted to: <input type="checkbox"/> Try to duplicate Allegation On Highway <input type="checkbox"/> DRB II or I/P Fault Code Test _____ _____ _____
		G	

Jun-07-02 03:03P

Confidential

P.04
REF # 10064930

ALLEG.	PHOTOGRAPH REQUIRED	INFORMATION	EVALUATION																														
H Seat/Shoulder Belts	<input type="checkbox"/> Overall of seat belts (I/B and O/B) <input type="checkbox"/> Close ups of any irregularities on belts. <input type="checkbox"/> Shoulder Belt Pendulum <input type="checkbox"/> Latchplate wear <input type="checkbox"/> Close up of D-ring to show belt loading.	<input type="checkbox"/> Locate seat belt labels and record ALL information (Some labels are sewn to webbing, other labels are on retractor frame, inboard seat belt labels are near floor.) <input type="checkbox"/> Record ALL information stamped on latchplate.	If allowed, function belts to insure they FUNCTION PROPERLY, note results: Do they latch? <input type="checkbox"/> Yes <input type="checkbox"/> No Do they release? <input type="checkbox"/> Yes <input type="checkbox"/> No Do they retract? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does Inertia Pendulum System run freely? <input type="checkbox"/> Yes <input type="checkbox"/> No																														
	I Seat	<input type="checkbox"/> Overall of seat <input type="checkbox"/> Close ups of damage	<input type="checkbox"/> Existing location of recliner - number of teeth from rear of sector gear to rear edge of Pawl (crayon mark location). <input type="checkbox"/> Existing location of seat adjuster (window or tooth location from rear of adjuster). <input type="checkbox"/> Existing location of head restraint (measure gap under head restraint).	<input type="checkbox"/> If allowed, adjust all functions of seat and return to original location <input type="checkbox"/> Describe functions <input type="checkbox"/> Note any irregular orientations																													
J Tires	<input type="checkbox"/> Each Tire with visible location label, insuring all Tire identification and Tread wear is documented. <input type="checkbox"/> All damaged Wheel and Rim area including impacted foreign material.	Record: <input type="checkbox"/> Tire Size <input type="checkbox"/> Brand <input type="checkbox"/> Ratings <input type="checkbox"/> DOT No. (I/B Side) <input type="checkbox"/> Rim Size <input type="checkbox"/> Tread Depth	<table border="1"> <thead> <tr> <th></th> <th>Front Left</th> <th>Front Right</th> <th>Rear Left</th> <th>Rear Right</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Front Left	Front Right	Rear Left	Rear Right																									
		Front Left	Front Right	Rear Left	Rear Right																												
K Lure Lockup	<input type="checkbox"/> Entire Axle and close up of Leaks	While on hoist: <input type="checkbox"/> Rear Wheel Drive Record amount of Lateral Axle Movement on each side and will Wheels turn <input type="checkbox"/> Trans, Axle - rotate Wheels <input type="checkbox"/> Note function																															
L Occupant Contact	<input type="checkbox"/> Windshield <input type="checkbox"/> All areas of occupant contact on interior and exterior. <input type="checkbox"/> Close ups of stains, skin, hair, cloth <input type="checkbox"/> Exterior and interior damage	<input type="checkbox"/> See Seat Belt/Seats if applicable <input type="checkbox"/> Occupant contact description																															

ADDITIONAL COMMENTS

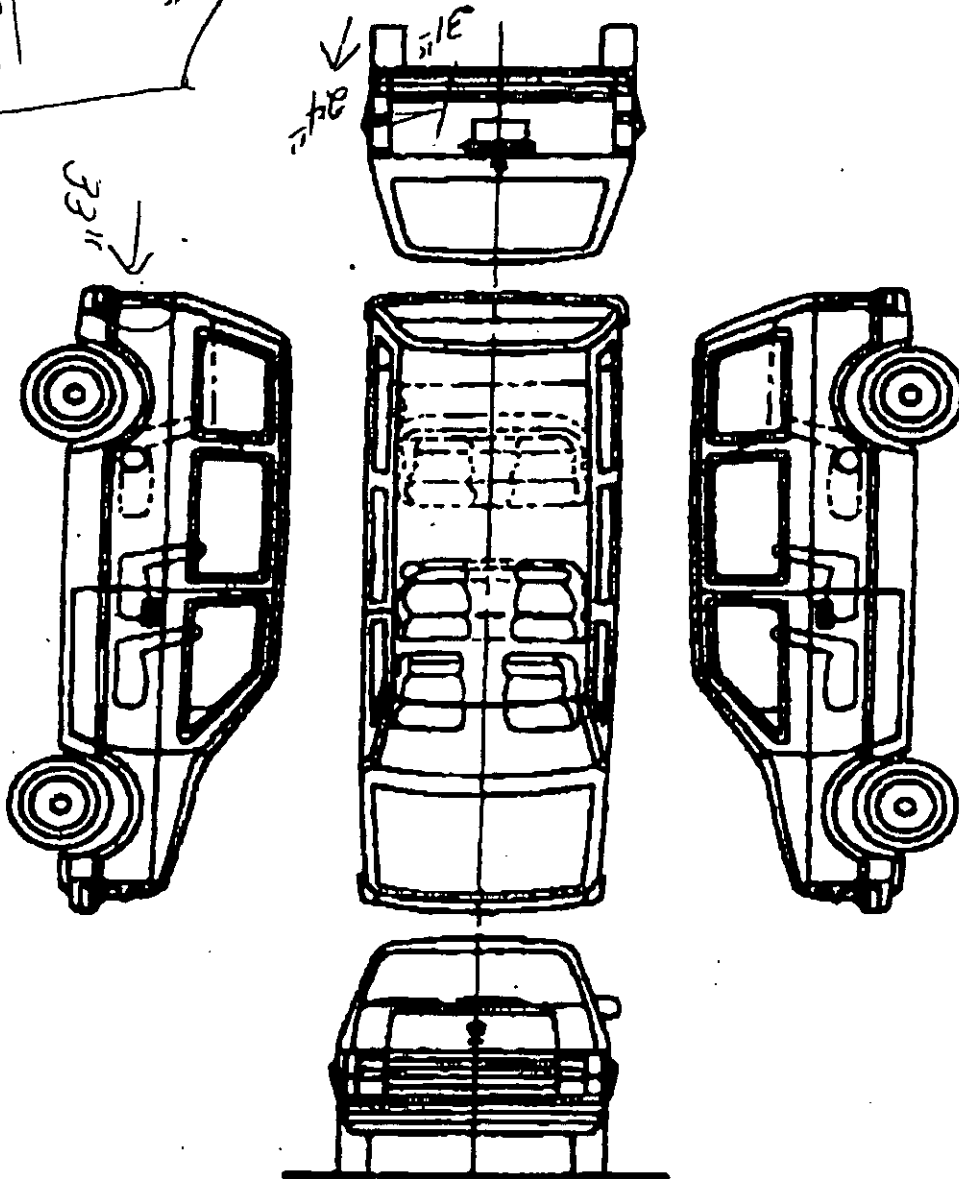
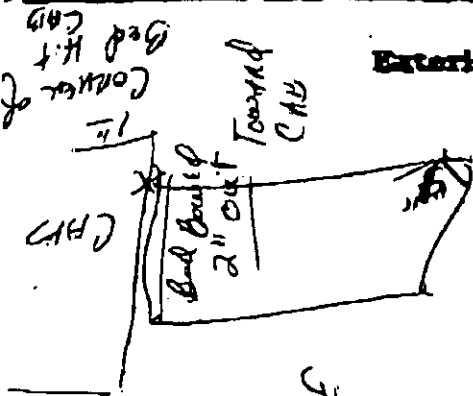
After leaving the interview with Mr. Placker I went to the convince store where the accident occurred. The area where Mr. Placker indicated he parked his vehicle was flat and had no incline. There was no police report filed for this accident. The vehicle has trailer brakes installed. Photos:

1. Front	7. Right side
2. Left front 1/4	8. Right front 1/4
3. Left side	9. Mileage - 13418
4. Left rear 1/4	10. - 16. transmission
5. Rear	
6. Right rear 1/4	

06/07/02 FRI 18:06 [TX/RX NO 9252]

10064930

Exterior Damage Diagram and Measurements



Sketch damage on all views. Include dimensions to describe and locate each damaged area and maximum depth of penetration for each impact. Annotate observations which might be useful in reconstructing the accident (e.g., direction of scrapes, markings on tires and wheels, etc.). Take photographs.

