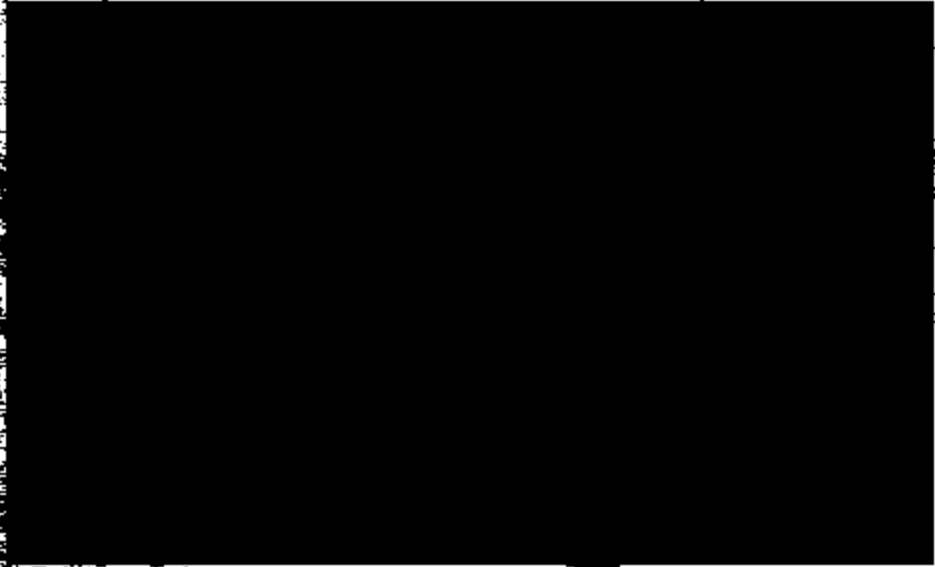


PE04-078
FORD
1/28/2005
BOOK 2 OF 12
ATTACHMENT F
PART 1 OF 6



VANCE, LOTANS & BOOKHARDT, P.A.
ATTORNEYS AT LAW
1980 Michigan Avenue
Cocoa, Florida 32922

496402

Telephone: (321) 636-4861

Fax/Facsimile: (321) 636-4865

L. Alexander Vance
Troy R. Lotans
Samuel Bookhardt, III

Brett A. Hyde
Michael R. Cook
Eric L. Hostetler

October 13, 2004

Ford Motor Company
Parkland Towers West Three Parkland Blvd #300
Dearborn, MI 48126

RECEIVED OCT 21 2004

CE 8/04

RECEIVED

OCT 19 2004

Re: State Farm Claim No:	59-C917-769
Date of Loss:	April 9, 2004
State Farm's Insured:	[REDACTED]
Total Amount of Loss:	\$2,364.63
State Farm Claim #:	59-C917-769
State Farm's Payment:	\$1,864.63
Insured's Payment:	\$500.00
Your Claim Number:	unknown
Your Policy Number:	unknown
Your Insured:	Ford Motor Company

Dear Insurance Carrier:

Our law firm is handling the above subrogation claim on behalf of State Farm Florida Insurance Company. We have been informed that you are the Insurance carrier for the party designated as your insured in the caption of this letter.

Our investigation establishes that your insured was responsible for the above loss as a result of the accident on the date indicated.

Please accept this letter as a notice of State Farm Florida Insurance Company's subrogation right and request you communicate directly with us in regard to your position on the matter. Kindly make your check payable to Vance, Lotans & Bookhardt, Trust Account and mail it to the address indicated above. Our Federal Tax I.D. # [REDACTED]

We have enclosed the supports for the above claim. If you have accepted liability, please forward your check to our address above.

Please do not attempt to communicate with State Farm Florida Insurance Company as you will only be redirected to our office. If you need to discuss this matter please call me at 1-800-807-3334 Ext. 132.

Yours very truly,

Pat Hodge

PAT HODGE
Collections Department

PH/kdh
2/23/04

WSD 11/27/04 - 100 Exped
- VIN typed
VCC FE
BUNTAGRS

NO COLOR
- Just now presenting PD damages multisided

A 00032 FL 04 08 2004 01 04-0007405 000 Delete Change No Activity

B Location* Check this box to indicate that the address for this incident is located on the incident form. (Check only if address is "Alternative Reported Location". Do not for address error.)

Street address 114 8 Virginia AVE

Intersection Deland FL 32720

In front of Deland FL 32720

Rear of Deland FL 32720

Adjacent to Deland FL 32720

Directions Deland FL 32720

C Incident Type * 131 Passenger vehicle fire

D Aid Given or Received*

1 Medical aid received

2 Automatic aid recip.

3 Medical aid given

4 Automatic aid given

5 Other aid given

6 None

E1 Date & Times Midnight is 0000

Check hours in 04 08 2004 01:35:00

Month Day Year Hr Min Sec

Arrival 04 08 2004 01:38:00

Controlled 04 08 2004 01:41:00

Cleared 04 08 2004 02:19:00

E2 Shift & Alarm

Shift or Alarm 01 01

E3 Special Studies

F Actions Taken *

11 Extinguish

G1 Resources *

Check this box and enter this section if an apparatus or personnel were used.

Apparatus 0003 Personnel 0006

G2 Estimated Dollar Losses & Values

Property \$ 000 000 000

Contents \$ 000 000 000

Property \$ 000 000 000

Contents \$ 000 000 000

H1 + Characteristics

H2 Injuries

H3 Hazardous Materials

H4 Mixed Use Property

J Property Use*

341 Clinic, clinic type infirmary

342 Doctor/dentist office

361 Prison or jail, not juvenile

419 Low 2-family dwelling

429 Multi-family dwelling

439 Rooming/boardng hots

449 Commercial hotel or motel

459 Residential, board and care

464 Sanitary/barracks

519 Food and beverage sales

539 Household goods, sales, repairs

579 Motor vehicle/boat sales/repairs

571 Gas or service station

599 Business office

615 Electric generating plant

629 Laboratory/science lab

700 Manufacturing plant

819 Livestock/poultry storage (large)

882 Non-residential parking garage

891 Warehouse

936 Vacant lot

938 Graded/care for plot of land

946 Lake, river, stream

951 Railroad right of way

960 Other street

961 Highway/divided highway

962 Residential street/driveway

981 Construction site

984 Industrial plant yard

Vehicle parking area 965

City of Deland Fire Department

00032 04/08/2004 04-0007405

10/4

00032 0007 01 14 2004

FRM:7402608

AKRINI 3MUP

PEBA-675 C 0003

K1 Person/Entity Involved

Local option: **Check this box if you submit an incident report. Then skip the above questions unless listed.**

Business Name (if applicable): _____ Area Code: _____ Home Number: _____

Mr./Ms./Mx. First Name: _____ Suffix: _____

Number: _____ Street or Highway: _____ Street Type: _____

Part Office Box: _____ Apt./Suite/Room: _____ City: _____

State: _____ Zip Code: _____

More people involved? Check this box and attach Supplemental Forms (SFD-10) as necessary.

K2 Owner

Local option: **Same as person involved? Check this box and skip the rest of this section.**

Business Name (if applicable): _____ Area Code: _____ Home Number: _____

Mr./Ms./Mx. First Name: _____ Suffix: _____

Number: _____ Street or Highway: _____ Street Type: _____

Part Office Box: _____ Apt./Suite/Room: _____ City: _____

State: _____ Zip Code: _____

L Remarks

Local option: _____

COMPANY 81 WAS CALLED TO THE SCENE FOR A CAR FIRE. UPON ARRIVAL WE FOUND A CAR WITH THE ENGINE COMPARTMENT FULLY INVOLVED. THE FIRE ALSO THREATENED THE OWNERS HOUSE. A 1.75 HAND LINE WAS DEPLOYED AND THE FLAMES WERE KNOWN DOWN WITHIN 1.5 MINUTES OF OUR ARRIVAL, AND THE THREAT TO THE HOUSE WAS REMOVED. THE CAR WAS THEN THOROUGHLY COOLED DOWN AND THE FIRE WAS COMPLETELY EXTINGUISHED. ALL UNITS BACK IN SERVICE. THE CAUSE OF THE FIRE WAS UNKNOWN

M Authorization

THORSEN | **Thorsen, Hugo Scott** | **CP** | **ERT 80** | **04** | **11** | **2004**
 Officer in charge of | Signature | Position or rank | Assignment | Month | Day | Year

LLOYD | **Lloyd, Richard Alan** | **ENG** | **E-81** | **06** | **11** | **2004**
 Check box if you are District Manager writing report in absence. | Signature | Position or rank | Assignment | Month | Day | Year

City of Detroit Fire Department

[Redacted Signature]

88032 04/08/2004 04-0087105

K1 Person/Entity Involved

Legal Option: _____ Business name (if applicable): _____ Area Code: _____ Phone Number: _____

Check this box if same address as incident location. Then skip the three applicable address lines.

Mr., Ms., Mx. First Name: _____ MI: _____ Last Name: _____

Address: _____ Street Type: _____

Post Office Box: _____ Apt./Suite/Room: _____ City: _____

State: _____ Zip Code: _____

More people involved? Check this box and attach Supplemental Form (SF285-1a) as necessary.

K2 Owner

Same as person involved? Then check this box and skip the rest of this section.

Legal Option: _____ Business name (if applicable): _____ Area Code: _____ Phone Number: _____

Check this box if same address as incident location. Then skip the three applicable address lines.

Mr., Ms., Mx. First Name: _____ MI: _____ Last Name: _____

Address: _____ Street Type: _____

Post Office Box: _____ Apt./Suite/Room: _____ City: _____

State: _____ Zip Code: _____

L Remarks

Local option

COMPANY 81 WAS CALLED TO THE SCENE FOR A CAR FIRE. THE FIRE WAS EXTINGUISHED. THE HOUSE NEXT TO THE FIRE SUSTAINED A MELTED MINNI BLIND. NO OTHER DAMAGE TO THE EXPOSURE.

L Authorization

Officer to change in: THORSEN Signature: Thorsen, Hugo Scott Position or rank: ICP Assignment: BAY 80 Month: 04 Day: 11 Year: 2004

Check box if officer number making report is in change: Officer Number making report to: LLOYD Signature: Lloyd, Richard Alan Position or rank: ENG Assignment: E-81 Month: 04 Day: 11 Year: 2004

City of Belzard Fire Department

Clam #

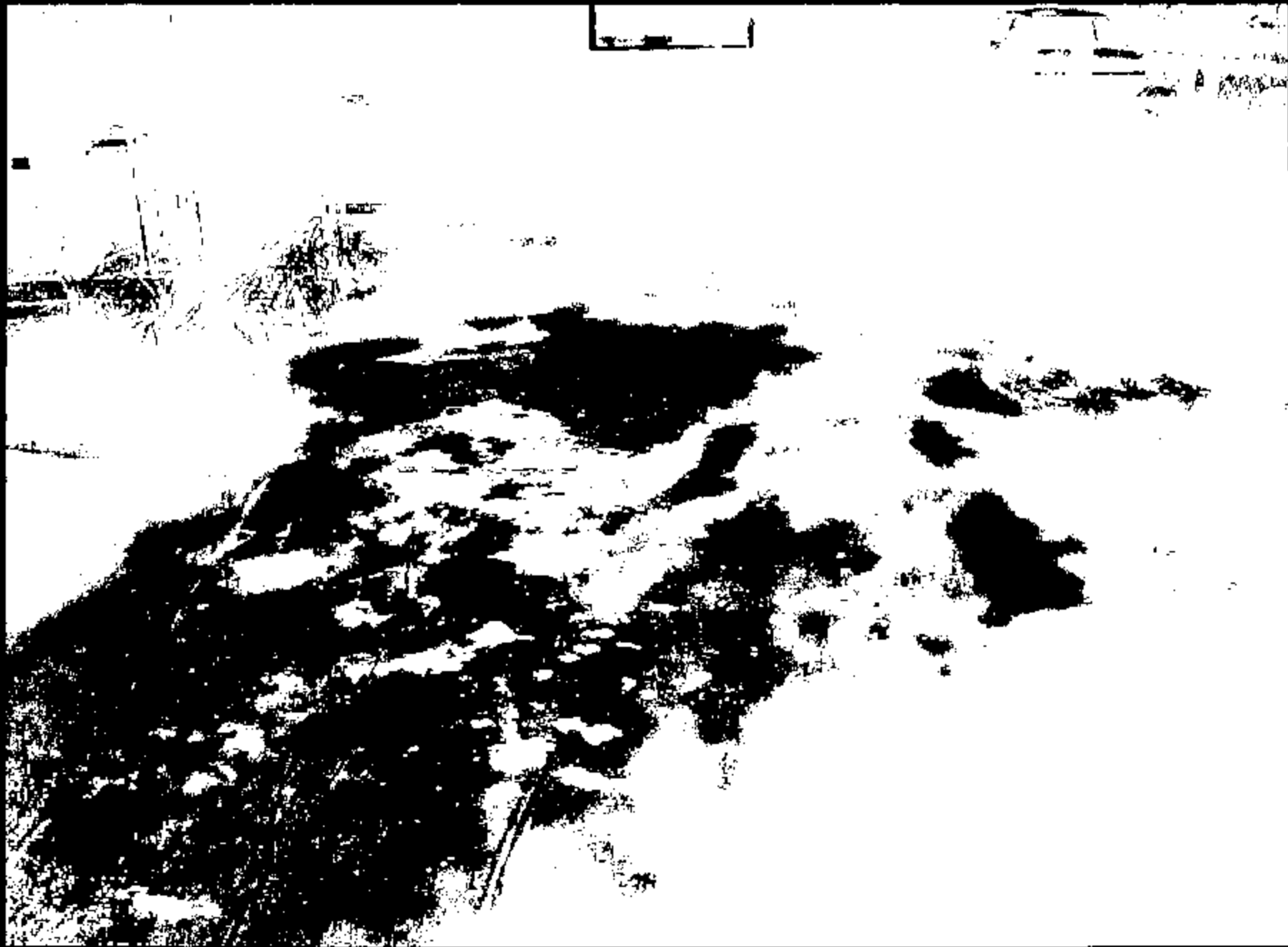
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0007 01 10V 000706/1X84

