

**PE04-078**

**FORD**

**1/28/2005**

**BOOK 6 OF 12**

**ATTACHMENT F**

**PART 5 OF 6**

# State Farm Insurance Companies



April 26, 2001

State Farm Insurance Claim Office  
133 Mayfair Road  
P.O. Drawer 16029  
Hattiesburg, Mississippi 39404-0029  
Phone: 601-261-2800

Ford Motor Company  
Parklane Tower West, Suite 400  
3 Parklane Blvd.  
Dearborn, MI 48126  
Attn: Howard Keyes, Mgr., Claim Dept.

Re: Claim Number: [REDACTED]  
Date of Loss: March 30, 2001  
Our Insured: [REDACTED]  
Company Portion: \$85,638.00 to date  
Insured's Deductible: \$ .00  
Total Amount Due: \$85,638.00 to date



Dear Mr. Keyes:

We understand that Ford Motor Company was involved in a fire loss with our insured on the above date. Based on the information available to us, we believe Ford Motor Company was responsible for causing the damage. This letter is to inform you of our claim for what we have paid on behalf of our insured to date.

If you have insurance to protect you against liability, please send this letter to your insurance company and advise us of their name, address and your policy number. If you do not have insurance to protect you, contact us within 30 days of this letter if you are willing to pay the damage caused by the fire loss.

Our insured may also have claims for other damages. Our insured must be fully compensated for their other damages before we can make any agreement with you regarding our claim. Any agreement you make with us regarding this claim will not affect any responsibility you may have for claims of other parties to this fire loss.

If we do not hear from you within 30 days, we will take legal action to protect our rights in this matter.

- F1  
- 3/30/01  
- 43516351

PEB4-878 C 2358



# DOUGLAS LAW OFFICE P.C.

D/W/A of H. Douglas Law Office P.C.  
a Professional Corporation  
55 S. Jackson Street  
Frankfort, Indiana 46041-1954

## Attorneys

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Phone (765) 654-7321  
Toll Free (800) 215-7075  
FAX (765) 654-3967

July 1, 2003

Shawn Norton  
Claims Analyst  
Ford Motor Company  
Parklane Towers West, Ste. 300  
Three Parklane Boulevard  
Dearborn, MI 48128-2568

RECEIVED JUL 1 1 2003

469 294

CL 11/02

Re: Our Client: [REDACTED]  
Our File No: 01R-5325776D  
Date of Accident: 02/19/02

10000171400-03

Dear Mr. Norton:

In response to your letter of September 10, 2002 addressed to Mark Williams of Farm Bureau Insurance, please be advised that Farm Bureau Insurance has referred this matter to our law firm to assist them with the collection of those monies due them relative to the above-referenced incident. More specifically, Farm Bureau would respond to your inquiry as follows:

1. Indianapolis, Indiana, February 19, 2002.
2. Farm Bureau's Insured, [REDACTED], received a recall notice from Ford Motor Company concerning a faulty wiper motor that could potentially cause a fire. In response to this recall notice, [REDACTED] took his vehicle to Advantage Ford-Lincoln-Mercury, Inc. located in Connorsville, Indiana, and with the understanding that the recall wiper motor was replaced. Unfortunately, on February 19, 2002, [REDACTED] 2000 Ford F150 Pickup Truck caught fire, which fire was later determined to be the result of the recalled wiper motor which was never replaced by Advantage Ford-Lincoln-Mercury, Inc.
3. We are unaware of any fire or police report which was filed relative to this incident.
4. 18,781
5. Attached please find all photographs in the possession of Farm Bureau Insurance.
6. Attached please find certain recall notice(s) received by Plaintiff's insured.
7. The windshield wiper motor.
8. It is our understanding that the defective wiper motor is in the possession of Fred First Ford.

Indianapolis  
- 181 761 (M)

Shawn Norton  
Ford Motor Company  
July 1, 2003  
Page 2

9. Attached please find a copy of the draft and corresponding rental bill.
10. Farm Bureau Insurance does not have possession of this material.
11. Farm Bureau Insurance is unaware of any such market additions or modifications.
12. Plaintiff's insured had just turned off the engine prior to the fire loss.
13. The keys were no longer in the ignition.
14. Not applicable.