Jun-07-02 03:04P
Jun-06-02 10:40

P.06
P.02
Page 1 of 2

10064930

106/05/02 CAIR Data File
Company:
Cust: MR TIMOTHY W
AD1: HC 1 BOX 625A
AD2:
Cty/St/ZIP: GOODRICH
Co-own:

CAIR: 10064930 82 1/ 1 Page: 1
Temp Address:
FLACKER
Ph: 936 327 7697 (2)
Ph:
TX 77335-9704 Cntry: USA Lang: E

Company:
Rep: **Terminio**
AD1:
AD2:
Cty/St/ZIP: **Terrell**

PH:
PH:
Cntry: Lang:

Status and Notes -----
Opened by: DA471 Open Dt: 053002 Typ: L
Stat: R Closed by: Closed Dt:
Airt: A Curresp: 82E 82
Lst Upd: 060502 0909A ALG2 82
Cntr Typ: T Orig: C Mail Ctgry:
Dt on Ltr: Exec:
Resp Ltr: Resp Ltr Dt:

Check Information -----
Ck Amt: 5.00 9:
Payee:
Addr1: **AG-HU**
Addr2:
City: **BE-5**
St/ZIP:

Vehicle Information -----
VIN: JB7KF23641G817343 YR/Model: 01 DODGE RAM 2500 P/U QUAD CAB
Sls Zn/Sls/Svc/Dlr: 62 G G 68742 BOUNDS CHRY PLYM-DODGE In Strv Date: 07/25/01
Svc Zn/Sls/Svc/Dlr: 62 G G 68742 BOUNDS CHRY-PLYM-DODGE Curr Mi/Km: M 12422
MCC: 300 - /36 3/36 0
CSC: DMS100H - 5/100 DIESRL MAXIMUM WRAP AROU

General Narrative -----
REASONS FOR CONTACT:

- 1) Product in Accident
vehicle in accident, rolled away on owner in gear
- 2) Product Jumps out of Gear / Park

- - - NARRATIVE ADDED BY D. ARCHER ON 05/30/02 AT 02:20PM
**** Begin structured narrative SI POLICY FINE OR ACCIDENT ****

Owner Alleges:
Owner went into a store after putting vehicle in park and noticed that
the vehicle rolled away in reverse hitting a utility pole.
Description of the incident (what, when, where, injuries, etc)
Sherpard, TX. is where accident occurred. No injuries.
Has the owners insurance company been contacted ?
Yes
If yes provide name/policy number and phone number
Liberty Mutual
No phone number available.
Where is the vehicle exactly located (provide name/address/phone #)
Owner is driving vehicle currently, vehicle still runs and is being used
by owner. Owner states that he can get the vehicle where it is needed.
Is there property damage or other vehicles involved in the accident?
Owner's vehicle and utility pole was leaning.
Has a Police or Fire report been filed (what municipality & report #)
No, neither.

**** End structured narrative SI POLICY FINE OR ACCIDENT ****
05-30-02 First owner calls in stating that this vehicle rolled away in
reverse while in park. Owner exited with the vehicle running and in park.
went into a store, and noticed vehicle rolling away backwards. Vehicle is

106/05/02 CAIR Data File CAIR: 10064930 82 1/ 1 Page: 2

ftp://chrysler:chrysl123@206.231.19.197/10064930.txt

6/5/02

Jun-07-02 03:04P
Jun-06-02 10:40

P.07
P.03

Page 2 of 2

10064930

on road, driveable, and owner is using as everyday vehicle. Owner will take vehicle where necessary for inspection. Provided owner with the file number. Will forward file to ALG2 for further review. Information is updated and accurate. da471

* --> NARRATIVE ADDED BY A. P. ORLANDO ON 06/05/02 AT 09:05AM
Liberty mutuals phone is 800.872.9043 The policy # is AB6298038764702
The customer states she was not sure if her husband had the parking brake on but she has never seen him use the parking brake. Writer informed owner her concerns will now be forward to the special investigations department.

* --> NARRATIVE ADDED BY A. L. GILBERT ON 06/05/02 AT 09:11AM
6-5-02 please contact owner and arrange for inspection of alleged incident. thanks. art gilbert
CAIR NUMBER 10064930 REQUEST EAA INSPECTION 06-05 2002 09:11

...@206.231.19.197/10064930.txt

06/07/02 FRI 16:06 [TX/RX NO 9252]

Jun-07-02 03:04P

P.09

10064930

2001 DODGE RAM 250 SLT 4 DR EXT CAB
CLAIM # 002372533

LOG -0

05-30-02 10:49 AM

NO SUPPLEMENTS PAID WITH-OUT INSPECTION AND PART INVOICES.....

OP CODES:

U = USER-ENTERED VALUE	B = REPLACE OEM	NG = REPLACE PAOS
QC = QUALITY REPL. PART	BV = LIKE KIND & QUALITY	EP = QUALITY REPT. PART
TE = PARTL REPL PRICE	BT = PARTL REPT. LABOR	IT = PARTIAL REPAIR
L = REPAIR	L = REFINISH	SB = SUDLET
F = ADDITIONAL LABOR	RI = R&I ASSEMBLY	U = CHECK
AA = APPEAR ALLOWANCE	RP = RELATED PRIOR	UP = UNRELATED PRIOR

OP	QDE	MC DESCRIPTION	MFR PART NO.	PRICE	QTY	HR	HOURS R
I	0256	PNL,CAB SIDE OUTER	RT REPAIR				1.5*1
L	0256	PNL,CAB SIDE OUTER	RT REFINISH				1.2 4
			2.2 Surface				
			INC Two-stage				
20	0003	BED ASSEMBLY	LIKE KIND & QUALI	1,900.00*	+25		2.5 1
		INCLUDES TAIL GATE AND LAMPS-LOCATED-936-632-1981-TOMMY-LONE STAR AUTO					
L	0003	BED ASSEMBLY	REFINISH				13.7 4
			11.2 Surface				
			0.5 Two-stage setup				
			1.0 Two-stage				
E	0467 01	DECAL,BEDSIDE PANNEL	LT 5FW97DXAAA	35.10			0.3 1
R	0468 01	DECAL,BEDSIDE PANNEL	RT 5FW9CDXAAA	35.10			0.3 1
E	0438 01	DECAL,TAILGATE	5DV738X9	38.95			0.3 1
E	0428 03	DECAL,TAILGATE	5DV768X9	13.45			0.3 1
E	0555	ACCESSORY RR HMPR KIT	83401316	255.00			0.7 1
I		PULL AND ALIGN	REPAIR				4.0*3*
L		BLEND	REFINISH				1.0*4*
I		CLEAN-UP LKQ PART	REPAIR				1.5*1*
L		TU-TONE	REFINISH				1.5*4*