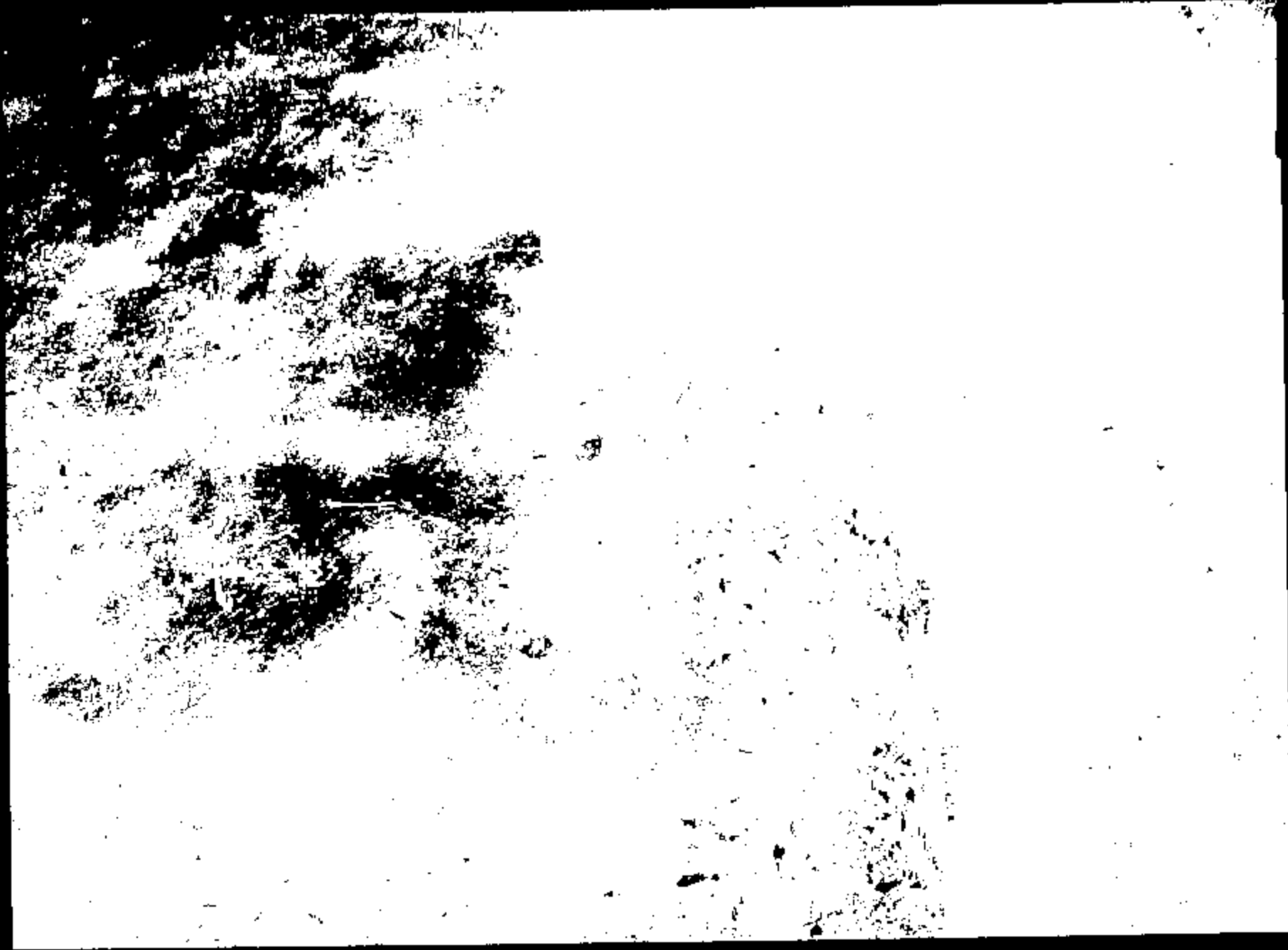


ME04-078 C 0007





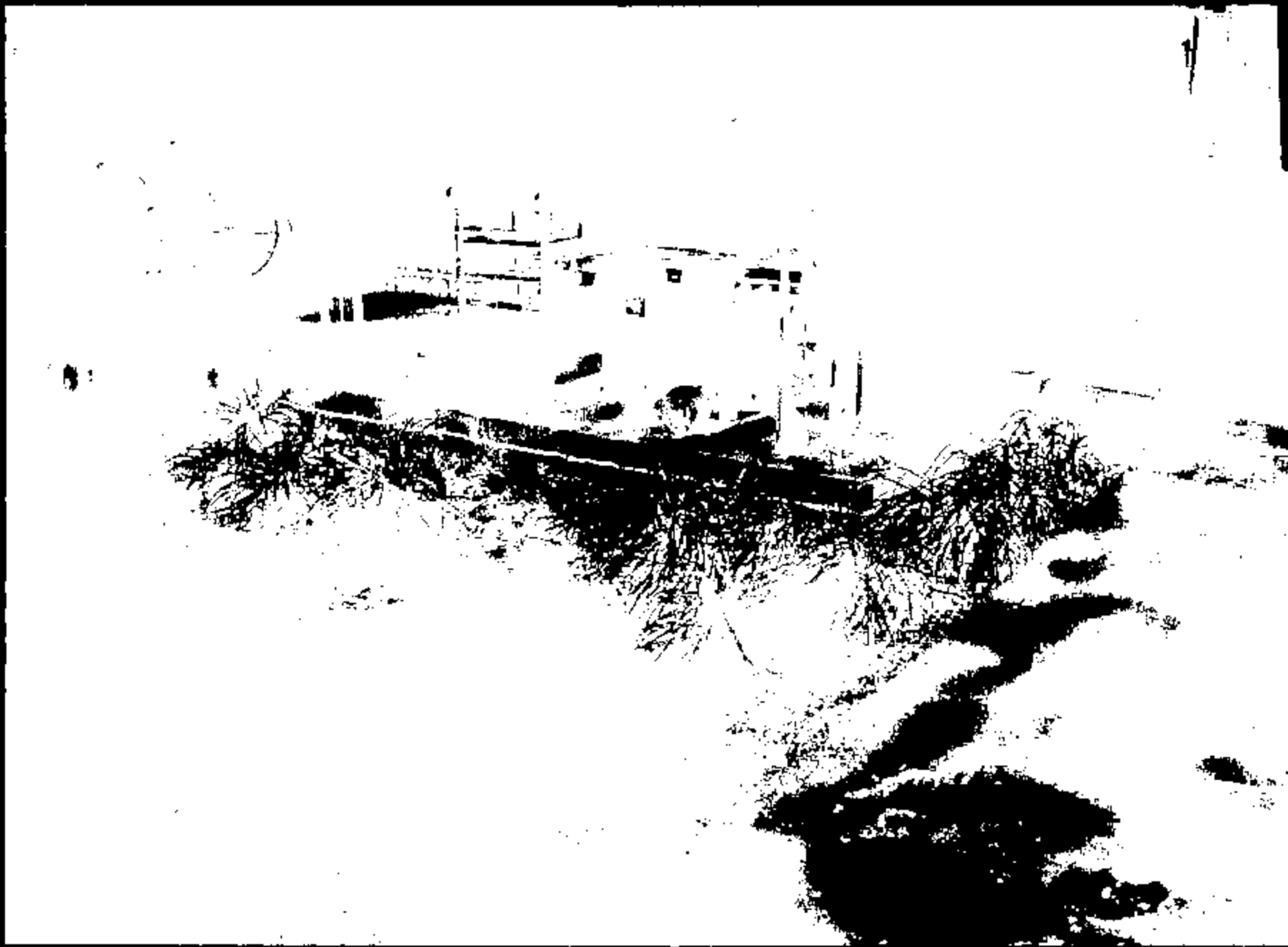
PEBA-678 C 0009



FEB-64-078 C 0010



PEBA-878 C 8811



PEBA-878 C 8912





FEB-4-878 C 0814



59-1704-857 1P

23. A view of the odometer of the subject vehicle.



24-31. Views of the engine compartment of the subject vehicle.



25.



SP-Y284-897 1P

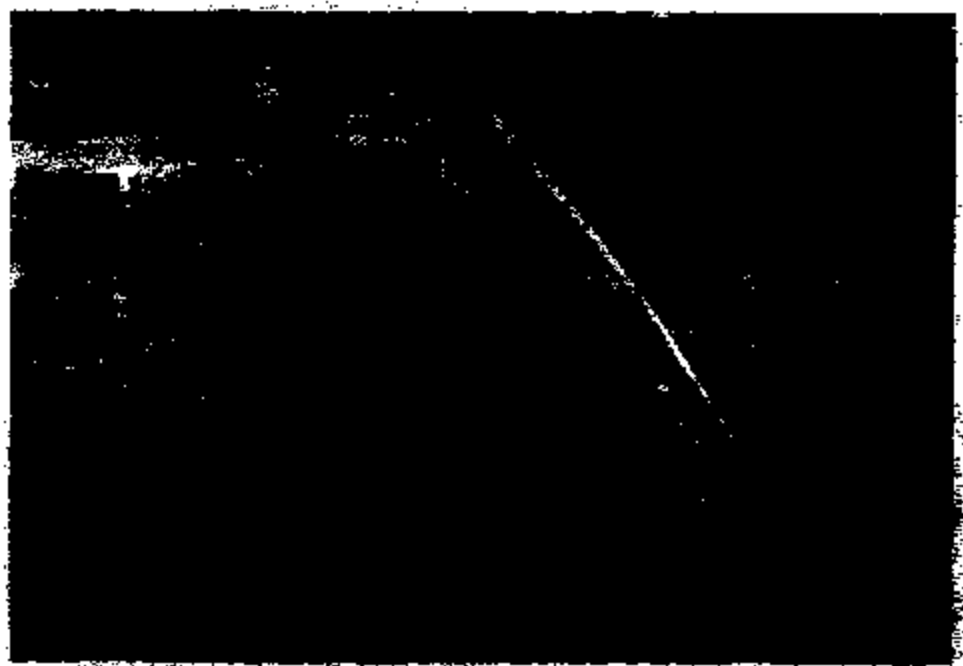


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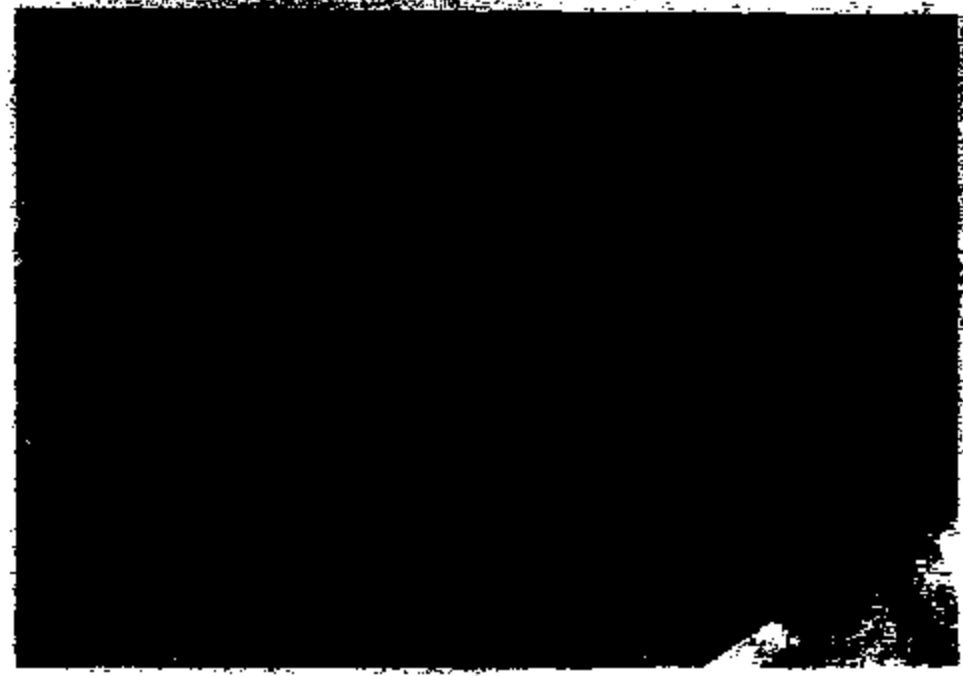


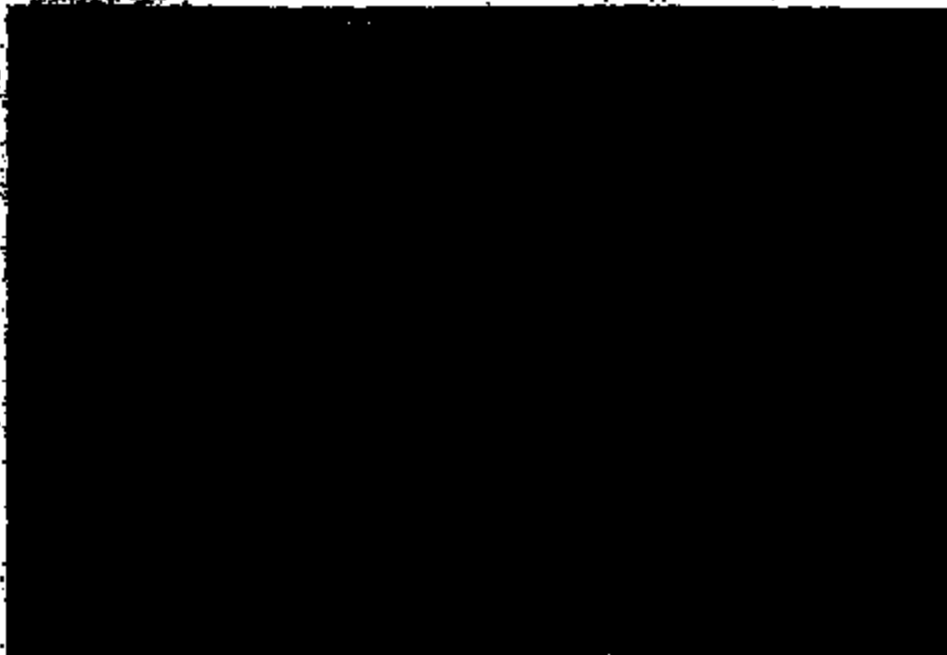
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27.



28.

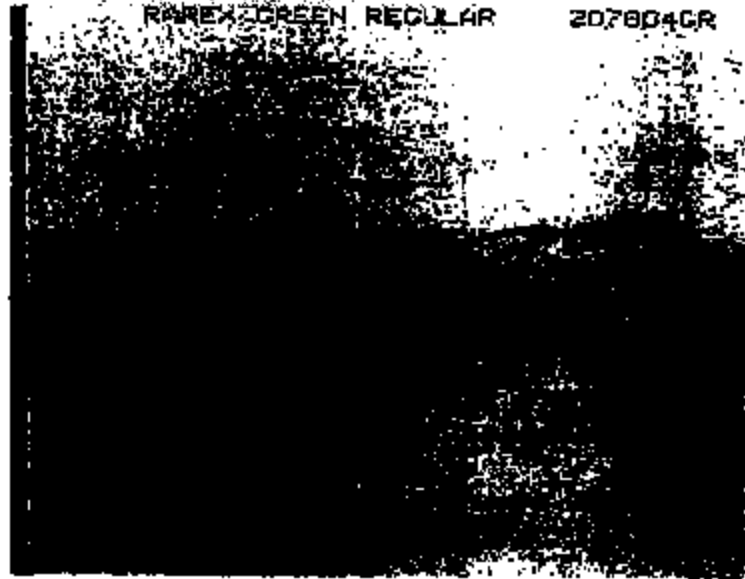






95-1704-097 3P

64. An X-Ray of the electrical connector.

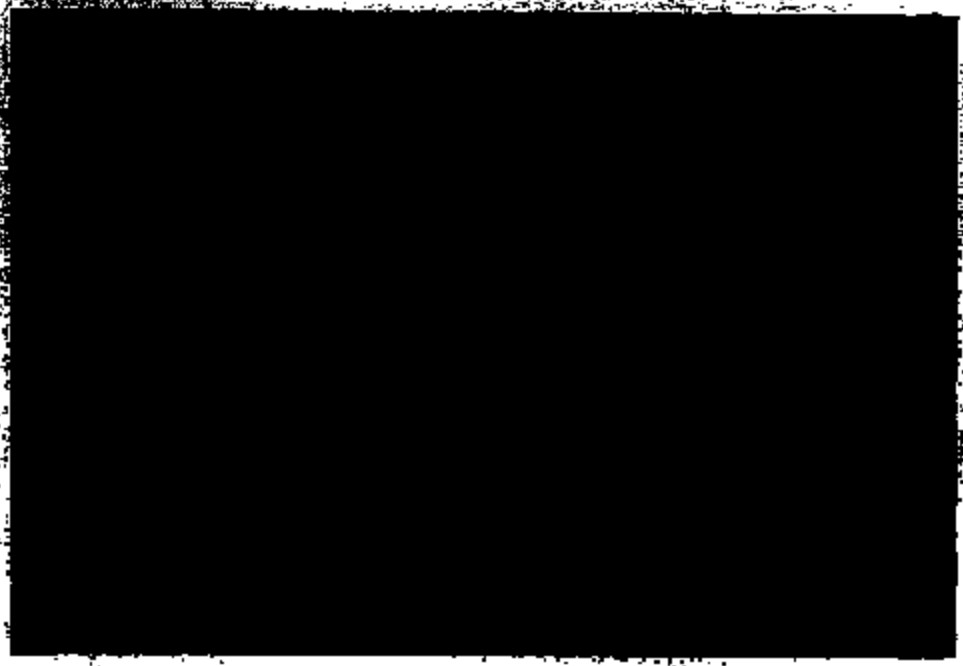


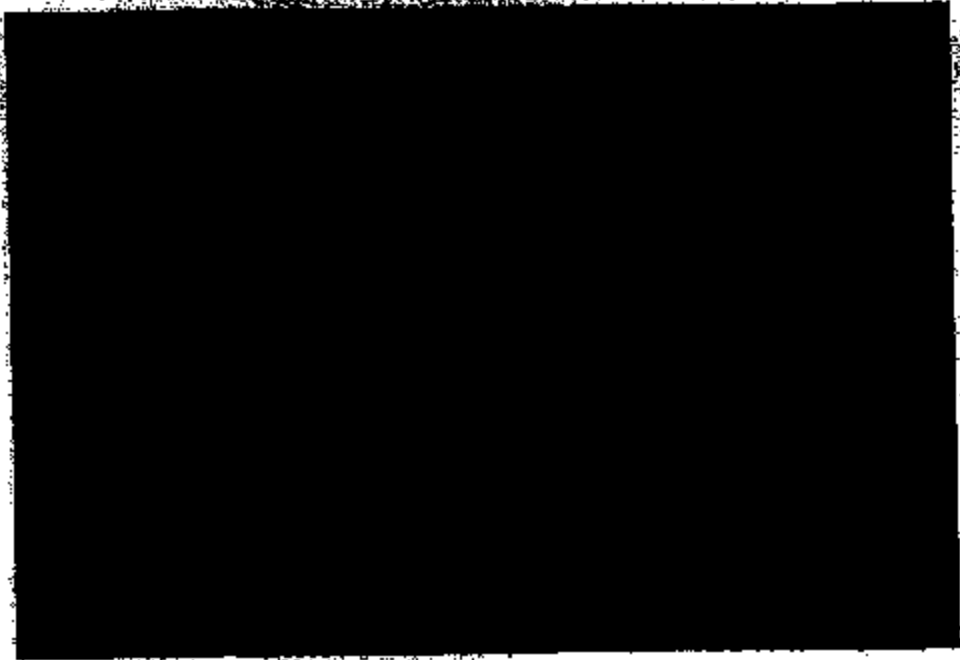
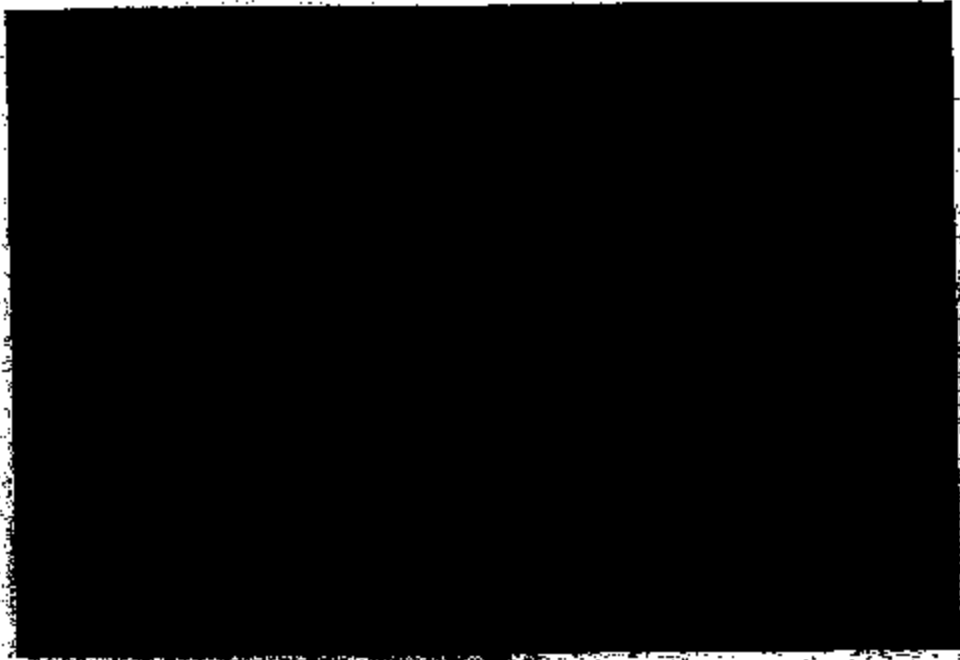
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92-7784-887 II