In sum, Farm Bureau Insurance is looking for the recovery of \$600.00 in the rental expense benefits tendered to their insured [REDACTED] relative to the February 19, 2002 accident either from Ford Motor Company or Advantage Ford-Lincoln-Mercury, Inc. for the failure to replace the recalled windshield wiper motor despite Farm Bureau's insured's request to do so. It is my further understanding that the actual property damage repair to the [REDACTED] vehicle has been paid for by either Ford Motor Company or Advantage Ford-Lincoln-Mercury. Consequently, I would assume that this matter can be resolved in the near future without the need to go forward with a small claims action in Marion Superior Court.

Upon your review of the enclosed material, please contact me at the above phone number to discuss settlement of my client's claim.

Sincerely,

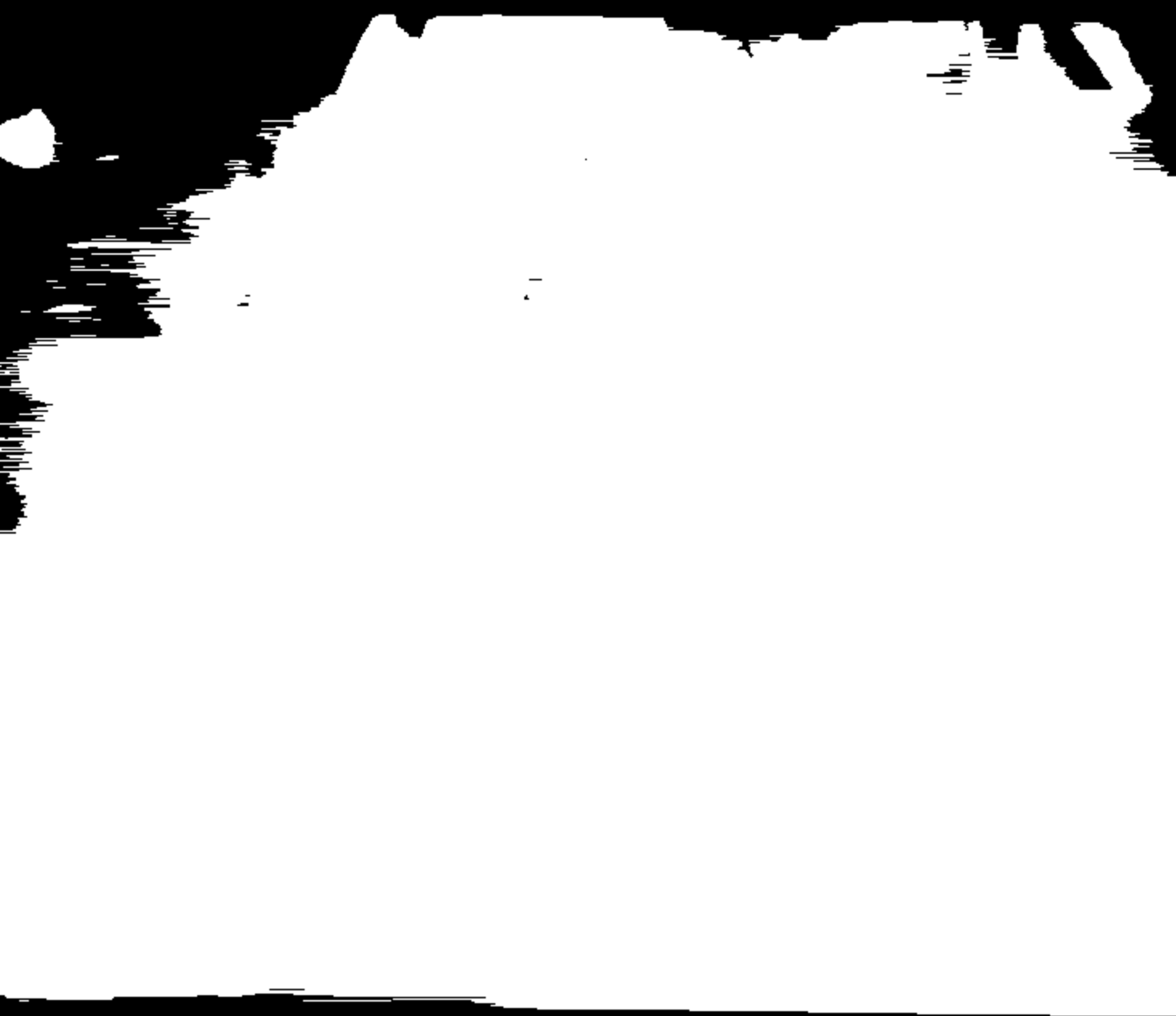
  
Kevin L. Moyer

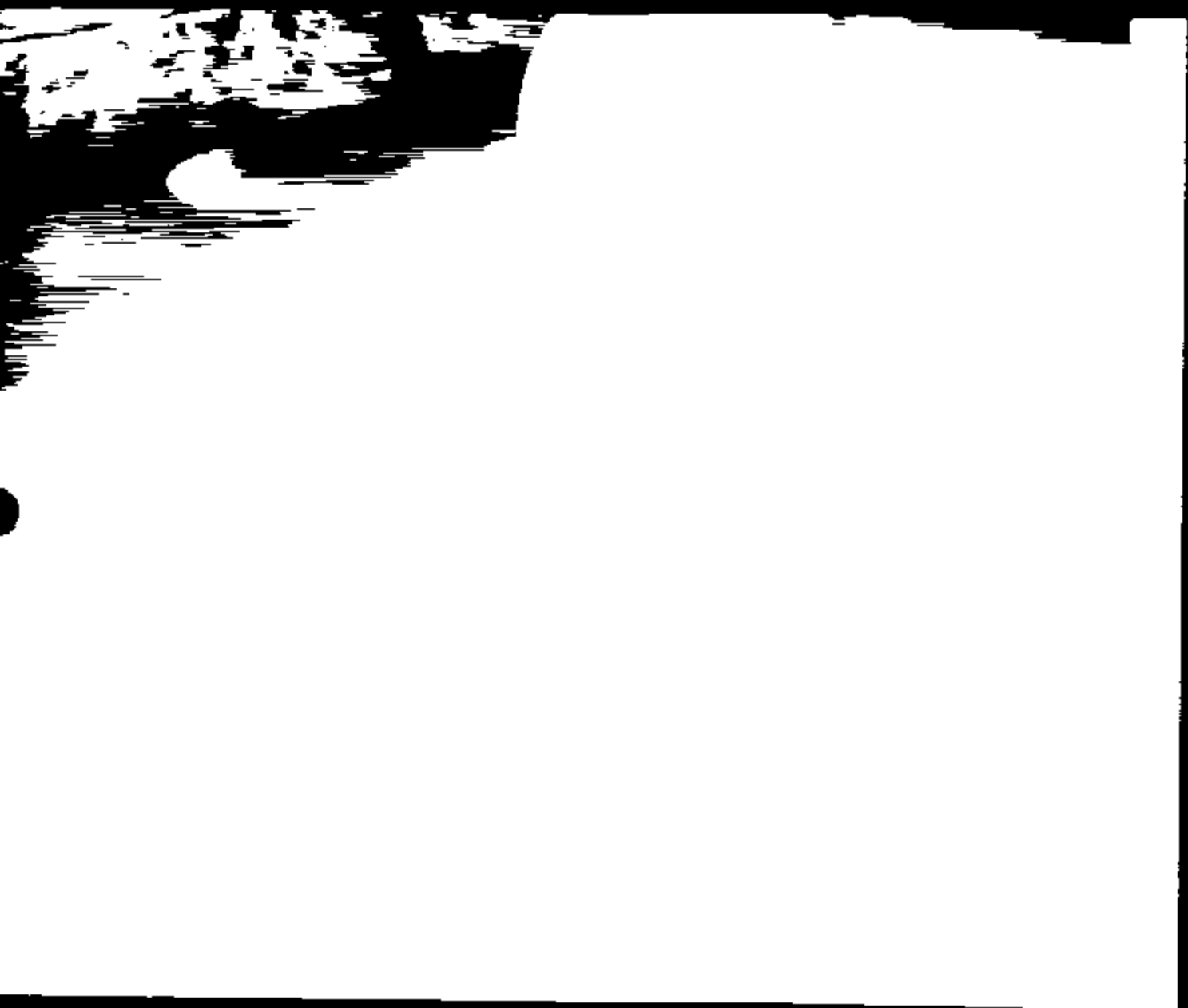
KL:mdm

Enclosures

cc: Advantage Ford-Lincoln-Mercury, Inc.  
Attention: Claims/ Risk Management Department  
P.O. Box 639  
Connersville, IN 47331

PE04-078 C 2358









PE04-078 C 2362



PER4-070 C 2353



PE84-878 C 2364





PE04-678 C 2368

















FE84-878 C 2373

All Action Details for Issue

Print

VIN: 2FTRX18LXY [REDACTED] Year: 2000 Model: F-SERIES Case: 1507050532  
 Name: [REDACTED] Owner Status: Original WSD: 2000-09-12  
 Symptom Desc: FIRE/SMOKE SMOKE Primary Phone: [REDACTED]  
 Reason Desc: LEGAL - FIRE CLAIM Secondary Phone: [REDACTED]  
 Issue Type: 07 LEGAL Issue Status: CLOSED