13 ITEMS

MC MESSAGE

01 CALL DEALER FOR EXACT PART # / PRICE

FINAL CALCULATIONS & ENTRIES

PARTS

GROSS PARTS	\$	463.60
OTHER PARTS	\$	1,900.00
PAINT MATERIAL	\$	175.00 **

ADJUSTMENTS

DISCOUNT

MARKUP

LINE ITEMS	\$	475.00	
PARTS TOTAL	\$	1,217.60	
TAX ON PARTS & MATERIAL @ 8.250%	\$	265.45	

LABOR

RATE

REPLACE HRS

REPAIR HRS

1-SHEET METAL	\$ 37.00	4.4	3.0	\$	271.80
2-MECH/ELEC	\$ 50.00				
3-FRAME	\$ 50.00		4.0	\$	200.00
4-REFINISH	\$ 37.00	17.4		\$	643.80
5-PAINT	\$ 22.00				

LABOR TOTAL

\$ 1,117.60

-2-

Jun-07-02 03:04P

P.10

10064930

2001 DODGE RAM 250 SLT 4 DR EXT CAB
CLAIM # 002372533 LOC -0 05-30-02 10:49 AM

TAX ON LABOR @
TAX ON MURRT @ 8.2501
HOLET REPAIRS
TOWING
STORAGE

GROSS TOTAL	\$ 4,600.65
LESS: DEDUCTIBLE	\$ 500.00-
NET TOTAL	\$ 4,100.65

PN# No
SPDL Yes Geocode:
ADP PENPRO W040 KB LOG -0 05-30-02 10:57:11 REL 4.00 CD 03/02
COPYRIGHT, ADP CLAIMS SOLUTIONS GROUP, INC. 2002

** USER-ESTABLISHED THRESHOLD FOR PAINT MATERIAL HAS BEEN REACHED AND
CALCULATED IN THIS ESTIMATE. ANY ADDITIONAL MATERIALS MAY REQUIRE
FURTHER APPROVAL. **

2.5 HRS WERE ADDED TO THIS EST. BASED ON ADP'S TWO-STAGE REFINISH FORMULA.

ESTIMATE CALCULATED USING THE 2.5 HOUR MAXIMUM ALLOWANCE FOR TWO-STAGE
REFINISH OF NON-FLEX. EXTERIOR SURFACES.

NUMBER OF DAYS TO REPAIR.....
NO SUPPLEMENTS WITHOUT PRIOR APPROVAL.

DAIMLERCHRYSLER

June 11, 2002

DaimlerChrysler
Motors Corporation

Mr. Timothy W. Placker
HC 1 Box 625A
Goodrich, TX 77335-9704

Reference No.: 10064930
V.I.N.: 3B7KF23641G817343

Dear Mr. Placker:

This is in regard to the inspection that was performed on your vehicle on June 7, 2002, by a representative from Engineering Analysis Associates.

Naturally, we were sorry to learn of this incident. However, from the information provided, we are not led to believe that there was a manufacturing responsibility associated with this incident.

As stated in the owner's manual, DaimlerChrysler Motors Corporation recommends that the gear selector be placed in park, the parking brake set, the ignition turned off, and the keys removed whenever the vehicle is left unattended.

Therefore, we must respectfully decline participation with any costs associated with this incident.

When an insurance company has paid a claim, the rights of recovery rest with them. Should they feel that there is a manufacturing responsibility with regard to their loss, they may subrogate which would include your deductible.

Thank you for this opportunity to review this matter with you.

Sincerely,

A. L. Gilbert
Special Investigations
(248) 944-7037

sh

PE04-039

CHRYSLER

6-22-2004

ENCLOSURE 4

10299679

CUSTOMER COMPLAINTS

Vin	3B6MC3669	1M515779	Cair #	10299679	Open Date	8/5/02	
Model	BR3L63	Model Year	01	Built Date	10/17/00		
In Service Dt	1/31/01	Dealer	42514	Dealer Zone	63	Mileage	52000
Last Name	BOGLER	Middle Int		First Name	DAN	Contact Type	T
Address	1749 N DANVILLE DR		Home Phone	(915) 672-8900			
City	ABILENE	State	TX	Country	USA	Zip	79603-4144
Remark	text						

Legal Referral	ACCIDENT
Recall	no recalls
Product in Accident	Vehicle jumped out of park
Automatic Trans / Transaxle - Jumps Out of Gear/Park	Customer seeking assistance

First owner requests information regarding recalls on vehicle. Writer advised owner there are no recalls on vehicle. Writer advised owner that if vehicle is involved in any future recalls, owner will be notified by mail. Dealer verified

First owner calls recall department regarding non-recall related issue and was transferred to warranty department for further assistance at owner's request.

**** Begin structured narrative SI POLICY FIRE OR ACCIDENT ****

Owner Alleges:

The vehicle jumped out of park and went into reverse and the door came off hitting the gate.

Description of the incident (what, when, where, injuries, etc)

8/01/02 at 5:00 p.m. at 1749 N. Danville. Customer parked car to close gates and when he was closing gates that vehicle jumped into reverse causing the left driver side door off and scraped the side of the body as well. Customer was bruised up. Vehicle was still in parked position when he jumped in car and killed the ignition.

Has the owners insurance company been contacted ?

Not yet

If yes provide name/policy number and phone number

NO ANSWER PROVIDED BY AGENT

Where is the vehicle exactly located (provide name/address/phone #)

EOI Auto recovery

1749 N. Danville

Abilene, tx 79602

915-672-8900

Is there property damage or other vehicles involved in the accident?

Nothing major bent gate post

Has a Police or Fire report been filed (what municipality & report #)

no

**** End structured narrative SI POLICY FIRE OR ACCIDENT ****

Will forward information to JSS15. ELL14

PLEASE CONTACT AND ARRANGE INSPECTION TO DETERMINE IF OWNER'S ALLEGATION OF UNINTENDED VEHICLE MOVEMENT IS ACCURATE. PLEASE PROVIDE FULL PVIR, DRB CODES, PHOTOS, POLICE DEPT REPORT (if available), A COMPLETE INSPECTION OF TRANSMISSION, LINKAGE, PARK PAWL, & PARKING BRAKE, AND ANY OTHER PERTINENT INFORMATION. THANKS. JSS15.
CAIR NUMBER 10299679 REQUEST EAA INSPECTION 08-05-2002 11:12
CAIR NUMBER 10299679 E-MAIL SENT TO EAA 08-05-2002 11:12
REVIEWED REPORT. PARK PAWL ENGAGES AND HOLDS. PARK BRAKE HOLDS. INSPECTOR FOUND LINKAGE OUT OF ADJUSTMENT AND IN NEED OF REPAIR. THIS WOULD BE AN OWNER REPAIR RESPONSIBILITY. DICTATED LETTER. JSS15.
LETTER MAILED. JSS15.
PHOTOGRAPHIC IMAGES POSTED TO THIS CAIR ON 08/28/02 AT 00:00 10299679

CONTROL BOARD
REGULATOR BOARD

AIR Data File

CAIR: 10299679 89 1/ 1 Page: 1

Tmp Address:

DAN
E DR

BOGLER

Ph: 915 665 3276

Ph: 915 672 8900

TX 79603-4144 Cntry: USA Lang: E

B
H o ff

Ph:

Ph:

Cntry:

Lang:





EOI INC.
ABILENE, TEXAS
1-800-350-9437

TX DOT 01522369C



T40-89C

EON

DYNAMIC

DYNAMIC
1-800-821-0333



T40-89C

DYNAMIC
1-800-821-8399





EOI INC.
ABILENE, TEXAS
1-800-310-6417

TX DOT 005223669C

DYNAMIC

RAM 2500



RAM 3500

EQI INC.
EQUIPMENT

EQUIPMENT

















28835 Mound Road
Warren, Michigan 48092-3488
(588) 753-3328
FAX (588) 753-3335

**Facsimile Cover Sheet
DaimlerChrysler Vehicle Investigation**

Owner: Bogler, D

Project No. DAIM-0001

CAIR No.: 10299679

TO: Bob Batten

FROM: Tina Martin

Date Sent: 8-5-02

DUE DATE: 8-8-02

***PLEASE ACKNOWLEDGE PROMPTLY BY FAX OR EMAIL**

***Receipt of CAIR and Accepting case for investigation?** Yes No

Date:

**Coversheet for DaimlerChrysler (Service Associate Use Only)
(Also fax or email to EAA for closure)**

*Closure Date: 8-7-02

DaimlerChrysler Fax No.: 248- 512-8748

Bennis (248) 944-7036

Martell (248) 944-7038

Bott (248) 944-7056

Susalla (248) 944-7149

Gilbert (248) 944-7037

Porterfield (248) 944-7134

Comments: 8 pages



Preliminary Vehicle Investigation Report

REF. #1029969

YEAR 2001	MODEL Ram 3500	VEHICLE IDENTIFICATION NUMBER 3R6M1C36169V14515779051246	ODOMETER 451246	M.D.N. unavailable	DELIVERY DATE 1-31-01
NAME OF OWNER Don Bagler		ADDRESS/LOCATION 1749 N. Danville Dr.			
CITY Abilene	STATE TX	ZIP 79603	BUSINESS PHONE (915) 672-8900	HOME PHONE (915) 665-3276	
SELLING DEALER NAME Star Dodge		ZONE 6342514	CITY Abilene		STATE TX
CHRYSLER REPRESENTATIVE - PRINT Bob Batten		ZONE EAA	PHONE 817-354-8396	REPAIR ESTIMATE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> MAJOR \$1200.00	

INTERVIEW

INTERVIEW WITH: <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> OTHER	NAME Don Bagler	INTERVIEW DATE 080702	DATE OF INCIDENT 080201	TIME OF INCIDENT 4:30 AM	INSPECTION DATE 080702
---	--------------------	--------------------------	----------------------------	-----------------------------	---------------------------

DESCRIPTION OF EVENT: (INCLUDING: WEATHER CONDITIONS AND ROAD SURFACE)

- Driver's and/or occupant's description of incident
- What? When? Where? How?
- Exact order of events
- Did this happen before?

The driver had stopped truck and placed in park and exited truck, leaving door open. As he was closing gate truck started to move in reverse hitting him and the gate.

Personal Injury: Were there Personal Injuries? Yes No If yes, complete section "L."

IMPORTANT: SHOW TO NO ONE & DRAW NO CONCLUSIONS

- DIRECTIONS:**
- FILL OUT UPPER PART OF FORM.
 - FOR "FIRE" USE FORM 84-130-6950.
 - FOLLOW INSTRUCTIONS FOR SECTION "A" ON ALL VEHICLES.
 - FOLLOW INSTRUCTIONS FOR SPECIFIC ALLEGATIONS FOR THIS VEHICLE.
 - ATTACH ANY ADDENDUMS TO REPORT AND STATE SECTION IT PERTAINS TO.

- COMMENTS:**
- NOTE ANY MISSING COMPONENTS AND WHO REMOVED THEM.
 - NOTE ANY AFTERMARKET EQUIPMENT INSTALLED AND BY WHOM.

ALLEG.	PHOTOGRAPH REQUIRED	INFORMATION	EVALUATION
A General	<input checked="" type="checkbox"/> From center of vehicle front every 45 degrees (8 total) <input checked="" type="checkbox"/> If crash damaged - perspective from every corner of vehicle down both original lateral sight lines. (8 total)	<input checked="" type="checkbox"/> Police report <i>None filed</i> <input checked="" type="checkbox"/> Vehicle service file <input type="checkbox"/> Any reports/photos by others <input checked="" type="checkbox"/> Location of Inspection 1749 N Danville Dr Abilene, TX.	<input checked="" type="checkbox"/> Driver's and/or occupant's description of incident <input checked="" type="checkbox"/> Complete exterior damage diagram and measurements on last page. <input checked="" type="checkbox"/> What? When? Where? How? <input checked="" type="checkbox"/> Exact order of events <input checked="" type="checkbox"/> Did this happen before? <i>Yes</i>

B Airbag(s)	<input type="checkbox"/> Steering Wheel <input type="checkbox"/> Airbag(s) <input type="checkbox"/> Knee Blockers <input type="checkbox"/> All possible body contact areas <input type="checkbox"/> All code readings using DRB II	<input type="checkbox"/> Record: <input type="checkbox"/> Was Airbag deployed? Driver <input type="checkbox"/> Yes <input type="checkbox"/> No Passenger <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Type of Steering Wheel <input type="checkbox"/> Tilt <input type="checkbox"/> Std. <input type="checkbox"/> Condition of Steering Wheel <input type="checkbox"/> Condition of Steering Wheel Mounting (measure column collapse)	<input type="checkbox"/> Evidence of tampering or disassembly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Use DRB II <input type="checkbox"/> Record Existing Readings 1 _____ 2 _____ <input type="checkbox"/> Record Stored Readings 1 _____ 2 _____ 3 _____ <input type="checkbox"/> Important: DO NOT ERASE DRB II READINGS.
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Confidential

ALLEG.	PHOTOGRAPH REQUIRED	INFORMATION	EVALUATION																								
H Seat/Shoulder Belts	<input type="checkbox"/> Overall of seat belts I/B and O/B. <input type="checkbox"/> Close ups of any irregularities on belts. <input type="checkbox"/> Shoulder Belt Pendulum <input type="checkbox"/> Latchplate wear <input type="checkbox"/> Close up of D-ring to show belt loading.	<input type="checkbox"/> Locate seat belt labels and record ALL information (Some labels are sewn to webbing, other labels are on retractor frame. Inboard seat belt labels are near floor.) <input type="checkbox"/> Record ALL Information stamped on latchplate.	If allowed, function belts to insure they FUNCTION PROPERLY, note results: Do they latch? <input type="checkbox"/> Yes <input type="checkbox"/> No Do they release? <input type="checkbox"/> Yes <input type="checkbox"/> No Do they retract? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does Inertia Pendulum System run freely? <input type="checkbox"/> Yes <input type="checkbox"/> No																								
I Seat	<input type="checkbox"/> Overall of seat <input type="checkbox"/> Close ups of damage	<input type="checkbox"/> Existing location of recliner - number of teeth from rear of sector gear to rear edge of Pawl (crayon mark location). <input type="checkbox"/> Existing location of seat adjuster (window or tooth location from rear of adjuster). <input type="checkbox"/> Existing location of head restraint (measure gap under head restraint).	<input type="checkbox"/> If allowed, adjust all functions of seat and return to original location <input type="checkbox"/> Describe functions <input type="checkbox"/> Note any Irregular orientations																								
J Tires	<input type="checkbox"/> Each Tire with visible location label, insuring all Tire identification and Tread wear is documented. <input type="checkbox"/> All damaged Wheel and Rim area including impacted foreign material.	Record: <input type="checkbox"/> Tire Size <input type="checkbox"/> Brand <input type="checkbox"/> Railings <input type="checkbox"/> DOT No. (I/B Side) <input type="checkbox"/> Rim Size <input type="checkbox"/> Tread Depth	<table border="1"> <thead> <tr> <th>Front Left</th> <th>Front Right</th> <th>Rear Left</th> <th>Rear Right</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Front Left	Front Right	Rear Left	Rear Right																				
Front Left	Front Right	Rear Left	Rear Right																								
K Axle Lockup	<input type="checkbox"/> Entire Axle and close up of Leaks	While on hoist: <input type="checkbox"/> Rear Wheel Drive Record amount of Lateral Axle Movement on each side and will Wheels turn <input type="checkbox"/> Trans. Axle - rotate Wheels <input type="checkbox"/> Note function																									
L Occupant Contact	<input type="checkbox"/> Windshield <input type="checkbox"/> All areas of occupant contact on interior and exterior. <input type="checkbox"/> Close ups of stains, skin, hair, cloth <input type="checkbox"/> Exterior and Interior damage	<input type="checkbox"/> See Seat Belt/Seats if applicable <input type="checkbox"/> Occupant contact description																									

ADDITIONAL COMMENTS

See R.O.s 58383 and 61780 for recent transmission repairs.
 The transmission manual shift shaft that goes from the frame to a bracket at bell housing does not have a bushing in bell housing bracket allowing shaft to fit loose and hole in bracket is worn egg shaped. As a result shift indicator alignment is affected.