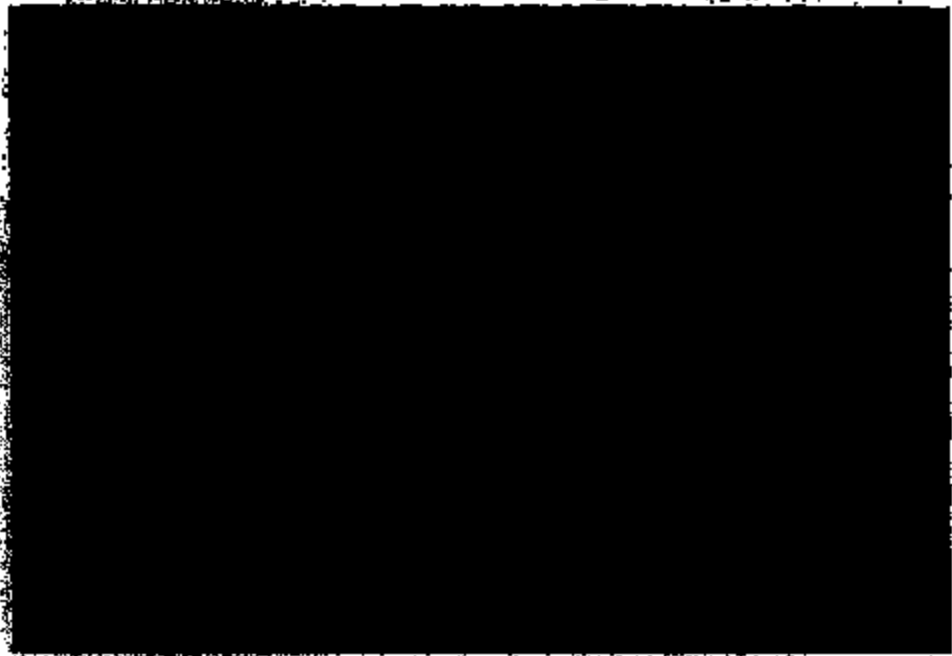
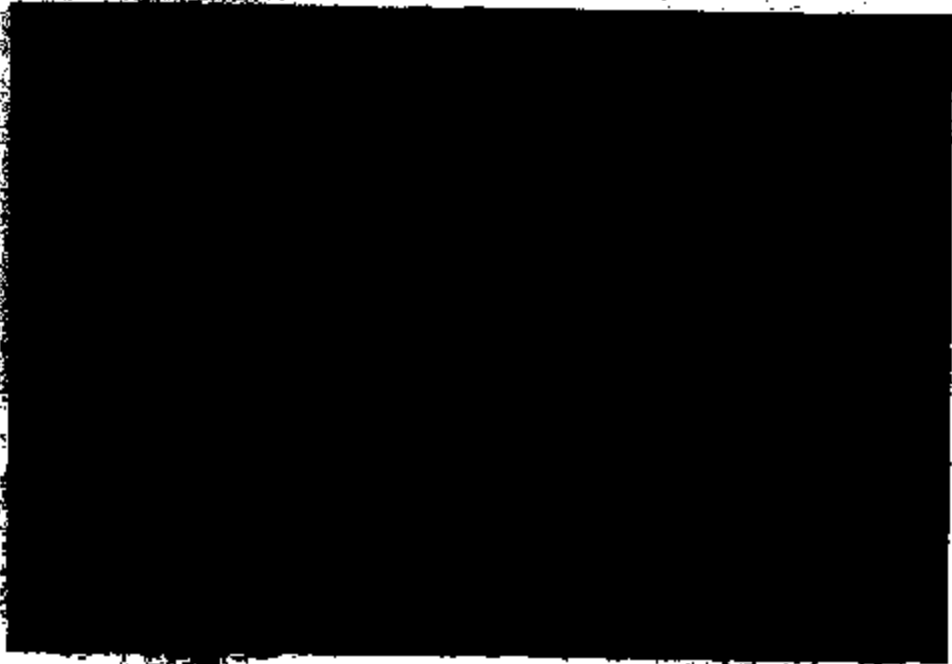
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33-7204-277 1P

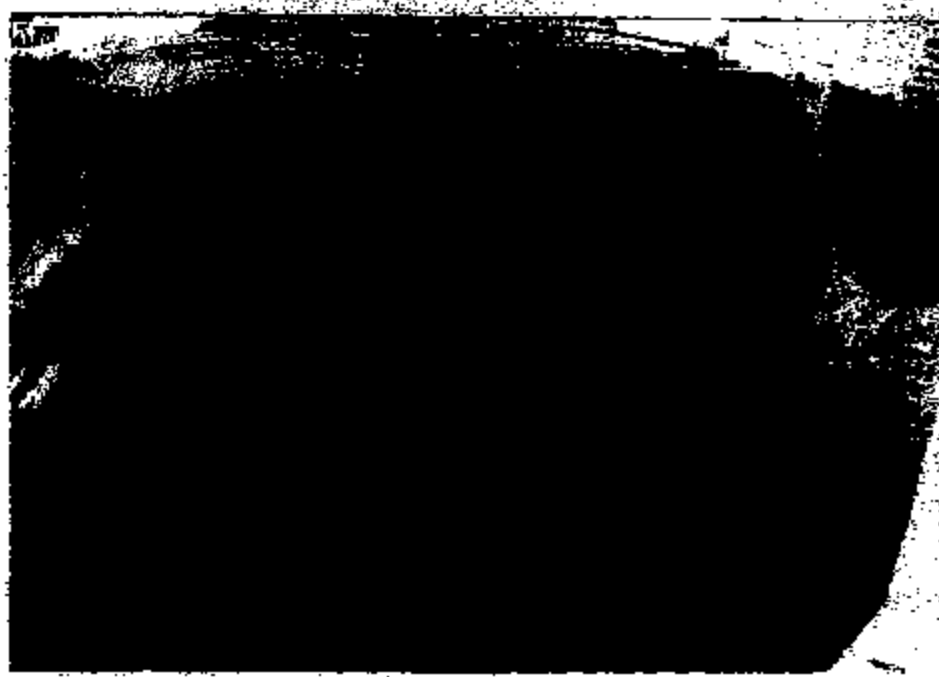




39-1784-897 1P

PHOTO INDEX - L0467-02

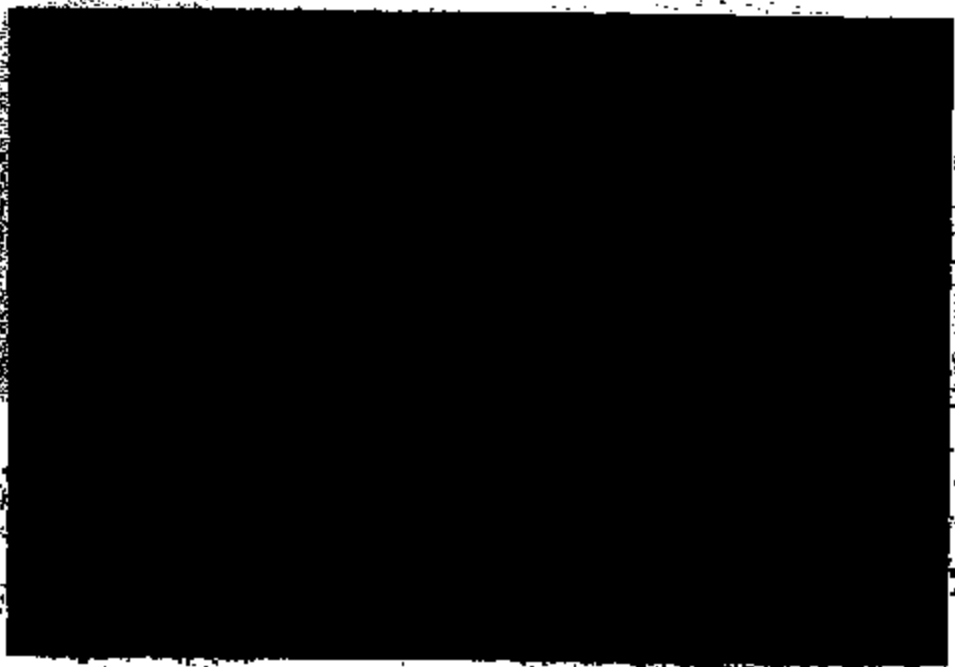
1-7. Exterior views of the subject vehicle.



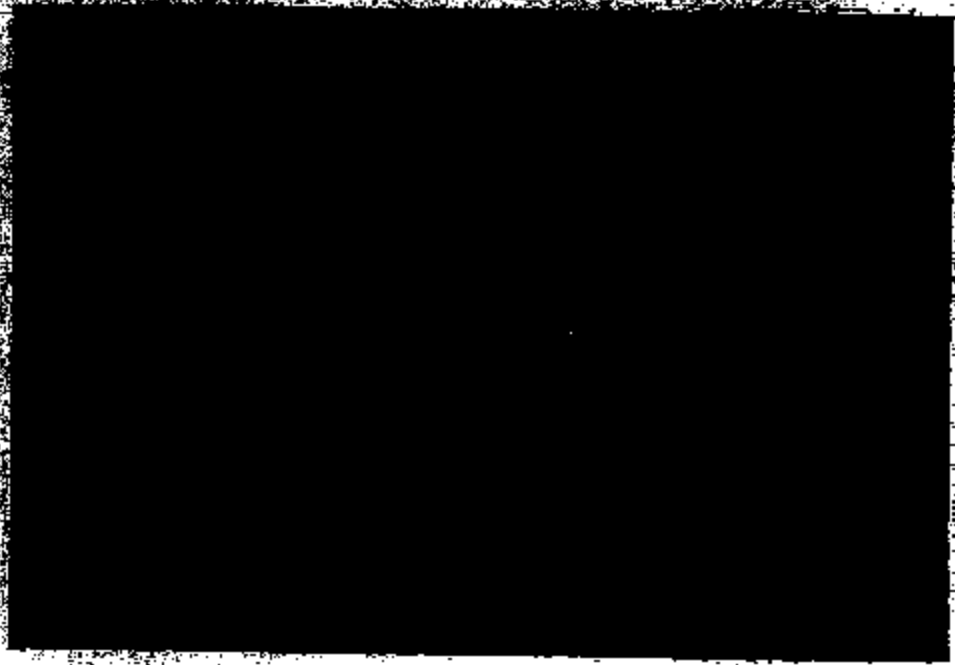


FD-302 (Rev. 11-27-70)

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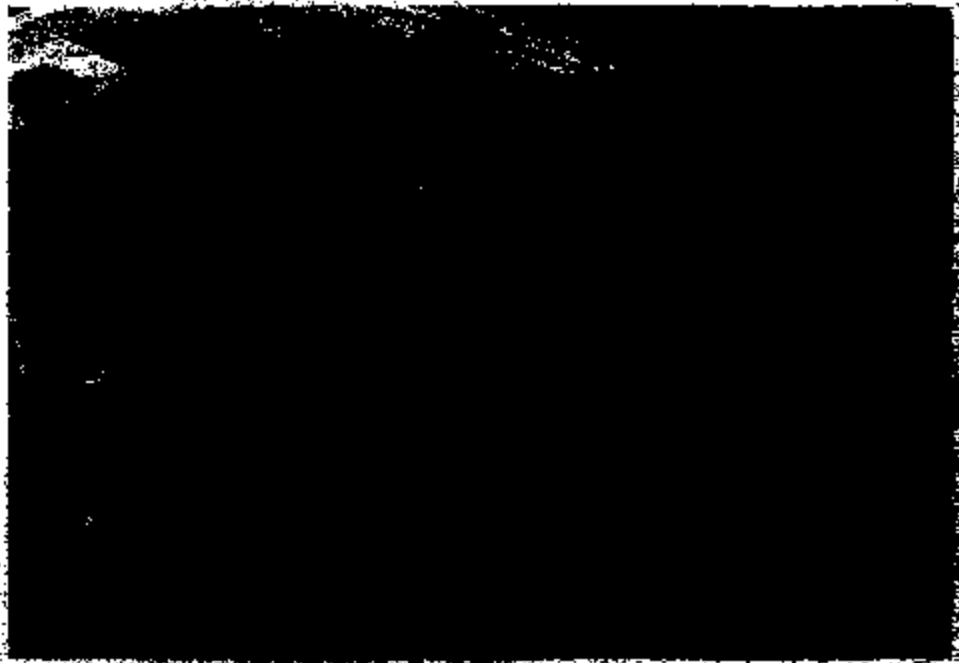
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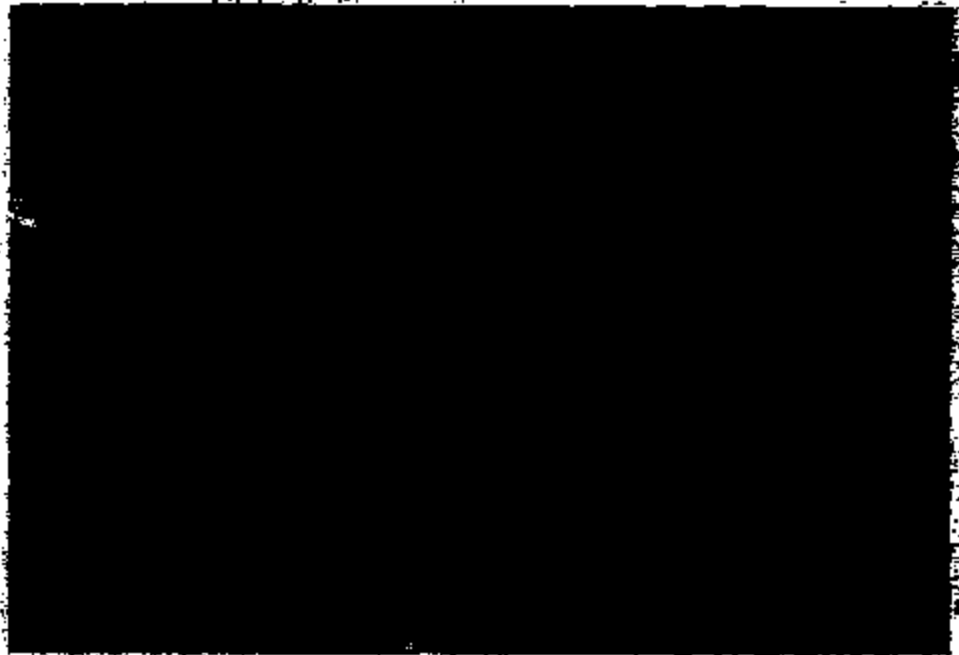
31.



69-784-037 LP



32-35. Views of the fuse panel in the engine compartment.



5.



31-1734-857 3P



6.



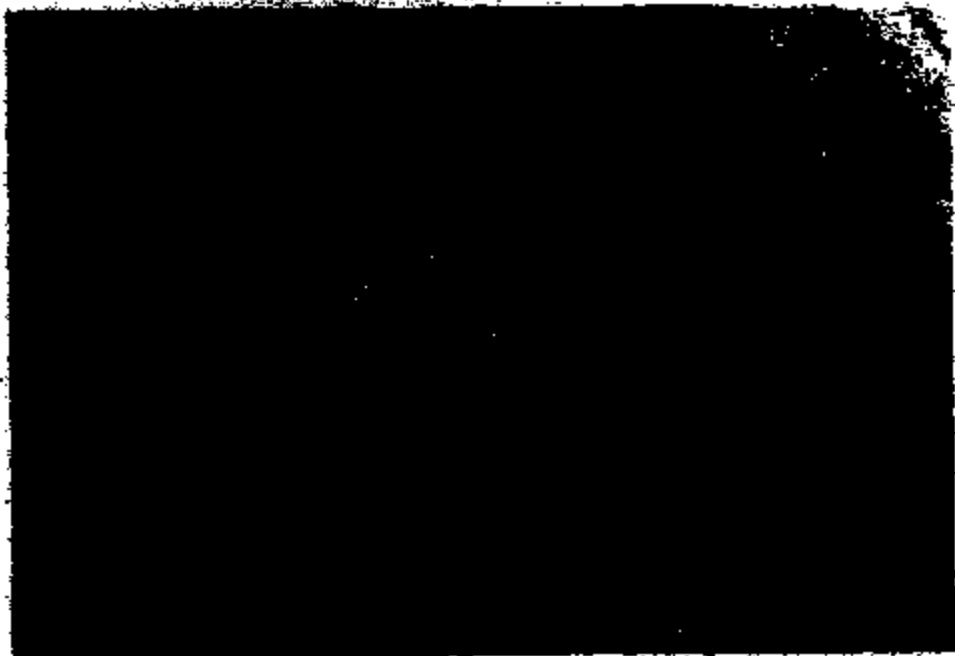
33.



59-764-897 1P



34.