Action: OPEN LEGAL CONTACT - PRODUCT LIABILITY

Dealer: 04829 FRED FIRST INC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 7256 MI Comm Type: MAIL  
 Analyst Name: MOLLY KELSEY Analyst: MKELSEY2  
 Action Date: 02/22/2002 Action Time: 14.05.05.701 Action Data: No

Comments \*\*\*\*\*ATTORNEY DEMAND LETTER\*\*\*\*\* REC'D 02/22/02 ATTORNEY ALLEGES DEFECTIVE VEHICLE. CUSTOMER ALLEGES HER VEHICLE IS DEFECTIVE. \*\*CUSTOMER REQUESTS A FORD REPRESENTATIVE CONTACT HER TO DISCUSS THIS MATTER.\*\*

Action: MAKE OUTBOUND CALL TO DEALER

Dealer: 04829 FRED FIRST INC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 7256 MI Comm Type: MAIL  
 Analyst Name: MOSLEY, TISHA Analyst: TMOSLEY  
 (T.S.)  
 Action Date: 02/22/2002 Action Time: 16.40.29.661 Action Data: Yes

Comments \*\*\*LPA SPOKE WITH CONTACT PERSON DAVID HARTMAN AT THE DEALERSHIP. LPA WAS INFORMED THAT THE VEHICLE IS AT THEIR DEALERSHIP AT THIS TIME AND THEY HAVE LOOKED AT THE VEHICLE AND SO HAS THE CUSTOMER'S INSURANCE CO. LPA WAS INFORMED THAT THE VEHICLE HAD RECALL(01S24) INVOLVING THE WIPER MOTOR COMPLETED BY ANOTHER DEALERSHIP, HOWEVER IT LOOKS AS IF THE FIRE WAS RELATED TO RECALL BECAUSE THE FIRE CAME OUT OF THE WIPER MOTOR AND IT'S OBVIOUS. \*\*\*LPA WAS INFORMED JUST BY LOOKING AT THE VEHICLE, THE WINDSHIELD, COW VENT AND WIPER MOTOR WILL NEED TO BE REPLACED AND THE VEHICLE WILL NEED TO BE REPAINTED. \*\*\*LPA INFORMED DAVE THAT THE CUSTOMER WILL BE CONTACTED TO FURTHER DISCUSS THE FIRE AND THAT HE WILL BE RECONTACTED NEXT WEEK.

Data Element Name	Data Value
CONTACT PERSON	DAVID HARTMAN

Action: MAKE OUTBOUND CALL TO CUSTOMER

Dealer: 04829 FRED FIRST INC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION  
 Odometer: 7256 MI Comm Type: MAIL  
 Analyst Name: MOSLEY, TISHA Analyst: TMOSLEY  
 (T.S.)  
 Action Date: 02/25/2002 Action Time: 11.13.16.196 Action Data: Yes

Comments \*\*\*LPA CALLED CUSTOMER'S HOME# AT [REDACTED] HOWEVER HE WAS NOT AVAILABLE. LPA LEFT MESSAGE REQUESTING THAT HE RETURN CALL AT 313-645-4637, 8-4PM EST.

Data Element Name	Data Value
CONTACT PERSON	VOICE MAILMAN

PE84-878 C 2374



**Action: INFORMATIONAL CALL/FAX WITH CUSTOMER**

Dealer: 04829 FRED FIRST INC

Origin Desc: CONSUMER AFFAIRS - LITIGATION  
PREVENTION

Odometer: 7258 MI

Comm Type: MAIL

Analyst Name: MOSLEY, TISHA  
(T.S.)

Analyst: TMOSLEY

Action Date: 02/28/2002

Action Time:  
11.42.10.752

Action Data: No

Comments \*\*\*LPA SPOKE WITH CUSTOMER REGARDING HIS VEHICLE CONCERN. LPA WAS INFORMED HIS WIFE PARKED THE VEHICLE AND NOTICED SMOKE AND FLAMES AROUND THE HOOD. LPA WAS INFORMED SHE AND COWORKERS PUT THE FIRE OUT WITH AN EXTINGUISHER AND THEN THE FIRE/POLICE DEPTS ARRIVED. LPA WAS INFORMED THERE WERE NO INJURIES AND THEY HAVE NOTIFIED THEIR INSURANCE CO- FARM BUREAU. LPA WAS INFORMED THE VEHICLE IS PRESENTLY AT THE DEALERSHIP. LPA WAS THE VEHICLE WAS LEASED FROM ADVANTAGE (03347), HOWEVER THEY DO NOT HAVE A BODY SHOP. \*\*LPA INFORMED CUSTOMER THAT HE WILL BE RECONTACTED ONCE WE HAVE SPOKEN TO BOTH DEALERSHIPS.