DODGE • HYUNDAI
5101 South 1st ABILENE, TX 79605
915 / 698-2222



Cost
1800 992-1997

Mike
Bylow
1800 992-1997
853 1403

10299679

CUSTOMER NO. 27834	JOHNNY JIMENEZ JR. 1204	TAG. NO. 5779	INVOICE DATE 06/26/02	INVOICE NO. 806561780
EOI INC 1749 N DANVILLE ABILENE, TX 79603	LABOR RATE	LICENSE NO.	MILEAGE 50,437	COLOR
	VEHICLE I.D. NO. 01/DODGE TRUCK/RAM CAB/CHASSIS/RAM	VEHICLE I.D. NO. 36691M515779	DEALER DATE 01/31/01	DELIVERY MILED 10
	P.T.E. NO.	P.O. NO.	BELLING DEALER NO.	PRODUCTION DATE
			R.O. DATE 06/24/02	NO: 50474

PHONE 915 672-8900	BUSINESS PHONE	COMMENTS
--------------------	----------------	----------

LABOR & PARTS
 CUSTOMER STATES TRANS. SHIFTS IN AND OUT WANTS TO DOWN SHIFT
 WORSE WHEN TOWING...NEED EST
 DIAGNOSE VEHICLE POWERTRAIN CONTROL SYSTEMS
 REPROGRAM POWERTRAIN CONTROL MODULE
 VERIFY DIESEL ENGINE SENSOR READINGS (MOSII FLIGHT RECORDER)
 REPLACE DIESEL ENGINE ACCELERATOR POSITION SENSOR

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	53031575-AF	LEVER ACC	409.00	409.00
				JOB # 1 TOTAL PARTS	409.00
				JOB # 1 TOTAL LABOR & PARTS	769.00

FRONT BRAKES ARE GRINDING
 NEED EST
 REPLACE FRONT BRAKE PADS & RIGHT FRONT BRAKE ROTOR

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 2	1	5015254-AC	SHOE KIT	119.90	119.90
JOB # 2	1	5015230-AA	ROTOR BRA	185.90	185.90
				JOB # 2 TOTAL PARTS	305.80
				JOB # 2 TOTAL LABOR & PARTS	455.80

REAR BRAKES ARE GRINDING
 NEED EST
 REPLACE REAR BRAKE PADS & LEFT REAR BRAKE ROTOR

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 3	1	5018563-AA	SHOE KIT	115.50	115.50
JOB # 3	1	52009932-AA	ROTOR BRA	108.57	108.57
JOB # 3	1	2954738	SEAL WHEE	26.13	26.13
				JOB # 3 TOTAL PARTS	250.20
				JOB # 3 TOTAL LABOR & PARTS	400.20

MISC	CODE	DESCRIPTION	CONTROL NO.		
JOB # A	SS	SHOP MATERIALS		10.00	
JOB # 1	GAS	GAS PURCHASE		7.00	
				TOTAL - MISC	17.00

COMMENTS
 DELETED OPERATION(S)
 0100Z-DELETE

DISCLAIMER OF WARRANTIES
 THE ONLY WARRANTIES APPLYING TO THIS PART(S) ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER. THE SELLING DEALER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THIS PART(S) AND/OR SERVICE. BUYER SHALL NOT BE ENTITLED TO RECOVER FROM THE SELLING DEALER ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT, OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

We Value Your Business. Thank You.

REPAIRS EXPLAINED TO CUSTOMER



DODGE • HYUNDAI

5101 South 1st ABILENE, TX 79605

915 / 698-2222



HYUNDAI

File N

102 99 679

Eric Lowrey

1 800 992-1997

CUSTOMER NO. 27834	ADVISOR JOHNNY JIMENEZ JR.	TAG NO. 1204	INVOICE DATE 06/26/02	INVOICE NO. 00C561780
EOI INC 1749 N DANVILLE ABILENE, TX 79603	LABOR RATE	LICENSE NO.	MILEAGE 50,437	COLOR 7
	YEAR / MAKE / MODEL 01 / DODGE TRUCK / RAM CAB / CHASSIS / RAM C	DELIVER DATE 01/31/01		DELIVERY MILES 10
	VEHICLE ID. NO. 3 8 6 M C 3 6 6 9 1 M 5 1 5 7 7 9	SELLING DEALER NO.		PRODUCTION DATE
	P. T. E. NO.	P. O. NO.	R.O. DATE 06/24/02	
RESIDENCE PHONE 915-672-8900	BUSINESS PHONE	COMMENTS		MO: 50474

TOTALS

 * NEXT RECOMMENDED SERVICE: 09/07/2002 / 53474 MI *

 * WE ARE THE BIG COUNTRY'S FIRST FIVE STAR DEALER!!!! *
 * WE'RE BETTER, AND WE'LL PROVE IT. *
 * WHEN YOU RECEIVE A SURVEY FROM OUR MANUFACTURER, CONTACT *
 * US DIRECTLY IF YOU CANNOT ANSWER EACH QUESTION *
 * "COMPLETELY SATISFIED" JEFF, MIKE, JOHNNY, JERRY. *
 * ***ASK ABOUT OUR VACATION SPECIAL*** *
 * OUR QUICK LUBE OPERATION IS IN FULL SWING. GIVE US A TRY! *
 * YOUR REPAIR AT STAR IS COVERED 12 MONTHS/12000 MILES *

TOTAL LABOR.... 660.00
 TOTAL PARTS.... 965.00
 TOTAL SUBLET... 0.00
 TOTAL G.O.G.... 0.00
 TOTAL MISC CHG. 17.00
 TOTAL MISC DISC 0.00
 TOTAL TAX..... 80.44
TOTAL INVOICE \$ 1722.44

DISCLAIMER OF WARRANTIES
 THE ONLY WARRANTIES APPLYING TO THIS PART(S) ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER. THE SELLING DEALER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THIS PART(S) AND/OR SERVICE. BUYER SHALL NOT BE ENTITLED TO RECOVER FROM THE SELLING DEALER ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT, OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

CUSTOMER REFUSED MAINT. SER. OPERATION NO. OPERATION DESC RC RC COMMENTS

CUSTOMER SIGNATURE

DUPLICATE INVOICE

*We Value
Your
Business.
Thank You.*

REPAIRS OBTAINED TO CUSTOMER

CUSTOMER SIGNATURE

CUSTOMER NO. 27834	ADVISOR JERRY MORALES	1343	TAD NO. 5779	INVOICE DATE 03/25/02	INVOICE NO. DOCS58383
EOI INC 1749 N DANVILLE ABILENE, TX 79603	LABOR RATE 60.00	LICENSE NO.	MILEAGE 43,282	DOC NO. /	BYEOND NO. 41528
	YEAR / MAKE / MODEL 01/DODGE TRUCK/RAM CAB/CHASSIS/RAM C			DELIVERY DATE 01/31/01	DELIVERY MILES 10
	VEHICLE I.D. NO. 3 B 6 M C 3 6 6 9 1 M 5 1 5 7 7 9			SELLING DEALER NO.	PRODUCTION DATE
	P.T.E. NO.			P.O. NO.	R.O. DATE 03/25/02
TELEPHONE NUMBER 915-672-8900	BUSINESS PHONE	COMMENTS		MO: 4328	

LABOR & PARTS

TRANS SEEMS TO BE SLIPPING
DIAGNOSE VEHICLE TRANSMISSION CONTROL SYSTEMS
REPLACE TRANSMISSION GOVERNOR PRESSURE SOLENOID &
TRANSMISSION PRESSURE SENSOR

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	52118789	FILTER VA	14.25	14.25
JOB # 1	1	4617210	SOLENOID	100.00	100.00
JOB # 1	1	56028196-AA	TRANSDUCE	62.10	62.10
JOB # 1	1	2464324-AC	GASKET OI	11.50	11.50
JOB # 1	6	5010124-AA	FLUID AFT	3.50	21.00
JOB # 1 TOTAL PARTS					208.85
JOB # 1 TOTAL LABOR & PARTS					388.85

DISCLAIMER OF WARRANTIES

THE ONLY WARRANTIES APPLYING TO THIS PART(S) ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER. THE SELLING DEALER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THIS PART(S) AND/OR SERVICE. BUYER SHALL NOT BE ENTITLED TO RECOVER FROM THE SELLING DEALER ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT, OR INCOME OR ANY OTHER INCIDENTAL DAMAGES.