9. A view of the remains of the VIN of the subject vehicle.

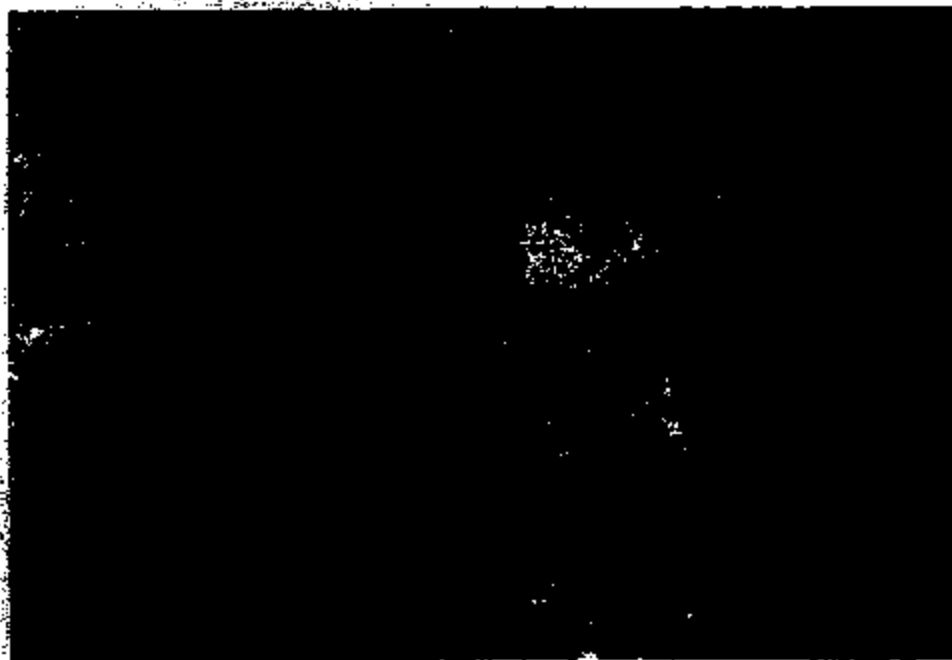


10. A view of Co-Part's lot number.

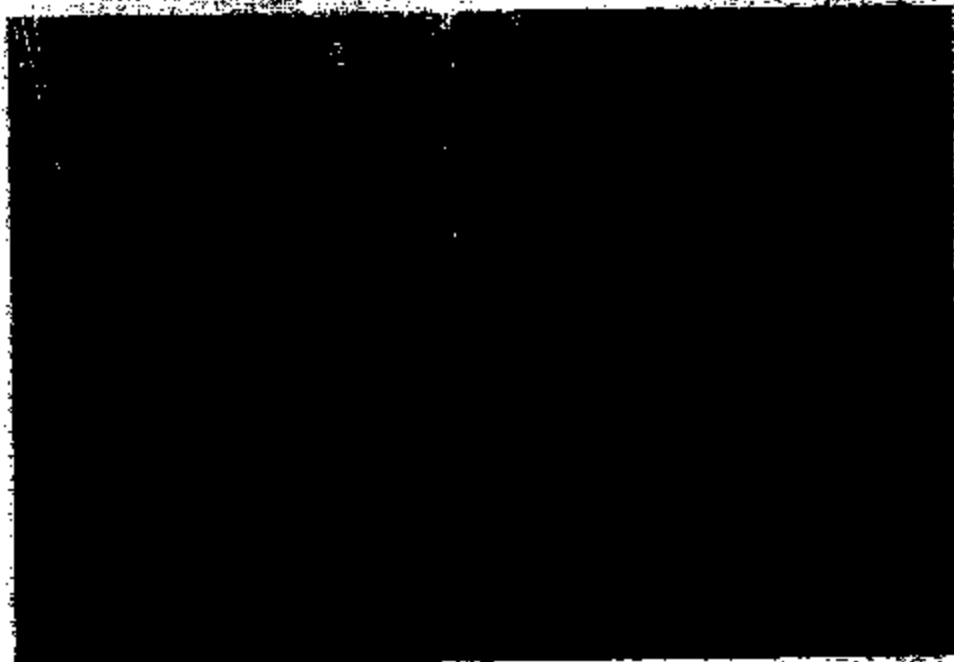


194 0 1 11-10-11 11-11-11 11-12-11 11-13-11 11-14-11 11-15-11 11-16-11 11-17-11 11-18-11 11-19-11 11-20-11 11-21-11 11-22-11 11-23-11 11-24-11 11-25-11 11-26-11 11-27-11 11-28-11 11-29-11 11-30-11 12-1-11 12-2-11 12-3-11 12-4-11 12-5-11 12-6-11 12-7-11 12-8-11 12-9-11 12-10-11 12-11-11 12-12-11 12-13-11 12-14-11 12-15-11 12-16-11 12-17-11 12-18-11 12-19-11 12-20-11 12-21-11 12-22-11 12-23-11 12-24-11 12-25-11 12-26-11 12-27-11 12-28-11 12-29-11 12-30-11 1-1-12 1-2-12 1-3-12 1-4-12 1-5-12 1-6-12 1-7-12 1-8-12 1-9-12 1-10-12 1-11-12 1-12-12 1-13-12 1-14-12 1-15-12 1-16-12 1-17-12 1-18-12 1-19-12 1-20-12 1-21-12 1-22-12 1-23-12 1-24-12 1-25-12 1-26-12 1-27-12 1-28-12 1-29-12 1-30-12 2-1-12 2-2-12 2-3-12 2-4-12 2-5-12 2-6-12 2-7-12 2-8-12 2-9-12 2-10-12 2-11-12 2-12-12 2-13-12 2-14-12 2-15-12 2-16-12 2-17-12 2-18-12 2-19-12 2-20-12 2-21-12 2-22-12 2-23-12 2-24-12 2-25-12 2-26-12 2-27-12 2-28-12 2-29-12 2-30-12 3-1-12 3-2-12 3-3-12 3-4-12 3-5-12 3-6-12 3-7-12 3-8-12 3-9-12 3-10-12 3-11-12 3-12-12 3-13-12 3-14-12 3-15-12 3-16-12 3-17-12 3-18-12 3-19-12 3-20-12 3-21-12 3-22-12 3-23-12 3-24-12 3-25-12 3-26-12 3-27-12 3-28-12 3-29-12 3-30-12 4-1-12 4-2-12 4-3-12 4-4-12 4-5-12 4-6-12 4-7-12 4-8-12 4-9-12 4-10-12 4-11-12 4-12-12 4-13-12 4-14-12 4-15-12 4-16-12 4-17-12 4-18-12 4-19-12 4-20-12 4-21-12 4-22-12 4-23-12 4-24-12 4-25-12 4-26-12 4-27-12 4-28-12 4-29-12 4-30-12 5-1-12 5-2-12 5-3-12 5-4-12 5-5-12 5-6-12 5-7-12 5-8-12 5-9-12 5-10-12 5-11-12 5-12-12 5-13-12 5-14-12 5-15-12 5-16-12 5-17-12 5-18-12 5-19-12 5-20-12 5-21-12 5-22-12 5-23-12 5-24-12 5-25-12 5-26-12 5-27-12 5-28-12 5-29-12 5-30-12 6-1-12 6-2-12 6-3-12 6-4-12 6-5-12 6-6-12 6-7-12 6-8-12 6-9-12 6-10-12 6-11-12 6-12-12 6-13-12 6-14-12 6-15-12 6-16-12 6-17-12 6-18-12 6-19-12 6-20-12 6-21-12 6-22-12 6-23-12 6-24-12 6-25-12 6-26-12 6-27-12 6-28-12 6-29-12 6-30-12 7-1-12 7-2-12 7-3-12 7-4-12 7-5-12 7-6-12 7-7-12 7-8-12 7-9-12 7-10-12 7-11-12 7-12-12 7-13-12 7-14-12 7-15-12 7-16-12 7-17-12 7-18-12 7-19-12 7-20-12 7-21-12 7-22-12 7-23-12 7-24-12 7-25-12 7-26-12 7-27-12 7-28-12 7-29-12 7-30-12 8-1-12 8-2-12 8-3-12 8-4-12 8-5-12 8-6-12 8-7-12 8-8-12 8-9-12 8-10-12 8-11-12 8-12-12 8-13-12 8-14-12 8-15-12 8-16-12 8-17-12 8-18-12 8-19-12 8-20-12 8-21-12 8-22-12 8-23-12 8-24-12 8-25-12 8-26-12 8-27-12 8-28-12 8-29-12 8-30-12 9-1-12 9-2-12 9-3-12 9-4-12 9-5-12 9-6-12 9-7-12 9-8-12 9-9-12 9-10-12 9-11-12 9-12-12 9-13-12 9-14-12 9-15-12 9-16-12 9-17-12 9-18-12 9-19-12 9-20-12 9-21-12 9-22-12 9-23-12 9-24-12 9-25-12 9-26-12 9-27-12 9-28-12 9-29-12 9-30-12 10-1-12 10-2-12 10-3-12 10-4-12 10-5-12 10-6-12 10-7-12 10-8-12 10-9-12 10-10-12 10-11-12 10-12-12 10-13-12 10-14-12 10-15-12 10-16-12 10-17-12 10-18-12 10-19-12 10-20-12 10-21-12 10-22-12 10-23-12 10-24-12 10-25-12 10-26-12 10-27-12 10-28-12 10-29-12 10-30-12 11-1-12 11-2-12 11-3-12 11-4-12 11-5-12 11-6-12 11-7-12 11-8-12 11-9-12 11-10-12 11-11-12 11-12-12 11-13-12 11-14-12 11-15-12 11-16-12 11-17-12 11-18-12 11-19-12 11-20-12 11-21-12 11-22-12 11-23-12 11-24-12 11-25-12 11-26-12 11-27-12 11-28-12 11-29-12 11-30-12 12-1-12 12-2-12 12-3-12 12-4-12 12-5-12 12-6-12 12-7-12 12-8-12 12-9-12 12-10-12 12-11-12 12-12-12 12-13-12 12-14-12 12-15-12 12-16-12 12-17-12 12-18-12 12-19-12 12-20-12 12-21-12 12-22-12 12-23-12 12-24-12 12-25-12 12-26-12 12-27-12 12-28-12 12-29-12 12-30-12

Some 700-997 1P



36-38. Views of the interior face panel.



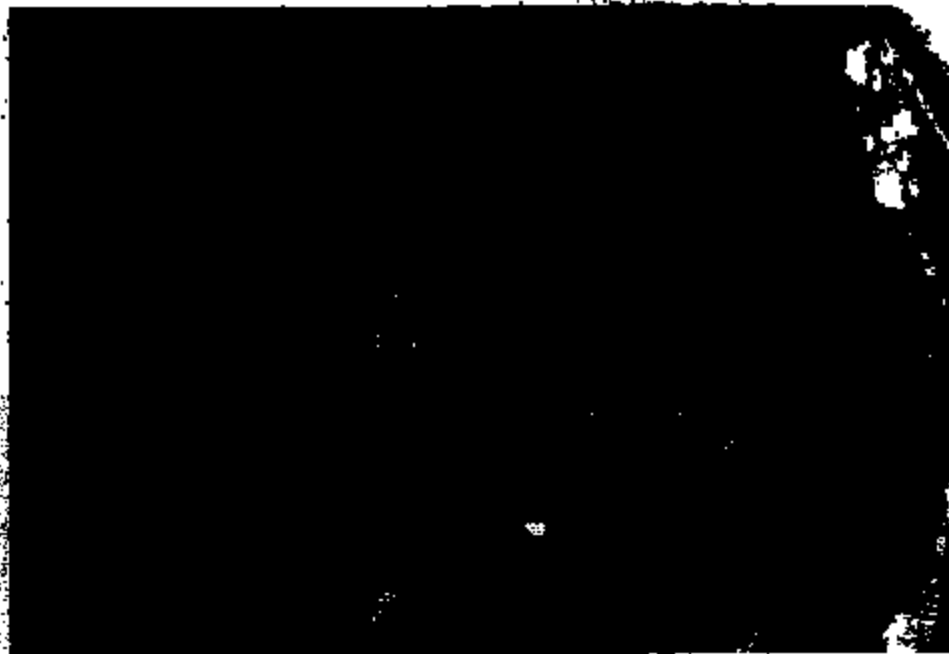


58-7764-897 17

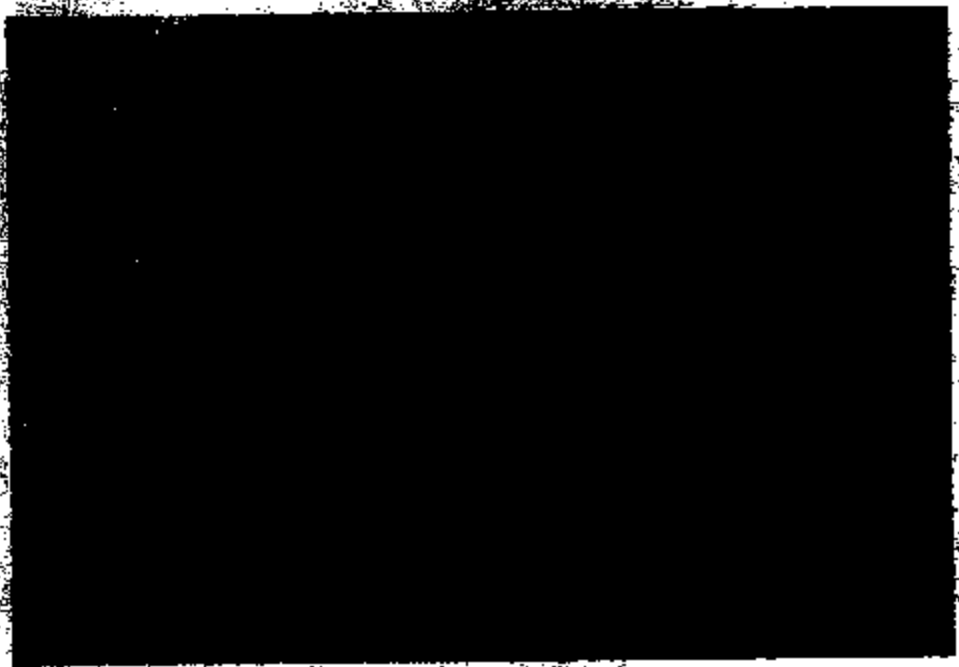
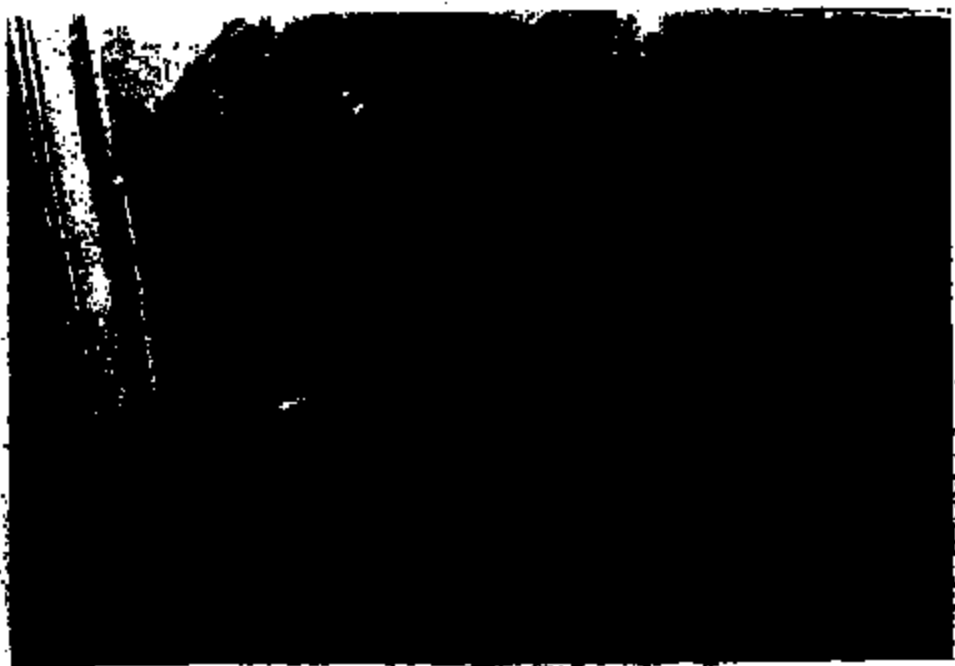
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14.



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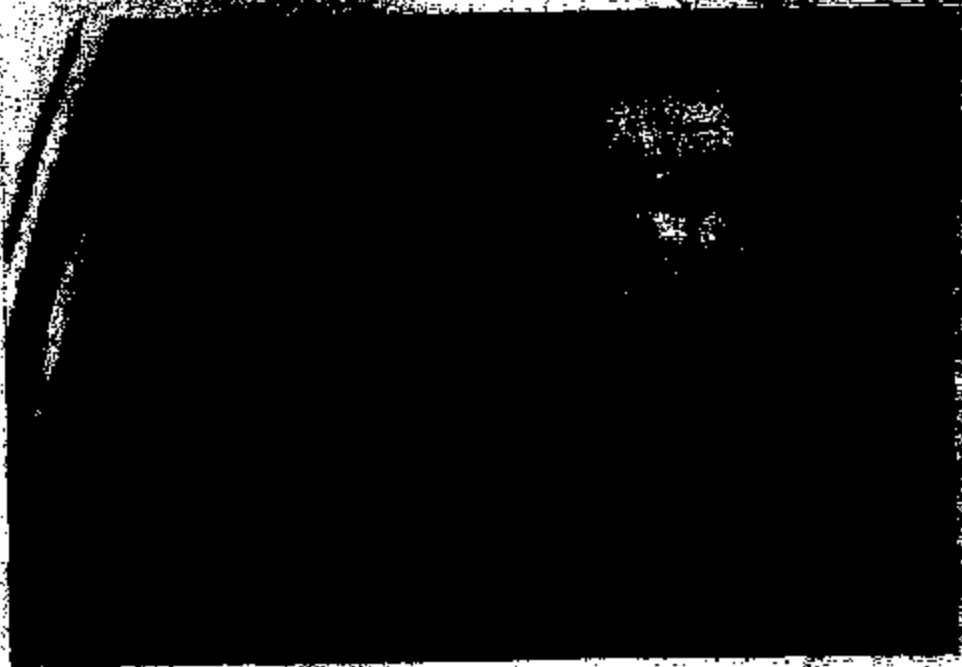


17.

DS-4784-097 2*



18.



99-42. Views of the area of fire origin.

99-1794-897 1P





21.



22.