TOTALS

* NEXT RECOMMENDED SERVICE: 04/08/2002 / 45010 MI

* WE ARE THE BIG COUNTRY'S FIRST FIVE STAR DEALER!!!! *
* WE'RE BETTER, AND WE'LL PROVE IT. *

* WHEN YOU RECEIVE A SURVEY FROM OUR MANUFACTURER, CONTACT *
* US DIRECTLY. IF YOU CANNOT ANSWER EACH QUESTION *
* "COMPLETELY SATISFIED" JEFF, MIKE, JOHNNY, JERRY. *
* "ASK ABOUT OUR VACATION SPECIAL" *

* OUR QUICK LUBE OPERATION IS IN FULL SWING. GIVE US A TRY! *

* YOUR REPAIR AT STAR IS COVERED 12 MONTHS/12000 MILES *

TOTAL LABOR...	180.00
TOTAL PARTS...	208.85
TOTAL SUBLET...	0.00
TOTAL G.O.G.	0.00
TOTAL MISC CHG	0.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	17.24
TOTAL INVOICE \$	406.09

CUSTOMER REFUSED MAINT. SER.	RC	RC COMMENTS
OPERATION NO. OPERATION DESC		
01D02045 45000 MILE SERVICE	1	WILL COMPLETE AT NEXT VISIT

CUSTOMER SIGNATURE

PAID

CHECK # MC

REPAIRS EXPLAINED TO CUSTOMER

CUSTOMER SIGNATURE

PAGE 1 OF 1

CUSTOMER COPY

[END OF INVOICE] 14:17:40

*We Value
Your
Business.
Thank You.*

EOI INC

BATTERY SERVICE & CHARGING SYSTEM CHECK

\$19.95

See your Service Advisor

AUG 07 2002 17:07

EOI INC

We appreciate your business!

HAVE A NICE DAY

EOI INC

WINTER COOLANT FLUSH SERVICE

- Drain and Flush All Old Coolant.
- Check Belts, Hoses & Waterpump for Wear.
- Fill System With Fresh Coolant.
- Pressure Test System & Inspect for Leaks.
- Road Test Vehicle.

\$49.95

Plus Tax

B173544038

PAGE 06

Confidential

REF #1029967

ALLEG.	PHOTOGRAPH REQUIRED	INFORMATION	EVALUATION
C Sudden Acceleration or Throttle Hold	<input type="checkbox"/> Accelerator Pedal <input type="checkbox"/> Throttle Cable <input type="checkbox"/> Return Springs <input type="checkbox"/> Floor Mats	<input type="checkbox"/> Describe any Accelerator Pedal Interference with Carpet/Mat _____ _____ _____ _____	<input type="checkbox"/> DRB II Tests <input type="checkbox"/> Disconnect Cable at Throttle Body/Carburetor lever; operate: <input type="checkbox"/> Lever <input type="checkbox"/> Cable <input type="checkbox"/> Any restricted motion? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If safe and permitted to drive - attempt to duplicate and check Service Brakes at reported speed.

D Brakes	<input type="checkbox"/> Items in Information Block.	<input type="checkbox"/> Check and record Brake Fluid Level. _____ <input type="checkbox"/> Check and record if Vacuum Hose is connected. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check and record for Brake Line Leaks. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pull Wheels, check Linings and record condition. _____ <input type="checkbox"/> Check Brake Pedal, does it set firm? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Check operation of Parking Brake. <input type="checkbox"/> Check operation of ABS System.	With Engine off: <input type="checkbox"/> Apply Brake fully 3 or 4 times. <input type="checkbox"/> With light force held to Pedal, start the Engine. <input type="checkbox"/> Note reaction of Pedal and record: _____ <input type="checkbox"/> ABS System DRB if test readouts
<p><i>parking brake holds vehicle during stall tests in both reverse and drive.</i></p>			

E Steering	<input type="checkbox"/> Complete Steering System including as required: • Rack & Pinion • Linkage • CV & Universal Joints • Column • Belts & Pulleys	<input type="checkbox"/> Record if: <input type="checkbox"/> Manual Steering <input type="checkbox"/> Power Steering <input type="checkbox"/> Check Fluid Level: _____ <input type="checkbox"/> Record if Drive Belt is tight <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check for Hoses/System leaks <input type="checkbox"/> Yes <input type="checkbox"/> No Leaks <input type="checkbox"/> Check condition of Steering Linkage from Wheels to Steering Column, record deformation or loose connections. _____ _____ _____	<input type="checkbox"/> Unlock key and turn Wheels fully right and left. <input type="checkbox"/> If safe, start Engine and turn Wheels fully right and left. <input type="checkbox"/> Record Steering function.
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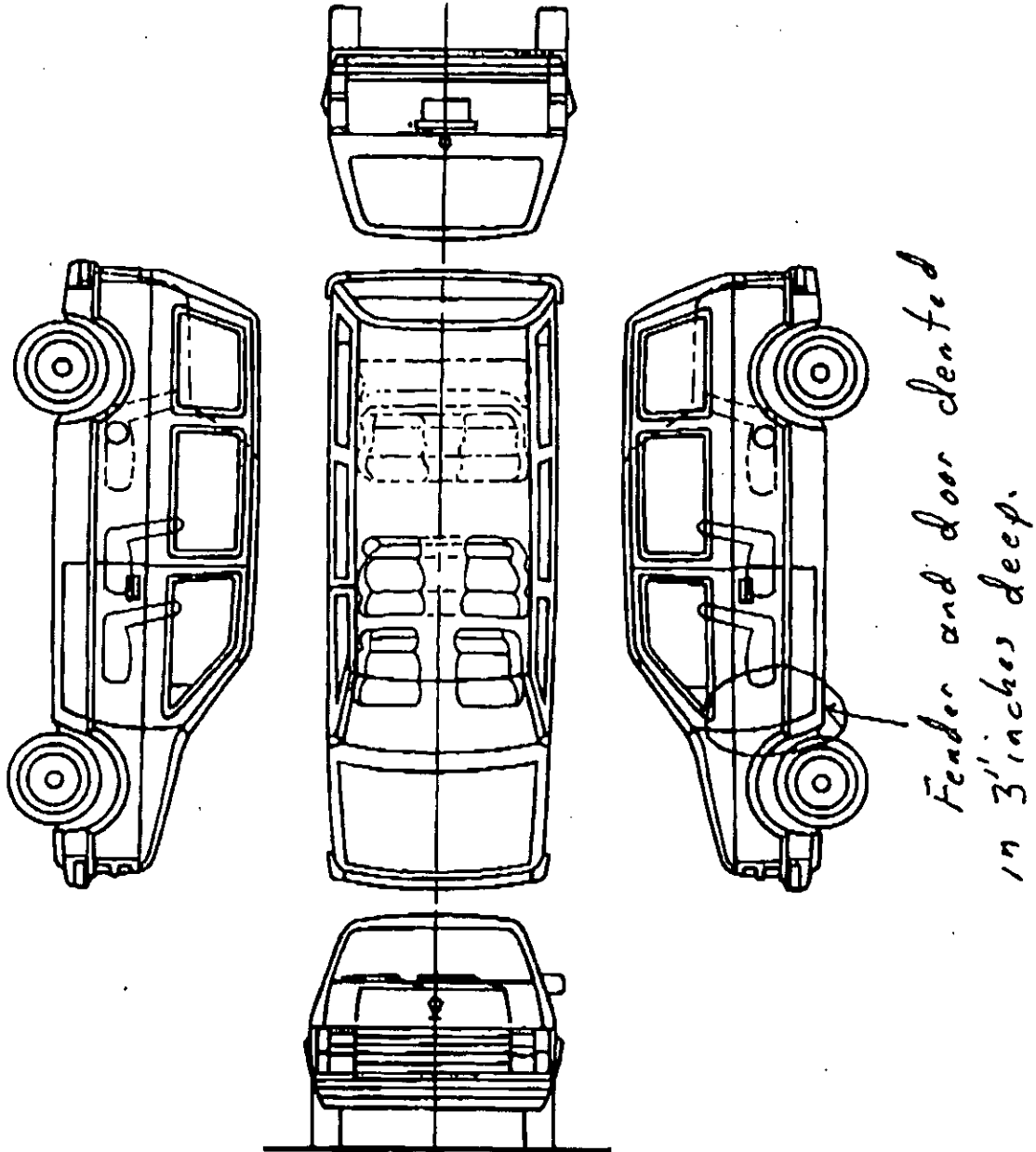
F Transmission	<input checked="" type="checkbox"/> Entire Transmission with pictures and closeup of leaks, if any.	<input checked="" type="checkbox"/> Record: Type of Transmission? <input checked="" type="checkbox"/> Auto <input type="checkbox"/> Std. How many Speeds? <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Record Gear Shift location at time of inspection <u>Park</u>	If safe and permitted to drive vehicle: <input type="checkbox"/> Drive Vehicle and record feel of Gear during each Gear Shift _____ _____ <input checked="" type="checkbox"/> Does Parking Pawl engage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If lockup is alleged - check rotation of Transmission in all Gears. <input type="checkbox"/> Check starting ability in park and neutral. Check to see that start does not occur in other selector positions.
<p><i>No OTC, Detected Gating is positive</i></p>			