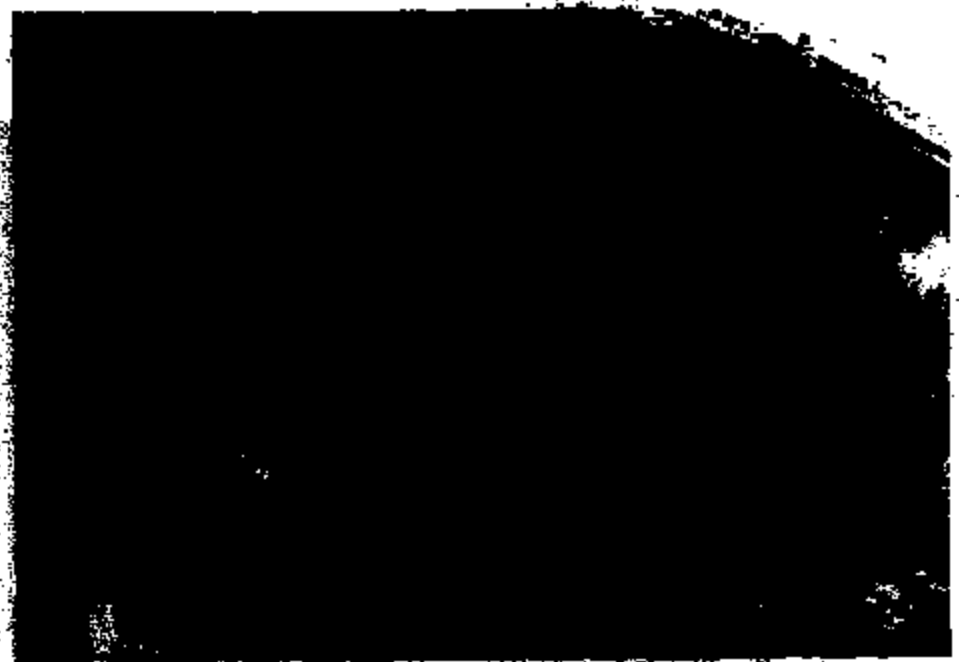


59-760-897 10

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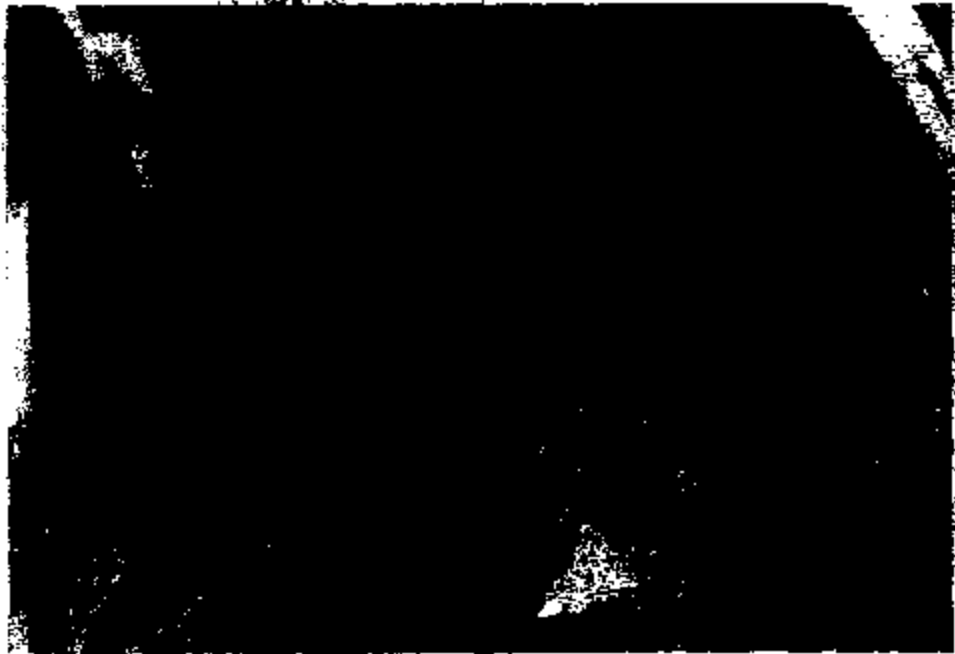
43-47. Views of the location of the electrical connector of the cruise control deactivation switch.





09-724-097 1P

11-22. Interior views of the subject vehicle.

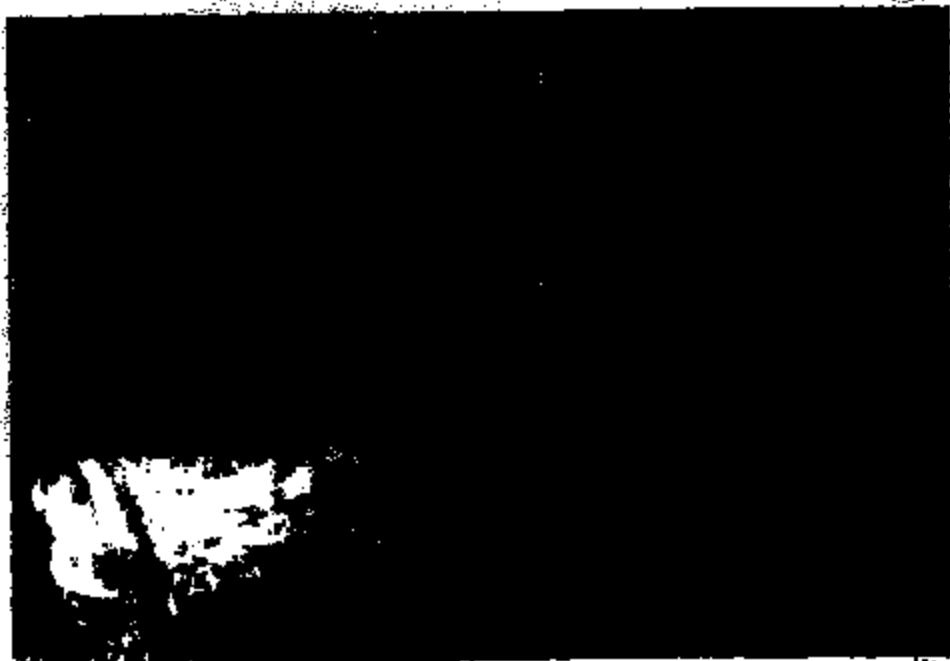






59-1704-397 1P

19.



20.





20-1784-237 1A



48-51. Views of the evidence removed for examination.





35-7284-877 1P

49.

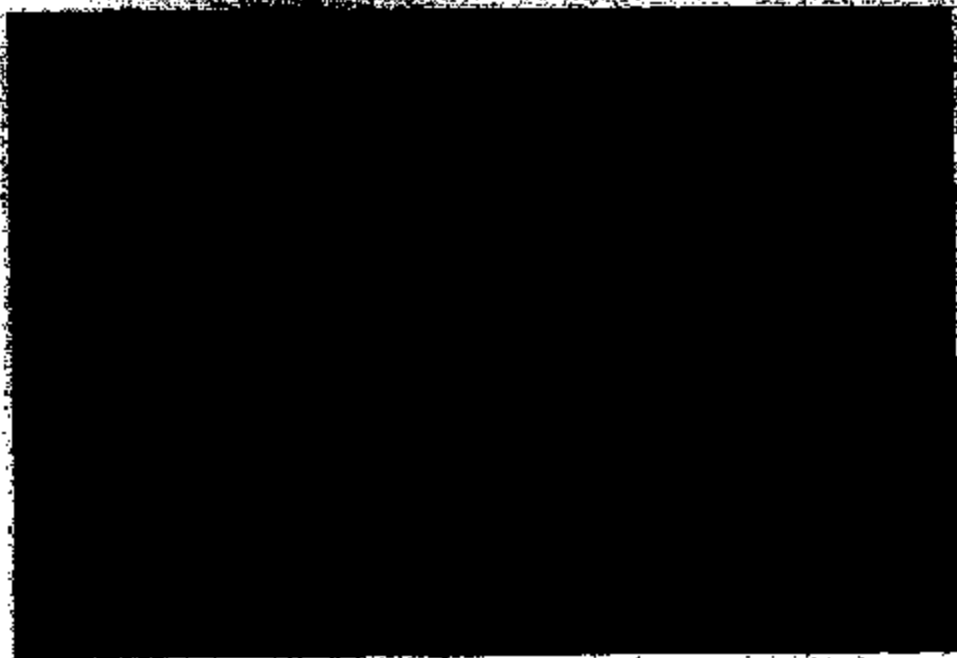
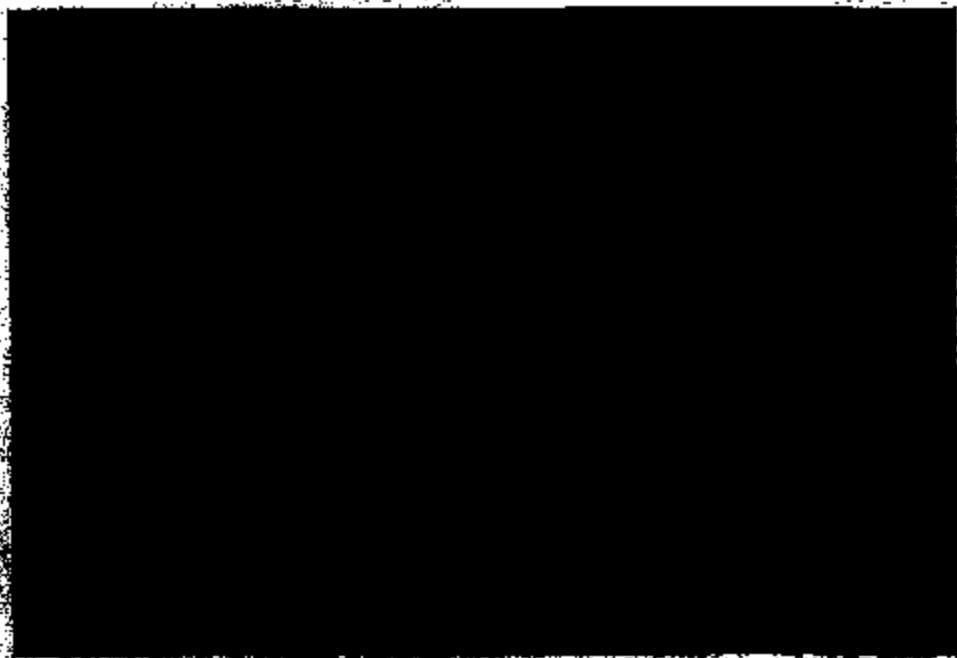


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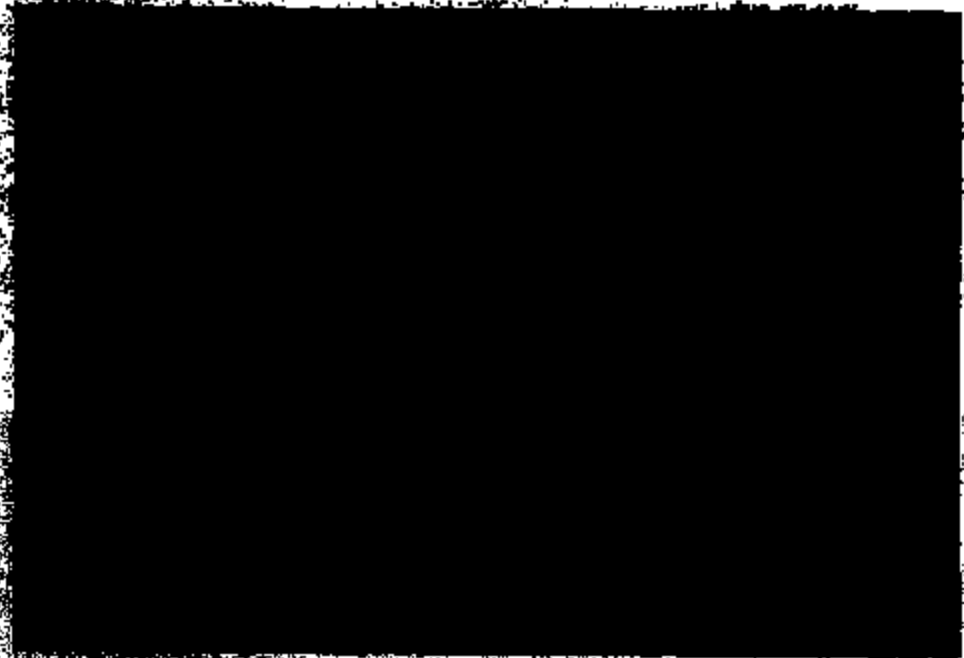


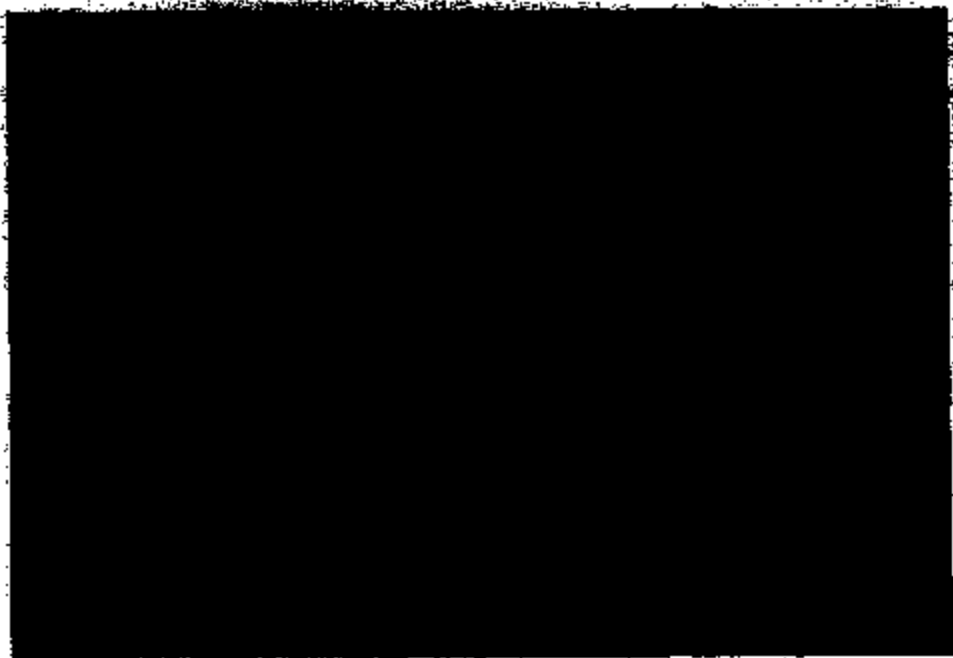
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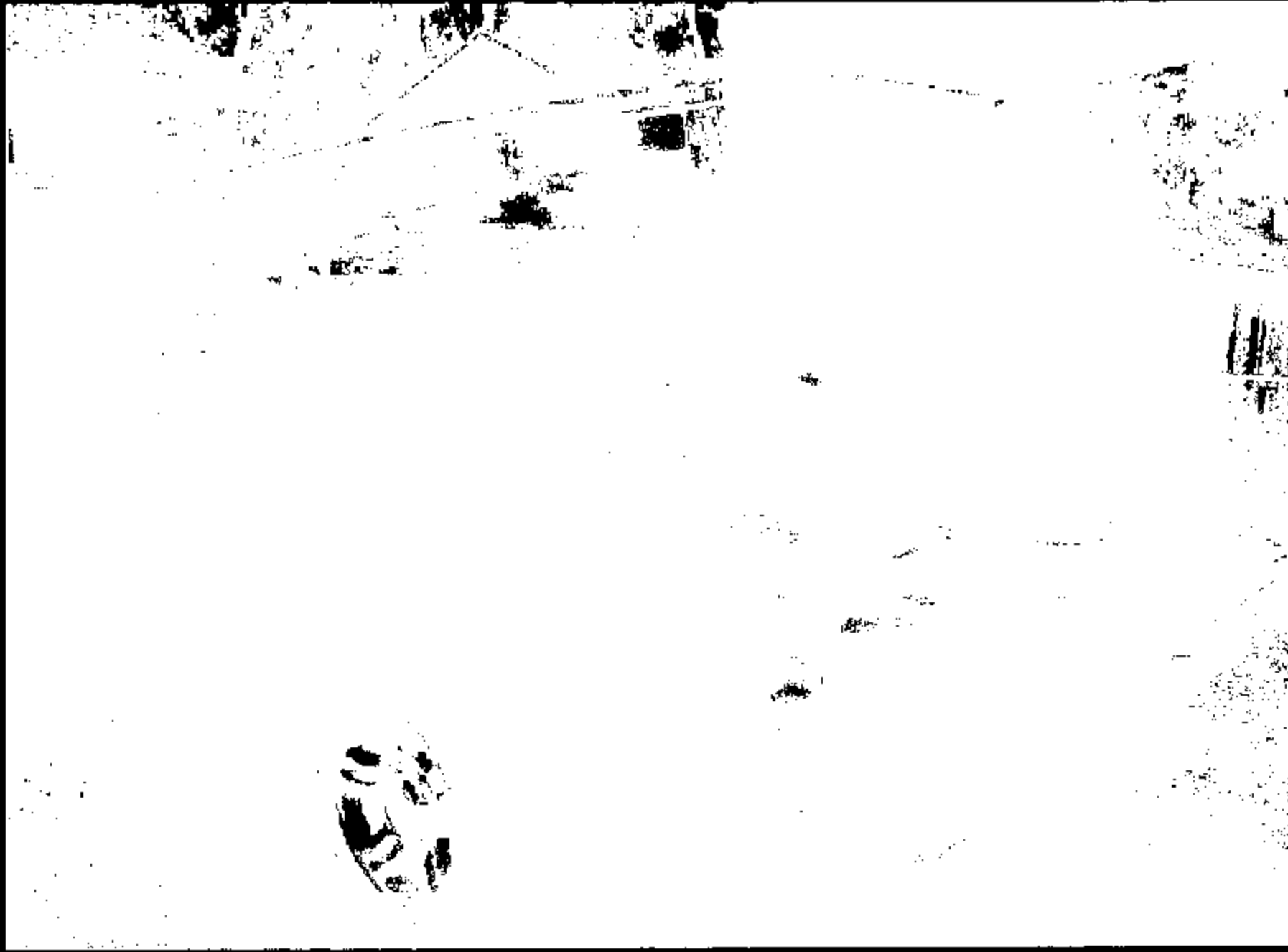




52-63. Views of the electrical connector using a microscope.