G Engine Stall/Drivability	<input type="checkbox"/> Complete Engine Compartment including as required: • Underhood Emissions Label • Engine Wiring/Connections • Vacuum Hoses • Fuel Lines • Exhaust System • Spark Plugs • Connections	<input type="checkbox"/> Record type of Spark Plugs (location of unique plugs). _____ _____ _____ _____ _____	If safe and permitted to: <input type="checkbox"/> Try to duplicate Allegation Off Highway <input type="checkbox"/> DRB II or I/P Fault Code Test
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Confidential

REF #10299679

Exterior Damage Diagram and Measurements



Sketch damage on all views. Include dimensions to describe and locate each damaged area and maximum depth of penetration for each impact. Annotate observations which might be useful in reconstructing the accident (e.g., direction of scrapes, markings on tires and wheels, etc.). Take photographs.

August 12, 2002

Mr. Dan Bogler
1749 N. Danville Dr.
Abilene, TX 79603-4144

Reference No.: 10299679
VIN: 3B6MC36691M515779

Dear Mr. Bogler:

This is in regard to the inspection performed on your vehicle by a representative of Engineering Analysis Associates.

As state in your Owner's Manual, DaimlerChrysler Motors Corporation recommends that the gear selector be placed in park, the parking brake set, the ignition turned off, and the keys removed, whenever the driver exits the vehicle. It is our understanding that these conditions were not met.

Our inspection of the vehicle revealed that there was no evidence of a malfunction, which would cause the vehicle to move by itself. The transmission, linkage, parking pawl, parking brake, and all other related systems were checked very carefully. Our inspector found the transmission linkage out of adjustment, and in need of repair. At the age and mileage that your vehicle had attained, this would be an owner repair responsibility.

The park feature of the transmission only supplements the parking brake. Setting the parking brake assures the vehicle will not move, regardless of what gear the transmission is in. The keys can only be removed when park is fully engaged, if you can't get the keys out, the selector is not truly in park.

In view of this, we must respectfully decline any manufacturing responsibility in this incident. We can only suggest that you refer this matter to your insurance carrier. Should they feel a manufacturing responsibility exists, they have full subrogation rights under the terms of your policy.

Thank you for the opportunity to review this matter with you.

Sincerely,

J. S. Susalla
Special Investigations
(248) 944-7149

JSS/mtr

PE04-039

CHRYSLER

6-22-2004

ENCLOSURE 4

11304454

CUSTOMER COMPLAINTS

Vin	3B7KF2661	2M309457	Cair #	11304454	Open Date	5/29/03	
Model	BR7L62	Model Year	02	Built Date	7/5/02		
In Service Dt	8/27/02	Dealer	41092	Dealer Zone	35	Mileage	5379
Last Name	CHERNESKI	Middle Int		First Name	JOSEPH	Contact Type	T
Address	11 POPLAR AVE			Home Phone	(302) 998-2215		
City	ELSMERE	State	DE	Country	USA	Zip	19805-2134
Remark	text						

Product in Accident	
Automatic Trans / Transaxle - Jumps Out of Gear/Park	Owner states the vehicle went into reverse by itself.

**** Begin structured narrative SI POLICY FIRE OR ACCIDENT ****

Owner Alleges:
 Owner states the vehicle went into gear while he was in the passenger seat. Owner states the vehicle was idling at the time.
 Description of the incident (what, when, where, injuries, etc)
 Owner states the vehicle backed into a gate post during on 4/30/03 at 220 New Road in Elsmere, DE. Owner states no one was injured.
 Has the owners insurance company been contacted ?
 Yes
 If yes provide name/policy number and phone number
 Not available
 Where is the vehicle exactly located (provide name/address/phone #)
 Elsmere Public Works, 220 New Road, Elsmere, DE 19805, (302)655-6195
 Is there property damage or other vehicles involved in the accident?
 No
 Has a Police or Fire report been filed (what municipality & report #)
 Elsmere Police Department report number unknown.

**** End structured narrative SI POLICY FIRE OR ACCIDENT ****

Owner's requesting assistance with transmission and cosmetic repairs.
 Owner states the vehicle has been inspected by dealer 41092 but a resolution was not established. Lenny, Service Manager (SM), confirmed the inspection and states he notified John (District Manager-DM) of the Owner's concern. Lenny states a second voice mail message was left today requesting a response.
 5/29/03...Owner calls back with information requested: Pratt Insurance, policy #APR1100540, (302)653-6681. Police report #35-03-1656. Current location of vehicle: Public Works Garage, 220 New Rd., Wilmington, DE 19805, (302)655-6195. Writer informed owner that file will be forwarded to special investigations department for further review.
 052903 - DMB in SI reviews - unintended movement - within 82t Matix
 To forward to OGC

PE04-039

CHRYSLER

6-22-2004

ENCLOSURE 4

11615861

CUSTOMER COMPLAINTS

Vin	3B7KF2365	2M294854	Cair #	11615861	Open Date	9/2/03	
Model	BE7L34	Model Year	02	Built Date	5/24/02		
In Service Dt	7/3/02	Dealer	42732	Dealer Zone	63	Mileage	23500
Last Name	FATTIG	Middle Int		First Name	BILL	Contact Type	T
Address	1100 FOX MEADOW DR TRLR 60			Home Phone	(281) 830-8522		
City	ALVIN	State	TX	Country	USA	Zip	77511-8747
Remark	text						

Product in Accident

**** Begin structured narrative SI POLICY FIRE OR ACCIDENT ****

Owner Alleges:

Customer states his vehicle was running sitting in park while pulling his trailer, when he alleges the vehicle rolled backwards and jack-knifed his trailer causing damage to both trailer and truck.

Description of the incident (what, when, where, injuries, etc)

Saturday 8/30/03, vehicle was idling in the parking lot of his work which is the Texas City Fire Department #3, on North Amburn , West Texas City. Customer states his vehicle jack-knifed before hitting a fence so there was no property damage. No one was in vehicle, no injuries.

Has the owners insurance company been contacted ?

NO

If yes provide name/policy number and phone number

NO ANSWER PROVIDED BY AGENT

Where is the vehicle exactly located (provide name/address/phone #)

Vehicle is at Gene Hamon Ford Chrysler dealer 42732.

phone (409)948-2541

Is there property damage or other vehicles involved in the accident?

no

Has a Police or Fire report been filed (what municipality & report #)

Texas City Police Department report & Departmental Report

no police report number currently.

no number for Departmental report either.

Texas City Police phone #409-948-2525

**** End structured narrative SI POLICY FIRE OR ACCIDENT ****

Customer states he has had repeat transmission issues with vehicle and states this time (while vehicle was running with his 12' cargo trailer with close to 2,000 lbs attached to the back of it)vehicle was in park and allegedly slipped out of gear and jack-knifed his trailer. Customer seeks a DCX representative to look at vehicle for inspection to why vehicle allegedly slipped out of gear.

23674m

randy rife at gene hamon cd/ford in texas city reviewed dealership service history records and stated owner has been into dealership 1 time for trans issues.

9/2/03 Assigned to PJM68.

09/04/03 Original owner calls stating vehicle has not been inspected as of yet. Informed owner that he will be receiving a letter in the mail with the name and telephone contact number of someone from our Legal department.

9/14/03...Owner calls seeking feedback on vehicle. Advised that it was inspected a week ago. Writer advised that the proper authorities would be notified. Advised if there is anything to convey, he would be notified.

No commitments or promises made. Documented call.

PE04-039

CHRYSLER

6-22-2004

ENCLOSURE 4

11848312

CUSTOMER COMPLAINTS

Vin	3B7MF3661	1M278160	Cair #	11848312	Open Date	11/25/03	
Model	BR8L62	Model Year	01	Built Date	4/26/00		
In Service Dt	5/26/00	Dealer	42235	Dealer Zone	32	Mileage	44000
Last Name	MANDZIAK	Middle Int		First Name	PAUL	Contact Type	T
Address	79 WARRENTON RD			Home Phone	(978) 372-0502		
City	HAVERHILL	State	MA	Country	USA	Zip	01832-3737
Remark	text						

Product in Accident	
Automatic Trans / Transaxle - Jumps Out of Gear/Park	vehicle jumped out of park and hit a tree

**** Begin structured narrative SI POLICY FIRE OR ACCIDENT ****

Owner Alleges:

NO ANSWER PROVIDED BY AGENT

Description of the incident (what, when, where, injuries, etc)

Owner sub-contractor for Comcast drove to a clients house in Portsmouth, New Hampshire...owner pulls into driveway sat in vehicle for 2/3 minutes left vehicle running...walked up to clients house...moments later owner heard a bang...witness stated that vehicle backed out of drive and did a sharp u-turn and hit a tree...tree located on the same side as the drive-way of client's house.

Has the owners insurance company been contacted ?

no

If yes provide name/policy number and phone number

NO ANSWER PROVIDED BY AGENT

Where is the vehicle exactly located (provide name/address/phone #)

At owner's home...Paul Mandziak...address...79 Warrenton Haverhill, MA. 01832

Is there property damage or other vehicles involved in the accident?

no

Has a Police or Fire report been filed (what municipality & report #)

not yet

**** End structured narrative SI POLICY FIRE OR ACCIDENT ****

Writer sending over cair to Special Investigations due to vehicle shifting out of park and hitting a tree. Sent to MHM1

accident, referred to 82t, per directives.

Assigned to KT124

Inspection Requested

Denial letter mailed 12/19/03

spoke with customer



47326





Massachusetts
C72-153
COMMERCIAL





LARAMIE
SLT



LARAMIE
SLT



LARAMIE
SLT





4x4

MOTORCYCLES ARE
THE ONLY VEHICLE THAT
CAN GET WHERE IT WANTS
TO GO





4x4

THINK TWICE - SAVE A LIFE
**MOTORCYCLES ARE
EVERYWHERE !!!!!**
CYCLE-RAMA INC.
FLORIDA INC. (663) 782-4334

WORLD'S BEST RIDE & LIFE !!!
MOTORCYCLES ARE EVERYWHERE!!!!
HANA, HI 96720-1334





LEER

DODGE

4x4

MISSISSIPPI
C72-153
COMMERCIAL
TEAM SEABOARD

MOTORCYCLES ARE EVERYWHERE!!!!
CYCLE-RAMA







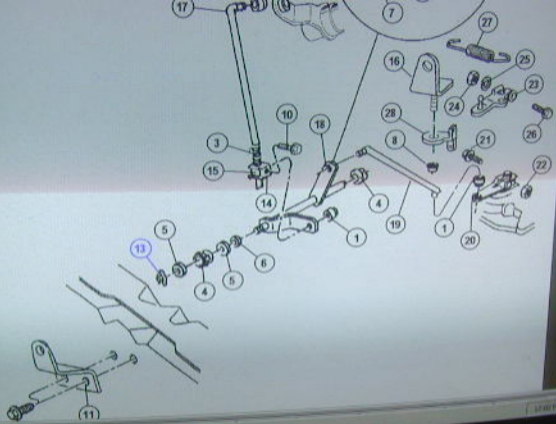








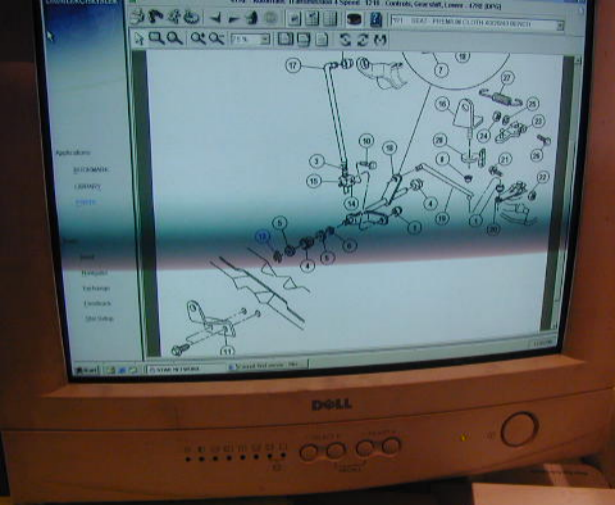




STAR NETWORK | Cancel Print server - Mic...

DELL





DELL



47326

MFD BY	DAIMLERCHRYSLER CORPORATION	DATE OF MFG	4-00	GWR	4763 KG(10500 LB)
GWR FRONT	WITH TIRES	RIMS AT	COLD		
2359 KG(5200 LB)	LT235/85R16-E	16X6	482 KPA(70 PSI)		
GWR REAR	WITH TIRES	RIMS AT	COLD		
3402 KG(7500 LB)	LT235/85R16-E	16X6	344 KPA(50 PSI)		

THIS VEHICLE CONFORMS TO ALL APPLICABLE FEDERAL MOTOR VEHICLE SAFETY AND THEFT PREVENTION STANDARDS IN EFFECT ON THE DATE OF MANUFACTURE SHOWN ABOVE.

VIN: 387MF36611M278160 TYPE: TRUCK SINGLE DUAL X



KOH: 042610 PNT:PR4 VEHICLE MADE IN MEXICO TRN:01AZ 4548507

PE04-039

CHRYSLER

6-22-2004

ENCLOSURE 4

99855370