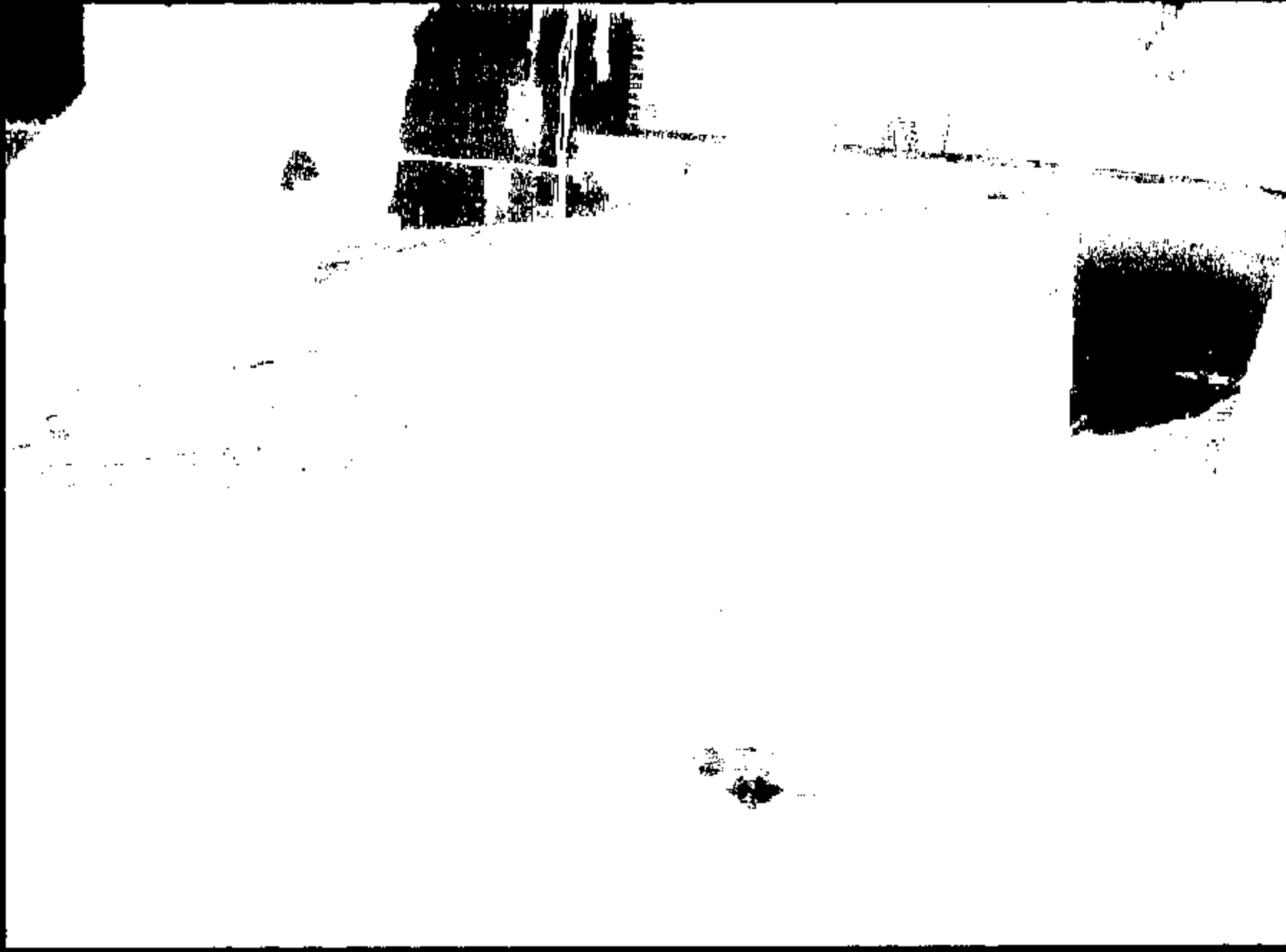
FBI-078 C 0043



ME94-878 C 0049



FEBA-578 C 8058



FE84-878 C 8851



FD-304-878 C 0022



Interscience, Inc.

7705 Ann Ballard Road
Tampa, FL 33634-2334
(813) 883-4774
Fax (813) 889-9157

Our Project No: LD467-02
Insured: [REDACTED]
Claim No: 59-Y704-897
Date of Loss: April 9, 2004
Date of Notification: April 23, 2004

Report
Prepared For:

State Farm Fire & Casualty Co.
14055 Riveredge Dr., Suite 500
Tampa, FL 33637

Attn: Ms. Mattie Butler-Link

Report
Prepared By:

Sean P. Clinco, B.S.M.E.



Interscience, Inc.

7705 Ann Ballard Road
Tampa, FL 33634-2334
(813) 883-4774
Fax (813) 889-9157

May 24, 2004

State Farm Fire & Casualty Co.
14055 Riveredge Dr., Suite 500
Tampa, FL 33637

Attn: Ms. Mattie Butler-Link

Re: Our Project No: L0467-02
Insured: Larry Chavers
Claim No: 59-Y704-897
Date of Loss: April 9, 2004
Date of Notification: April 23, 2004

Dear Ms. Butler-Link:

As requested, Interscience, Inc. has conducted an examination of the insured vehicle in connection with the subject fire loss, and submits its findings in this report.

BACKGROUND

It was reported that the subject vehicle had been parked at the insured's residence after returning at approximately 10:45 p.m. on April 8, 2004. The fire reportedly occurred at approximately 1:30 a.m. on April 9, 2004, when the insured was home. The insured contacted the fire department and the fire was subsequently extinguished.

The insured had service work done by a Ford repair facility on the vehicle pertaining to the engine not cranking. Ford did not find a problem with the vehicle at the time of their inspection. The service records of the vehicle were not submitted to

Interscience personnel for review. The investigation was therefore strictly limited to a physical examination of the subject vehicle.

The incident was reported to State Farm Insurance Company and Interscience, Inc. was subsequently requested to conduct an investigation into the subject claim. The vehicle was transported from the insured's residence to Co-Part located in Orlando, Florida.

OBSERVATIONS/DISCUSSION

On April 27, 2004, Interscience, Inc. examined the subject vehicle at Co-Part located at 319 East Landstreet Rd., Orlando, Florida. The purpose of this visit was to conduct an origin and cause investigation of a vehicle fire.

The subject vehicle was identified as a dark blue Ford Expedition sport utility vehicle, bearing a partial vehicle identification number (VIN). The VIN had been damaged as a result of the intensity of the fire. The remaining legible numbers on the VIN were as follows "A18017". The odometer reading could not be determined at the time of the inspection as the odometer was destroyed by the fire.

An exterior examination of the subject vehicle was initially conducted. The hood of the engine compartment had been consumed. This was caused by the subject fire which had melted the metal of the vehicle's hood. The windshield of the vehicle had also been

broken out as a result of the fire from the engine compartment. The interior of the vehicle had evidence of fire damage.

The interior fuse panel was examined and three fuses were observed to have been blown. The fuse diagram was not available for identifying the circuits served by the fuses.

The engine compartment was systematically and thoroughly inspected and photo documented. The area of fire origin was determined to be located within the engine compartment on the driver's side of the vehicle. The fire damage was intense and consumed most readily combustible materials in this area. Evidence remaining indicated that the cause of the fire was most probably electrical in nature. After all debris was inspected in place in an effort to identify any fire causing item or items, a suspect electrical component was collected. A preliminary examination of this component was conducted on site. This same component was retained for further examination.

An examination of the component retained was conducted at Interscience, Inc. facility located in Tampa, Florida. Examination of the electrical component from the engine compartment identified evidence of arcing in an electrical connector of a cruise control deactivation switch. An X-Ray of the connector was taken to determine the point of failure. The X-Ray did not reveal any electrical arcing within the connector. However, when the connector was examined microscopically arcing was evident on the electrical

connectors. This connector when in normal use was connected to the cruise control deactivation switch that was located on the brake master cylinder on the driver's side of the engine compartment. However, as a result of the intensity of the fire, the brake master cylinder and cruise control deactivation switch was not available for an examination.

CONCLUSIONS

It is the conclusion of Interscience, Inc. that the area of fire origin was located on the driver's side within the engine compartment of the vehicle. The point of origin was within an electrical connector and/or a cruise control deactivation switch located in the engine compartment.

The most probable cause of this fire was overheating and short circuiting of the cruise control deactivation switch. No other failure was identified during the examination of the vehicle.

Interscience, Inc. operates as an independent contractor. The opinions expressed are based upon information available at the time this report was drafted and draw upon the background, training and experience of the personnel involved in the investigation.

In accordance with the ASTM standards, Interscience, Inc. will retain all records related to this assignment for seven years.

State Farm Fire & Casualty Co.
May 24, 2004
LD467-02 - Page 5

Respectfully submitted,

INTERSCIENCE, INC.



Sean P. Clinck, B.S.M.E.

SPC:lks

Reviewed by,



Grace Bullington

Interscience, Inc.

DELAND POLICE DEPARTMENT
219 WEST HOWRY STREET
DELAND, FL 32720

INCIDENT REPORT

Offense:	FIRE	Report #:	002004012079 - 000
Status/Charge:		Stat #:	
UCR Code:		Status:	COMMITTED
Location:	114 VIRGINIA AVE	Apt/Zip:	/ 32724
Grid:	GARFIELD/NEW YORK/WORRHS/HILL	City:	DELAND
Patrol:	SOUTHEAST QUADRANT	County:	VOLUSIA COUNTY
Reporting Off:	MORN, THERESA R	Misc No:	
Division:	PATROL	Shift:	1830-0630
Date Reported:	04/09/2004	Time Reported:	0141
Date Occurred:	04/09/2004	Time Occurred:	0141
Latest Poss Date:	04/09/2004	Latest Poss Time:	0141
Veh Recovered:		Stolen Veh Amt:	\$ 0
Stolen Prop Amt:	\$ 0	Damaged Prop Amt:	\$ 0
Inv Off:		Adult/Juvenile:	
Disposition:	CLOSED	Disposition Date:	04/09/2004
Weapon:	NA	Domestic Violence:	N
Hate/Bias:		Alcohol/Drug Rel:	N / N

Report No: 002004012079 INC NAMES

Name:	[REDACTED]	SSN:	- -	Sfx:	000
Name Type:	VICTIM	Sex:	M	Race:	B
Height:	000	Weight:	000	Hair:	[REDACTED]
DOB:	[REDACTED]	Phone:	[REDACTED]	Eyes:	[REDACTED]
Address:	[REDACTED]				
	DELAND				
Employer:	[REDACTED]	Phone:	() -		
Address:	[REDACTED]				

Name:	[REDACTED]	SSN:	- -	Sfx:	001
Name Type:	OTHER/MISCELLANEOUS	Sex:	U	Race:	U
Height:	000	Weight:	000	Hair:	[REDACTED]
DOB:	/ /	Age:	0	Phone:	[REDACTED]
Address:	[REDACTED]				
	DELAND				
Employer:	[REDACTED]	Phone:	() -		
Address:	[REDACTED]				

INCIDENT REPORT

Report No: 002004012079 VEHICLES

Sfx: 000	Record Type: OTHER	Value: \$	0	Make: FORD
Model: EXPEDITI	Style: 4DR	Color: BLUE		Yr: 2000
License Tag: [REDACTED]	Lic State: FL	VIN: SFMRU1560YL [REDACTED]		
Rep Officer: HORN, THERESA R		Status:		
Description:		Veh Loc: W/OWNER		
Theft Loc:		TTY #:		
Make Type:		Name:		
Damage Code: OTHER		Damage Amt: \$	20,000	
Recover Loc:		Recover Amt: \$	0	
Date Stolen:	Recovery Date:	Release Date:		

Run: 20-APR-2004 14:18

DELAND POLICE DEPARTMENT

Page: 1

NAR01

* * * * *

Agency: 00

C I S C O R E C O R D S

NARRATIVE REPORT

OFF Number: 00-002004012079-000 Next SE#: 0000 Reporter: MORN, THERESA R

Date: 04/09/2004

Time: 02:17:38

ON THIS DATE, 04-09-04 AT APPROXIMATELY, 0147HRS., I RESPONDED TO 114 S VIRGINIA AVE. IN REFERENCE TO A CAR FIRE. UPON ARRIVAL I MADE CONTACT WITH THE VICTIM, [REDACTED] WHILE THE DELAND FIRE DEPARTMENT FINISHED PUTTING OUT THE FIRE FROM THE 2000 BLUE FORD EXPEDITION, LICENSE PLATE # BD961.

I SPOKE WITH A FIRE FIGHTER ON SCENE AND HE STATED THEY WERE NOT CALLING OUT THE FIRE MARSHALL.

THE FIREFIGHTER STATED THE FIRE STARTED IN THE ENGINE AREA.

[REDACTED] STATED HE PARKED THE VEHICLE IN HIS DRIVEWAY AROUND 2240HRS., THIS EVENING. [REDACTED] STATED HIS SON WAS UP WATCHING TELEVISION AND NOTICED THE VEHICLE WAS ON FIRE. THE FAMILY EVACUATED THE HOUSE BECAUSE [REDACTED] STATED HE WAS AFRAID THE VEHICLE WAS GOING TO BLOW UP.

FIRE DEPARTMENT DID NOT KNOW WHAT CAUSED THE ENGINE TO START ON FIRE.

SCENE LEFT IN THE FIRE DEPARTMENTS CARE.

State Farm Insurance Companies®



April 21, 2004

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

FORD MOTOR COMPANY
PARKLANE TOWERS W STE 400
3 PARKLANE BLVD
DEARBORN MI 48126-2568

RE: Claim Number: [REDACTED]
Our Insureds: [REDACTED]
Date of Loss: April 9, 2004
Vehicle: 2000 Ford Expedition
VIN: 1FMRU1580Y [REDACTED]



Dear Sir or Madam:

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

State Farm® would like to give you an opportunity to inspect the vehicle and give you advance notice of our potential subrogation claim. Please contact us at 1 (800) 301-7350, Extension 8565 to set up a time for your inspection.

Sincerely,

Mattie Butler-Link
Claim Representative
1-800-301-7350 Ext. 8565
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

MBL/018/0421020.122

- 4/9/04
- 100 Exped
- VIN

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-0001

FE04-878 C 8862



8/18/2004 16:55

**GMAC
Insurance**

August 16, 2004

FORD
ATTN: CLAIMS/CONSUMER RELATIONS
4 PARKLANE BLVD SUITE 460
DEARBORN, MI 48126-2660

Solo/ok

Re: Our Insured - [REDACTED]
Our Claim Number - [REDACTED]
Accident Date - 6/17/04
Amount of Payment - \$16,175.00
Insured's Deductible - \$500.00
Salvage Recovery - \$ pending
Total Subrogation - \$ pending

D

Dear Sir or Madam:

Our investigation of the accident described above discloses that our insured is entitled to recover from your company for the damages to their property (VIN 1FMRU1560YL [REDACTED]). It appears the fire was caused by an electrical fault in the cruise control.

Our insured has been paid under the terms of their policy, and they have assigned us their right of claim.

The salvage is still pending. It is being kept in safeguard under stock number 06040344 at the following location:

COPART AUTO AUCTIONS
12020 US HWY 301 S
RIVERVIEW, FL 33569-7610
(813) 671-5550

Please advise if/when you will be inspecting the vehicle so I can authorize same. I have enclosed a copy of our cause and origin report for your convenience. Feel free to contact me if you have any questions.

Sincerely,

[Signature]

Birgit Hlytha, Subrogation Representative
Integon National Insurance Co, a GMAC Insurance Company
1-888-233-4575 Ext 3932

✓
St. Petersburg, FL
44,000 @
WSD 4/17/00
ES2 MD

GMAC Insurance
500 W. Fifth St / PO Box 1429
Winston-Salem NC 27188-3800
www.gmacinsurance.com

BOW
UCC 7/24/05
WSD 4/17/00



Office of the General Counsel

PROTECTED & CONFIDENTIAL
Ford Motor Company
Parklane Towers West
Suite 300
Three Parklane Boulevard
Dearborn, Michigan 48120-3600

September 8, 2004

GMAC Insurance
PO BOX 1429
Winston-Salem, NC 27188-3600
ATTENTION: BIRGIT BLYTHE

RE: Claimant: [REDACTED]
Your Claim #: [REDACTED]
DOL: 06-17-2004

RECEIVED

SEP 14 2004

CLAIMS

Dear Ms. Blythe:

We acknowledge your recently submitted subrogation claim. In order to assist us in evaluating your claim, we request that you provide us with the following information: (Please note that the information requested is in regard to the Ford manufactured vehicle.)

- 1. Attach statement with a complete description of the incident, including events that occurred prior to and subsequent to the loss.
- 2. A copy of the police and/or fire report.
- 3. Original color photographs of the vehicle's collision/fire damage & the alleged defective parts, from several different angles.
- 4. Original color photographs of the inside of the vehicle showing the steering wheel, dash and foot areas.
- 5. Original color photographs of the accident / fire scene from several different angles.
- 6. Attach a copy of your expert's report and the expert's original photographs.
- 7. Attach the repair estimate, repair order, or your total loss worksheet for the vehicle's damage and any losses associated with this incident, and copies of draft payments.
- 8. Attach the complete service history for the subject vehicle, including any tune-ups or oil changes.

Please answer the following in the space provided. If you need additional space, please use the back of the form:

- 9. What was the city and state of occurrence: St. Petersburg, FL
- 10. The 17 digit vehicle identification number: NA 1FMRK1561Y [REDACTED]
- 11. What was the mileage at time of occurrence: NA 44,000
- 12. What is the alleged defect: Faulty cruise control switch - see report enclosed

Stamp: 2004, Mabs, CIB

13. Has the alleged defective part been repaired or replaced? (circle one) Yes or No
14. What is the current location of the vehicle, and the alleged defective part(s)?
Coast Auto Auctions - see attached letter
15. List all other market additions or modifications that were made to the vehicle:
See vehicle value enclosed
16. Was the engine running? (circle one) Yes or No Had been prior to fire
17. Were the keys in the ignition? (circle one) Yes or No
18. Was this vehicle purchased new or used? Used
If purchased used, provide the date of purchase, mileage at the time of purchase, and from whom the vehicle was purchased From Broadway Ford 813-240-3673 / sales Kris Moyer
Purchased 2/4/03

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

Please be advised that all necessary steps should be taken to ensure that the subject vehicle and all of its component parts are maintained and preserved for trial. Ford Motor Company has the right to inspect the vehicle and remove and test any component part that you claim to be defective, and to be presented with the vehicle and the subject component part(s) at the time of trial, should litigation ensue from this internal claim.

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

Sincerely,



Shawn L. Norton
Claims Analyst /
Litigation Assistant

7353520 06/17/2004

6/18/2004 8:51:40 AM created by JONATHAN S KEYS

spoke with insd [REDACTED]

i/v started smoking a little while at bank
drove home from bank and when she got home more black smoke came out from under
hood

went in house and looked out kitchen window and saw the flames starting to come out
from under hood

insd thought that she put the emergency brake on and it was the tires, released the brake
and when she got home she called her husband
she ran over to her neighbor who is a retired firefighter
called 911, fire dept came and extinguished fire

last time i/v had oil change was 6 wks ago ~
Motorworks

i/v has an extended warranty on it, it is still under warranty

had at ford dealer on feb 18

flushed trans, rotate tires, wheel alignment, rear tail light assembly

43,976 miles on it

bought i/v from brandon ford 2/13/03

factory warranty ended 4/17/04

i/v is at insd residence



PRIVILEGED AND CONFIDENTIAL

REPORT DATE: July 28, 2004
REPORT RECIPIENT: GMAC Insurance
500 West Fifth Street
Winston-Salem, NC 27109-3310
ATTENTION: Mr. Jim Padgett

INSURED: [Redacted]
DATE OF LOSS: Thursday, June 17, 2004
LOSS LOCATION: 1100 60th Street
CITY / STATE OF LOSS: St. Petersburg, Florida
CLAIM NUMBER: [Redacted]
CIS FILE NUMBER: 7258-001103
PREPARED BY: DJ Handin, CPEI
Special Investigator

File Status:
X First and Final Report
Initial Report
Interim report
Final report - File closed

AUG 16 2004
Kathy Denton

THIS REPORT IS FURNISHED AS PRIVILEGED AND CONFIDENTIAL TO ADDRESSEE.
RELEASE TO ANY OTHER COMPANY, OFFICER, OR INDIVIDUAL IS STRICTLY
THE RESPONSIBILITY OF ADDRESSEE.

Insured: [REDACTED]
File No.: 7288-801183

1

ASSIGNMENT:

Received from: Mr. Jim Pedgett of GMAC Insurance
Instructions: Conduct an origin and cause investigation

Received on: Wednesday July 7, 2004 11:00 a.m.
Commenced on: Tuesday July 13, 2004
Completed on: Wednesday July 28, 2004

Verbal report on: Tuesday July 13, 2004
Verbal report to: Mr. Jim Pedgett of GMAC Insurance

ORIGIN AND CAUSE SUMMARY:

Following the examination of burn patterns and vector analyses within this scene, and based on the information currently available, it is my opinion this fire originated within the left rear of the engine compartment in the area of the fuse block, wiring harness, and brake booster-fluid reservoir-master cylinder and cruise control deactivation switch component.

From the origin area, the fire spread throughout the upper areas of the engine compartment to the upper area of the grill and to the left rear underside edge of the hood.

The ignition source for this fire is suspected of being an electrical fault associated with the cruise control deactivation switch component situated at the forward top surface of the master brake cylinder housing.

The first material ignited was most probably brake fluid.

The event that caused the union of this ignition source and the first material ignited is suspected of being an electrical malfunction within the cruise control deactivation switch.

Based on the information currently available, it is my opinion this was an accidental fire.

Insured: [REDACTED]
File No.: 7269-001103

2

VEHICLE EXAMINATION:

Date Commenced: Tuesday July 13, 2004
Date Completed: Tuesday July 13, 2004

Safety survey: No safety issues needed to be addressed.

Weather conditions: Clear and mild

Previous Alterations: No previous scans alterations were noted.

Special Equip Req'd: No special equipment was required.

Access Authority By: Mr. Jim Padgett of GMAC Insurance

Photos taken? Yes
Field Diagram prepared? Yes

This vehicle examination was conducted at the Copart Auto Auction facility in Riverview, Florida. The vehicle was assigned salvage yard stock number 06D40344.

The vehicle was identified as white four-door 2000 Ford Expedition XLT, Sports Utility Vehicle. The vehicle identification number, 1FMRU1580YL[REDACTED] was found on the manufacturer's label affixed to the left front door edge. The vehicle did not have a license plate attached to same, nor was there one found within the vehicle.

An odometer reading was not recorded, as electrical power is required to visually read same. The fire had compromised the vehicle's electrical system.

EXTERIOR OBSERVATIONS:

The left rear section of the hood exhibited heat related paint blistering damage and the left side of the front windshield had cracked and glazed from heat generated by the fire. The front edge of the hood exhibited considerable smoke staining and the upper areas of the grill exhibited heat related melting damage.

SECURITY ISSUES (at time of incident):

There was no evidence of exterior forced entry damage.

INTERIOR OBSERVATIONS:

The vehicle's passenger compartment exhibited no evidence of fire related damage; however, the rear left underside edge of the hood exhibited centralized fire penetration damage. This damaged location is almost directly above the location of the master brake cylinder assembly within the engine compartment.

Further examination of the damage within the engine compartment revealed the origin of the fire to be centered at the location the master brake cylinder assembly. The cruise control deactivation switch component mounted on the forward top surface of the master brake cylinder assembly exhibited significant fire related damage and had been severed. The severed end of this component with related electrical wiring attached was found hanging below the end of the master brake cylinder assembly. The related wiring was traced to the cruise control module mounted on the left front

Insured: [REDACTED]
File No.: 7188-881183

3

sender wire. The remains of the cruise control deactivation switch component still attached to the master brake cylinder housing exhibited what appeared to beading involving a metal electrical component(s) consistent with an electrical fault.

Additional electrical system, mechanical components, and fuel system related component ignition sources were examined within the area of fire origin and eliminated as causal factors.

Property / Evidence - Retrieved / Retained from this scene:

No items of evidence were collected during this vehicle scene examination.

INVESTIGATION SUMMARY:

A check of the NHTSA database revealed no fire related recalls or defect investigations involving components within the origin area. However, two consumer complaints were found relating to fires involving electrical applications within the engine compartment, one of which specifically identified the fire's origin as being within the origin location of this fire.

Further research of information relating to problems involving the cruise control deactivation switch component revealed a recall in 1993 by the Ford Motor Company, which identified fire related problems with this component. However, this recall only involved the 1992 and 1993 Lincoln Town Car, Ford Crown Victoria, and Mercury Grand Marquis.

Although there were no recent fire related problems found involving this component within Ford Motor Company vehicles, the undersigned has learned there have been a number of fires investigated where the origin of the fire was determined to be within the location of the cruise control deactivation switch, and this switch component suspected of being defective and related to the cause of these fires.

FILE STATUS:

At the present time, and with no further investigation immediately anticipated, this file is being closed. Should future circumstances warrant, this file can be reopened to allow for additional investigation.

After reviewing this report, should you have any questions or require further assistance, please contact me at the number listed below.

Respectfully,

DJ Handlin, CFEI
Special Investigator
Norrison, Florida
(352) 626-6209

CC Don Hovelt
Southern Regional Manager
(909) 463-1187

(Address all correspondence concerning this file to the following address. Please include the C15 file number.)
Cresford Investigation Services, Inc.
National Operations Center
205 W. Esplanade Ave., Suite 200
Kenner, LA 70065

- 1. Date of Incident : 06/17/04 DOW: 5
- 2. Alarm Time (military time) : 12:33:30
- 3. Arrival Time (military time) : 12:37:00
- 4. In Service Time (military time) ... : 13:05:07

- 5. Type of Situation Found : 13 VEHICLE FIRE
- 6. Type of Action Taken : 1 EXTINGUISHMENT
- 7. Mutual Aid : 0 NONE RECEIVED OR GIVEN
- 8. Given by/Received from :
- 9. Fixed Property Use : 963 PAVED PRIVATE STREET, WAY
- 10. Ignition Factor : 00 IGNITION FACTOR UNDETERMINED

- 11. Address of Incident : 12 AV N-SP/68 ST N GRID: 634B
- 12. Zip Code : 33710
- 13. Census Tract : 022302

- 14. Occupant's Name :
- 15. Occupant's Telephone Number :
- 16. Occupant's Room or Apartment Number : Permit#:

- 17. Owner's Name : [REDACTED]
- 18. Owner's Address : [REDACTED]
- 19. Owner's Telephone Number :

- 20. Method of Alarm from Public : 1 TELEPHONE LINE (911 DIRECT)
- 21. District (Station Number) : 009
- 22. Shift : C
- 23. Number of Alarms : 1

- 24. Fire Service Personnel Responded .. : 003
- 25. Number of Engines Responded : 001
- 26. Aerial Apparatus Responded : 000
- 27. Number of Other Vehicles Responded : 000

- 28. Fire Service Injuries : 000
- 29. Other Injuries : 000
- 30. Fire Service Fatalities : 000
- 31. Other Fatalities : 000

- 32. Complex : 98 NO COMPLEX
- 33. Mobile Property Type Code : 11 AUTOMOBILE

7353520 ✓

JAN 29 2004

Matt Clodiener

34. Area of Fire Origin : 83 ENGINE AREA, RUNNING GEAR, WHEEL
 35. Equipment Involved in Ignition : 96 VEHICLE
 36. Form of Heat Ignition : 00 FORM OF HEAT IGN UNDETERMINED
 37. Type of Material Ignited : 97 MULT TYPES OF MATRL 1ST IGNITE
 38. Form of Material Ignited : 97 MULTIPLE FORM OF MTRL IGNITED

 39. Method of Extinguishment : 5 PRECON HOSE W/WATER CAR IN APP
 40. Level of Fire Origin : 1 GRADE LEVEL TO 9FT ABOVE GRADE
 41. Estimated Total Dollar Loss : 10000 DAMAGE CLASS: 4

 42. Number of Stories :
 43. Construction Type :

 44. Extent of Flame Damage :
 45. Extent of Smoke Damage :
 46. Detector Performance :
 47. Sprinkler Performance :

 48. Type of Material Generating Most Smoke :
 49. Avenue of Smoke Travel :
 50. Form of Material Generating Most Smoke :

 51. Year of Mobile Property : 00
 52. Make :
 53. Model :
 54. Serial Number :
 55. License Number :

 56. Year of Equipment Involved in Ignition : 00
 57. Make : FORD
 58. Model : EXPEDITION
 59. Serial Number : 1FMRU1560Y1 [REDACTED]

 60. Officer in Charge (Name/Position/Assignment): ACT. LT. D. FRASER
 61. Date : 06/17/04

 62. Member Making Report (if different) :
 63. Date :

 64. Location (1-in city limits, 2-out of city) : 1

FIRE REPORT NUMBER 4068267-00

PRINTED ON 06/24/04 AT 15:17

UNIT	TYPE	DISPATCH	RESPOND	ON-SCENE	TRANSPORT	AT HOSP.	AVAILABLE
E9	E	12:33:30	12:35:00	12:51:06			13:05:07

Complainant: 1100 68 ST N, Phone: 343.8566 12:32:16

Response area: 634B 12:32:16

*IN THE DRIVEWAY (MSD) 12:32:58

EXPEDITION...WHITE (MSD) 12:33:06

*SMOKE SHOWING (MSD) 12:33:07

*FLAMES SHOWING (MSD) 12:33:10

**IF BRUSH TRUCK IS REQUESTED, UPGRADE CALL TO "CODE 10" 12:33:29

*Digitally Paged 1409 12:33:42

Sent Encode 0021 12:33:43

CAR IS APPROX 5-6 FROM NEAREST BLD... (MSD) 12:33:45

NEIGHBOR IS SPRAYING WATER ON FIRE WITH A GARDEN HOSE (MSD) 12:34:10

CP WAS ADVISED TO KEEP EVERYONE AWAY FROM THE VEH (MSD) 12:34:24

INFORMATION RELAYED TO PD (CLG) 12:35:13

E9 ON ON SCENE BY 20 MINS (CLG) 12:51:14

E9 ADV ON SCENE APPROX 15 MINS AGO (CLG) 12:52:42

***Additional Notes Added 06/17/04 On Port 331 at 15:31

***Notes Added by FRASER, D FP

E9 FOUND SUV WITH INVOLVED ENGINE COMPARTMENT, NO EXTENSION TO INTERIOR OF CAB AREA. EXTINGUISHED WITH TANK WATER. ADVISED OWNER, RELEASED SCENE TO SAME.

Florida Vehicle Fire - Proof of Loss

Please answer all questions. Failure to complete and/or return this affidavit may delay your claim.

1. Name of Insured: [Redacted] Claim Number: [Redacted]
 Address of Insured: [Redacted] Policy Number: [Redacted]
 Insured Phone #: [Redacted] Driver's License #: [Redacted]
 Occupation: Marketing Social Security #: [Redacted]
 Name of Employer: ACE Date of Birth: [Redacted]
 Address of Employer: [Redacted] No. 5th Pete
 Marital Status: Single Married Divorced Number of Dependents: 0
 Employer Phone #: [Redacted] Status of Spouse: N/A
 Current Salary: [Redacted] per month 2000 Spouse Social Security #: N/A

2. Date of fire: 6-17-04 Time of fire: 6:30 AM (PM)
 Was the vehicle being driven at the time of fire? Yes No Destination: [Redacted]
 Provide Driver's name, address, phone number:
 Reason for this trip: Business Personal
 If the vehicle was parked at the time of the fire, provide location and reason the vehicle was parked at this location:
No. [Redacted] - Home where I live.
 Did you smell smoke? or see flames first? Were the windows up/closed? Yes No
 What color was the smoke? Black Which ones? All closed
 What color were the flames? Orange Where did the fire start? Under the hood.
 Did you hear any unusual noises? Yes No Describe:
 Were the door or ignition keys left in the car? Yes No If parked, was vehicle locked? Yes No
 Were any mechanical or electrical problems noticed? Yes No if so, describe:
 Where any flammable liquids in vehicle at the time of the fire? Yes No
 If "yes", what and where were they located? N/A
 Amount for which you are making claim: \$ 14,000
 Name, Address, Phone Number of Witness: William Rosemiller No. [Redacted]
 Who discovered the fire? [Redacted]
 When was loss reported to Fire Dept.? Date: 6-17-04 Time: 6:30 approx AM (PM)
 Who reported the fire to fire department? Neighbor called
 How was the fire department notified? 911 call
 Name of Fire Department: St. Pete Engine 9 Report #: 4068263-00
 Present location of vehicle: St. Pete
 Did the police make any arrests? Yes No If "yes", who:
 Do you suspect anyone of the fire? Yes No If "yes", who:

3. Vehicle Information: Title Number and St: [Redacted] FL
 Year: 2000 Make: Ford Expedition Color: White
 VIN #: 1FMRU1560Y1 Number Cylinders: [Redacted] Gas or Diesel: Gas
 Mileage: [Redacted] License Plate: V71 TLZ State of Plate: FL
 Vehicle Equipment Check: (Check if Vehicle Had The Following)
 Radio AM T-Tops Power Windows Auto Transmission
 AM/FM/Stereo TIN Wheel Power Seats Manual Transmission
 Tape/CD Air Conditioning Cruise Control 4-Wheel Drive
 Factory Installed? Y Power Steering Wheels (Factory) Tires & Amount of Miles 13,000?
 Brand Name: [Redacted] Power Brakes Wheels (Aftermarket)
 Vinyl Roof Sun Roof Brand Name/Style?
 List All Other Options or Customized Equipment: Factory Pedal Adjustment

MS FILES RECEIVED
 JUN 29 PM 1:2

Original engine?: Yes No
Original transmission?: Yes No

If "NO" provide engine #
If "NO" - provide transmission #

Vehicle Condition
Poor Fair Good Excellent

Other distinguishing features
(Dents, decals, trailer hitch, interior, etc.)

Paint
Transmission
Engine
Body

Surf decal on back
rear window.

Name and address of service station/garage:

Who performs routine maintenance:

Who performs State Emissions inspection:

Has vehicle been damaged in past 3 years?

Describe damage (location, type, date, cost):

Asst. Motor Works - 227-384-0400 (Oil Change)
Autoway Ford - 227-321-7735
Date last serviced: 5-04-Oil Change
Date last inspected: N/A
None

Were damage repairs completed: Yes No Partial If "yes" or "partial", who performed repairs:

If damages were covered by insurance, provide name, address, phone number, claim number of the company which made payment: N/A

In the past three years, have you made any insurance claims on this vehicle or any other vehicle?

Yes No, if "yes", explain:

4. Vehicle Purchased: New Used Price: \$22,000. Date: 02-4-03
Did you trade-in a vehicle: Yes No If "yes", trade-in credit: \$2500.
Who sold you the vehicle: Brandon Ford - 813-246-3673 - Kris Meyer
How did you pay for the vehicle: Cash Check Trade-in Financed
Name, address of lender/financier: Paid off 9-04
Ford Motor Credit
Loan term: N/A Months: N/A Account #: N/A Balance Due: \$0
Monthly Payment: \$0 Last Payment Date: N/A Next Payment Date: N/A
Account Past Due? Yes No How long past due: N/A
Was vehicle for sale at the time of loss: Yes No Has it ever been for sale: Yes No
If vehicle has had been for sale: When: N/A How Long:
Sale Price: \$ N/A Value of Offers: \$ N/A
Name, address of person making offer(s): N/A
How many sets of keys are there to the vehicle: 1
Do you have all sets in your possession: Yes No
If you do not have all sets, where are they:

5. **AFFIRMATION and CONSENT:** My signature below affirms that all the information I have provided in this proof of loss is true and correct. I understand that if any information I have provided in this proof of loss is false, it may result in the denial of my claim. By affixing my Signature I authorize GMAC Insurance or it's representative to conduct reasonable inquiries into my credit history and background. I further authorize GMAC Insurance to remove any mechanical or electrical components, fluids, assemblies, and/or materials from my vehicle for examination, testing and/or storage.

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

Instructions: This Proof of Loss must be signed in the presence of a Notary Public Failure to complete this form or return it will delay your claim and may result in denial of your claim.

STATE Florida

SS

COUNTY Pinellas

Signature of Policyholder

Address

Sy Rote R 33710

On this 24 day of June, year 2004 before me personally appeared _____ and _____ who/they acknowledged the execution of the foregoing instrument as a free act and deed.

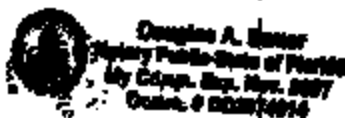
Signature and Seal of Notary:

My commission expires: Nov 2007

Date:

6/24/04

Florida - Proof of Loss - Vehicle Fire 10-01



FIRE REPORT NUMBER 4068267-00

PRINTED ON 06/24/04 AT 15:17

1. Date of Incident : 06/17/04 DOW: 5
2. Alarm Time (military time) : 12:33:30
3. Arrival Time (military time) : 12:37:00
4. In Service Time (military time) ... : 13:05:07

5. Type of Situation Found : 13 VEHICLE FIRE
6. Type of Action Taken : 1 EXTINGUISHMENT
7. Mutual Aid : 0 NONE RECEIVED OR GIVEN
8. Given by/Received From :
9. Fixed Property Use : 963 PAVED PRIVATE STREET, MAY
10. Ignition Factor : 00 IGNITION FACTOR UNDETERMINED

11. Address of Incident : 12 AV N-SP/68 ST N GRID: 634B
12. Zip Code : 33710
13. Census Tract : 022302

14. Occupant's Name :
15. Occupant's Telephone Number :
16. Occupant's Room or Apartment Number : Permit#:

17. Owner's Name :
18. Owner's Address :
19. Owner's Telephone Number :

20. Method of Alarm from Public : 1 TELEPHONE LINE (911 DIRECT)
21. District (Station Number) : 009
22. Shift : C
23. Number of Alarms : 1

24. Fire Service Personnel Responded . : 003
25. Number of Engines Responded : 001
26. Aerial Apparatus Responded : 000
27. Number of Other Vehicles Responded : 000

28. Fire Service Injuries : 000
29. Other Injuries : 000
30. Fire Service Fatalities : 000
31. Other Fatalities : 000

32. Complex : 98 NO COMPLEX
33. Mobile Property Type Code : 11 AUTOMOBILE

7353520 ✓

JUN 29 2004
Matt Clodfelter

34. Area of Fire Origin : 83 ENGINE AREA, RUNNING GEAR, WHEEL
 35. Equipment Involved in Ignition : 96 VEHICLE
 36. Form of Heat Ignition : 00 FORM OF HEAT IGN UNDETERMINED
 37. Type of Material Ignited : 97 MULT TYPES OF MATRL 1ST IGNITE
 38. Form of Material Ignited : 97 MULTIPLE FORM OF MTRL IGNITED

 39. Method of Extinguishment : 5 PRECON HOSE W/WATER CAR IN APP
 40. Level of Fire Origin : 1 GRADE LEVEL TO 9FT ABOVE GRADE
 41. Estimated Total Dollar Loss : 10000 DAMAGE CLASS: 4

 42. Number of Stories :
 43. Construction Type :

 44. Extent of Flame Damage :
 45. Extent of Smoke Damage :
 46. Detector Performance :
 47. Sprinkler Performance :

 48. Type of Material Generating Most Smoke :
 49. Avenue of Smoke Travel :
 50. Form of Material Generating Most Smoke :

 51. Year of Mobile Property : 00
 52. Make :
 53. Model :
 54. Serial Number :
 55. License Number :

 56. Year of Equipment Involved in Ignition : 00
 57. Make : FORD
 58. Model : EXPEDITION
 59. Serial Number : 1FMRU1560Y1 [REDACTED]

 60. Officer in Charge (Name/Position/Assignment): ACT. LT. D. FRASER
 61. Date : 06/17/04

 62. Member Making Report (if different) :
 63. Date :

 64. Location (1=in city limits, 2=out of city) : 1

FIRE REPORT NUMBER 4068267-00

PRINTED ON 06/24/04 AT 15:17

UNIT	TYPE	DISPATCH	RESPOND	ON-SCENE	TRANSPORT	AT HOSP.	AVAILABLE
E9	E	12:33:30	12:35:00	12:51:06			13:05:07
Complainant: 1100 68 ST N, Phone: 343.8566 12:32:16							
Response area: 634B 12:32:16							
*IN THE DRIVENWAY (MSD) 12:32:58							
EXPEDITION...WHITE (MSD) 12:33:06							
*SMOKE SHOWING (MSD) 12:33:07							
*FLAMES SHOWING (MSD) 12:33:10							
**IF BRUSH TRUCK IS REQUESTED, UPGRADE CALL TO "CODE 10" 12:33:29							
*Digitally Paged 1409 12:33:42							
Sent Encode 0021 12:33:43							
CAR IS APPROX 5-6 FROM NEAREST HLD... (MSD) 12:33:45							
NEIGHBOR IS SPRAYING WATER ON FIRE WITH A GARDEN HOSE (MSD) 12:34:10							
CP WAS ADVISED TO KEEP EVERYONE AWAY FROM THE VEH (MSD) 12:34:24							
INFORMATION RELAYED TO PD (CLG) 12:35:13							
E9 ON ON SCENE BY 20 MINS (CLG) 12:51:14							
E9 ADV ON SCENE APPROX 15 MINS AGO (CLG) 12:52:42							
***Additional Notes Added 06/17/04 On Port 331 at 15:31							
***Notes Added by FRASER,D FP							
E9 FOUND SUV WITH INVOLVED ENGINE COMPARTMENT, NO EXTENSION TO INTERIOR OF CAB AREA. EXTINGUISHED WITH TANK WATER. ADVISED OWNER, RELEASED SCENE TO SAME.							

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File Identification: 7200-001183

Insured: Brooks Bayless

Photo Mounting Sheet



1.



2.

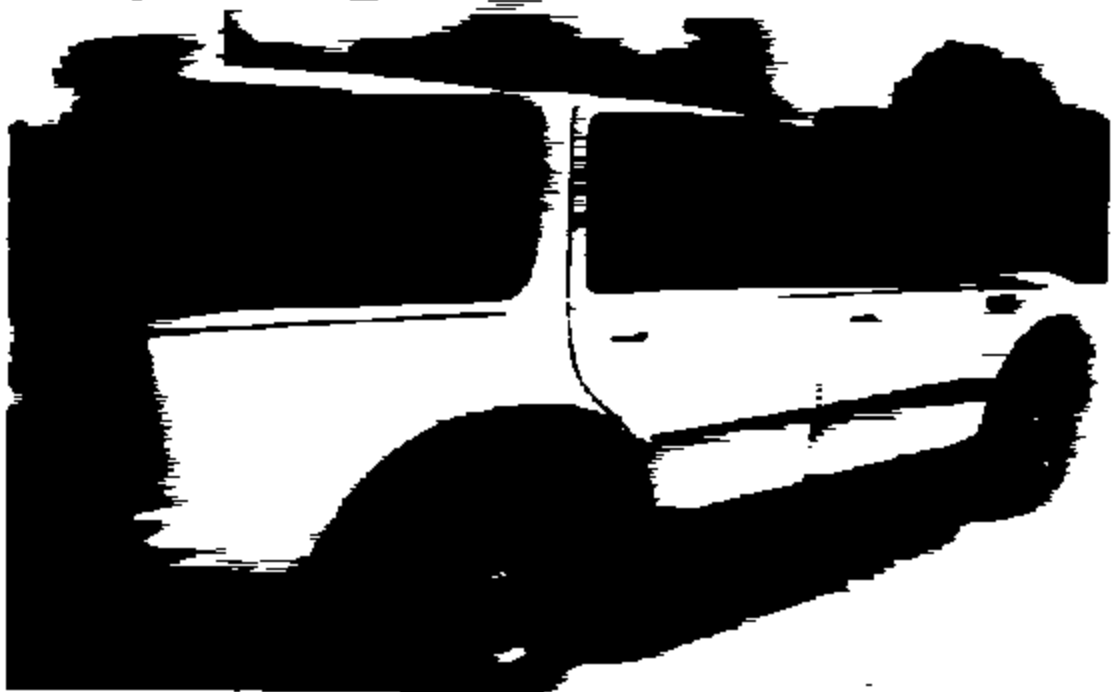


File Identification: 7200-001103

Issued: [REDACTED]

735.3528

Photo Mounting Sheet



75535.26

Photo Mounting Sheet



Photo Mounting Sheet



Z

B

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Photo Mounting Sheet



9.

10.

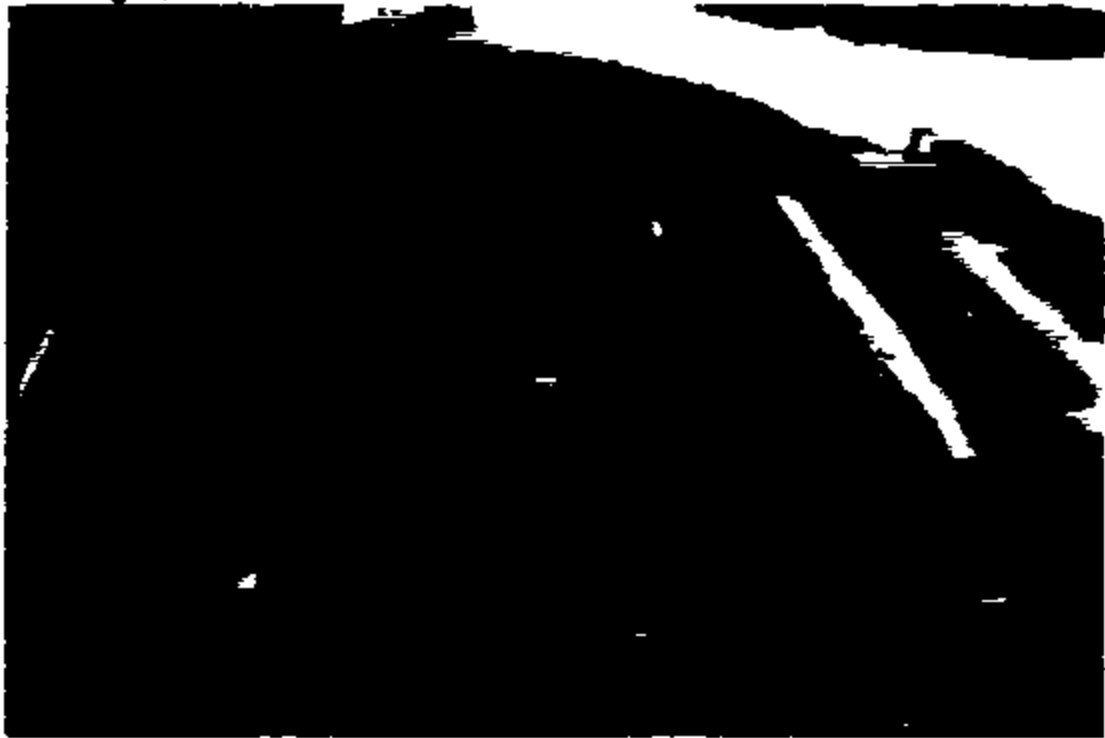


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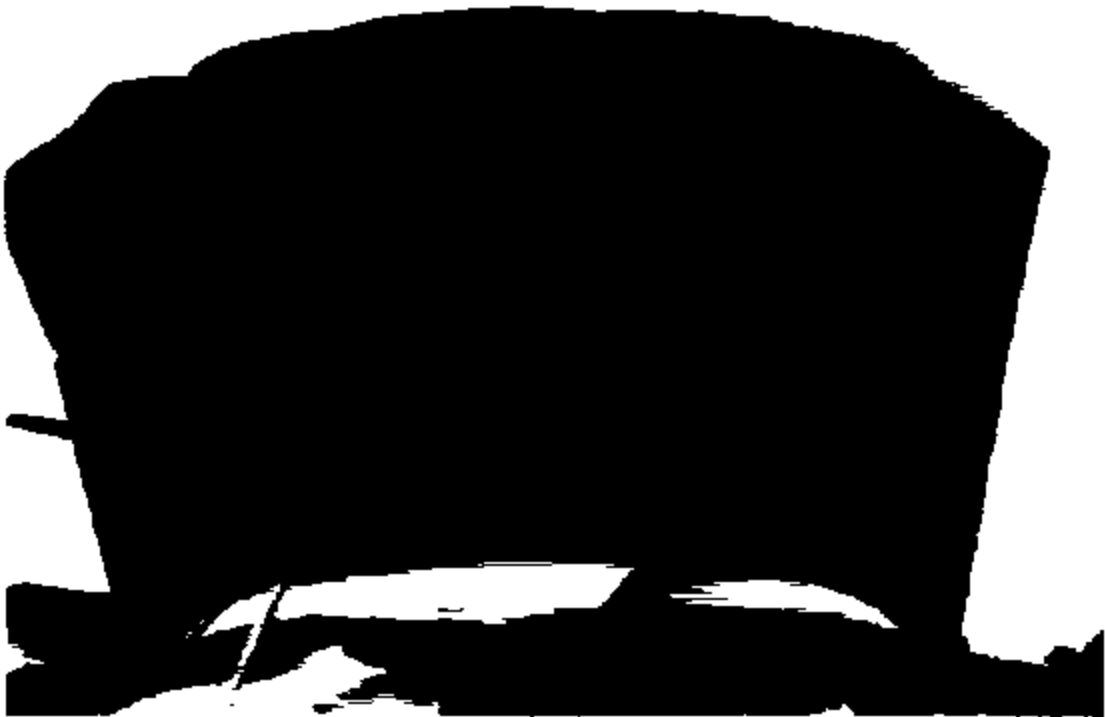
Insured: [REDACTED]

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Photo Mounting Sheet



11.



12.

735 38-26

Photo Mounting Sheet



13.

14.

73535-26

Photo Mounting Sheet



18.

19.



File identification: 7200-001163

Insured: [REDACTED]

735.35-20

Photo Mounting Sheet



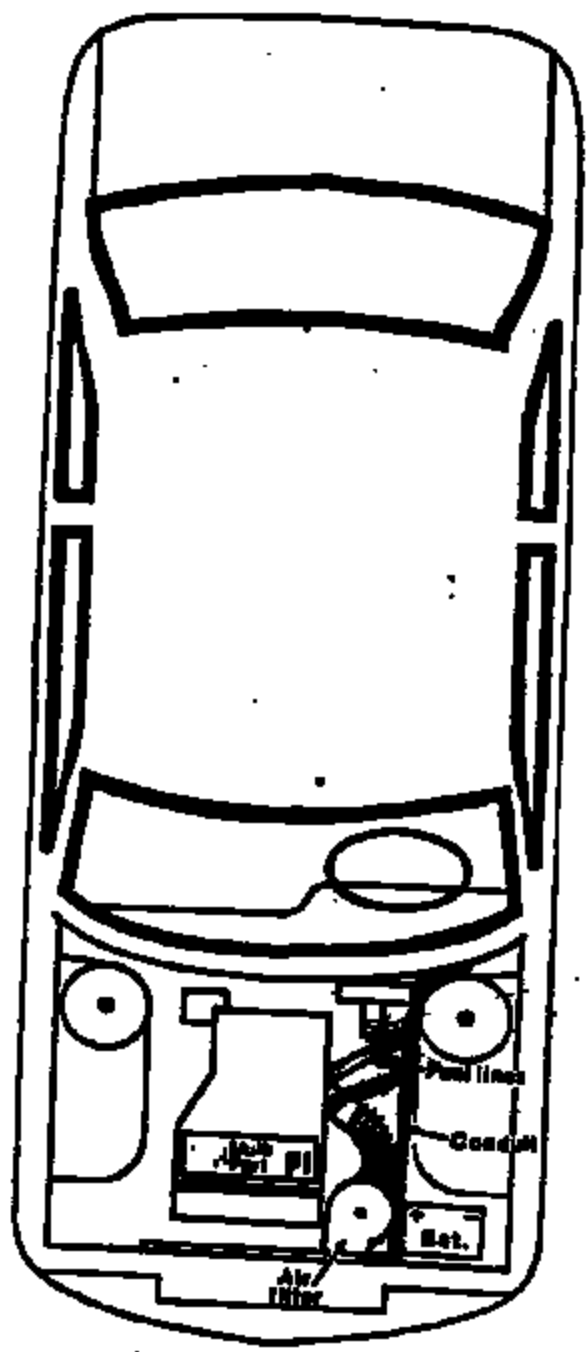
17.

18.

Diagram Sheet

Location: COPART - Tampa / Riverview, FL
PSP File No.: 7259-001103

2000 FORD EXPEDITION S.U.V.



Cruise Control
Deactivation
Switch

Print of Fire Chain

Prepared By: DJ Handlin
Date: July 28, 2004
Scale: NOT TO SCALE

This diagram is for illustrative purposes only and may not accurately represent the structure's, dimensions, contours, etc.

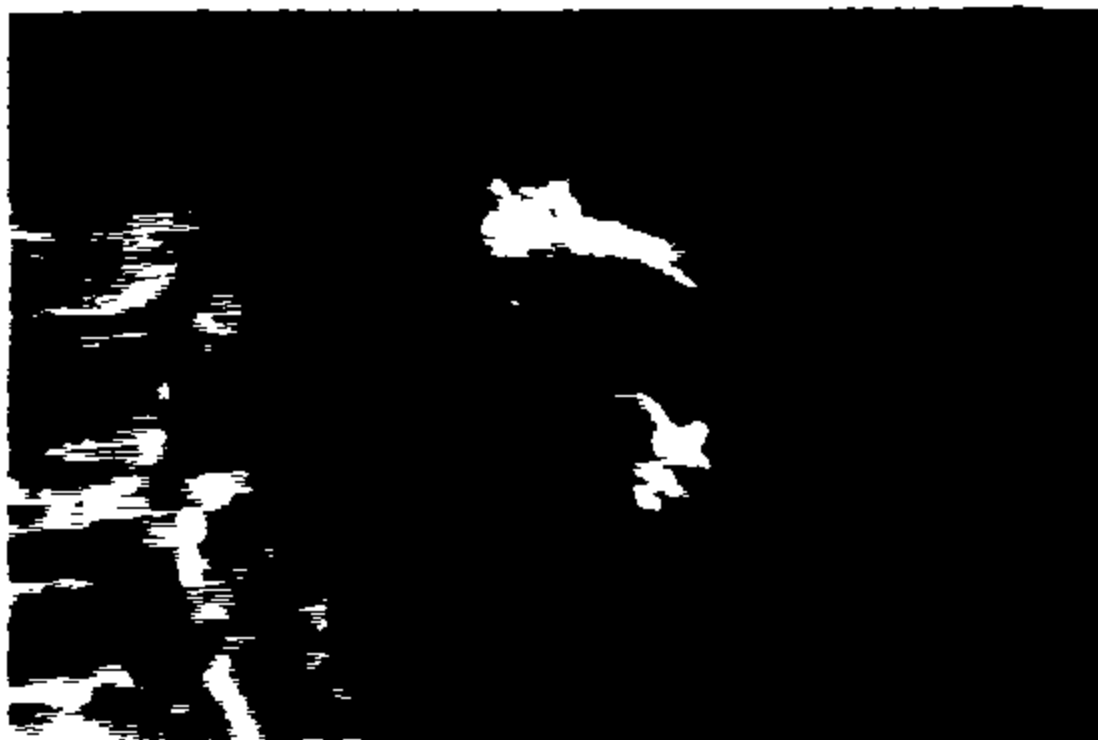
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EXPEDITION
4.4L V6