**Action: INFORMATION CALL/FAX WITH DEALER**

Dealer: 04829 FRED FIRST INC

Origin Desc: CONSUMER AFFAIRS - LITIGATION  
PREVENTION

Odometer: 7256 MI

Comm Type: MAIL

Analyst Name: MOSLEY, TISHA  
(T.S.)

Analyst: TMOSLEY

Action Date: 02/28/2002

Action Time:  
11.44.20.130

Action Data: No

Comments \*\*LPA SPOKE WITH SM-SUZY AT THE DEALERSHIP. LPA WAS INFORMED BY LOOKING AT THE VEHICLE IT'S VISIBLE THAT THE FIRE IS CONTAINED WHERE THE WIPER MOTOR IS. LPA WAS INFORMED YOU CAN SEE WHERE THE FIRE CAME OUT OF THE WIPER MOTOR. \*\*\*LPA WAS INFORMED THAT THE RECALL (01S24) WAS AN INSPECTION ONLY THAT WAS COMPLETED AT ADVANTAGE.

**Action: UPDATE/ADDCO CASE**

Dealer: 04829 FRED FIRST INC

Origin Desc: CONSUMER AFFAIRS - LITIGATION  
PREVENTION

Odometer: 7258 MI

Comm Type: MAIL

Analyst Name: MOSLEY, TISHA  
(T.S.)

Analyst: TMOSLEY

Action Date: 02/26/2002

Action Time:  
11.48.02.048

Action Data: No

Comments \*\*\*LPA SPOKE WITH SM-STEVE AT ADVANTAGE (03347) REGARDING THE RECALL (01S24) INVOLVING THE WIPER MOTOR COVER THAT WAS COMPLETED BY THEIR DEALERSHIP. \*\*LPA WAS INFORMED FOR THIS VEHICLE THE RECALL WAS AN INSPECTION ONLY AND THEY DID NOT HAVE TO REPLACE ANYTHING IF EVERYTHING APPEARED TO BE OPERATING PROPERLY.

**Action: INFORMATION CALL/FAX WITH DEALER**

Dealer: 04829 FRED FIRST INC

Origin Desc: CONSUMER AFFAIRS - LITIGATION  
PREVENTION

Odometer: 7256 MI

Comm Type: MAIL

Analyst Name: MOSLEY, TISHA  
(T.S.)

Analyst: TMOSLEY

Action Date: 02/26/2002

Action Time:  
11.47.31.862

Action Data: No

...05.701&ISSUE\_UPDATE\_ID\_C=TMOSLEY%20&USER\_ID\_C=TMOSLEY%20&STAT7/29/2003

PE28-078 C 2375

Comments \*\*\*LPA SPOKE WITH BODY SHOP MGMR-DAVE HARTMAN REGARDING THE CUSTOMER'S CONCERNS. LPA WAS INFORMED IT'S OBVIOUS THAT THE FIRE IS RELATED TO RECALL (01S24). \*\*\*LPA REQUESTED A FORD WARRANTY ESTIMATE TO BE FAXED TO 313-845-5668 ASAP TO LPA'S ATTENTION.

**Action: OFFER**

Dealer: 04629 FRED FIRST INC

Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION

Odometer: 7256 MI

Comm Type: MAIL

Analyst Name: MOSLEY, TISHA (T.S.)

Analyst: TMOSLEY

Action Date: 03/01/2002

Action Time: 13.38.35.017

Action Date: Yes

Comments \*\*\*LPA IS OFFERING ASSISTANCE WITH THE BODY REPAIRS DUE TO THE DEALERSHIP DETERMINING THE FIRE WAS RELATED TO RECALL (01S24) INVOLVING THE WIPER MOTOR. THE REPAIRS ARE ESTIMATED TO COST \$1067.27, IN ADDITION, LPA HAS AUTHORIZED RENTAL ASSISTANCE NOT TO EXCEED \$28.00, WHICH THE CUSTOMER HAS A VEHICLE CURRENTLY AT \$24.00. LPA HAS INDICATED 7 DAYS IS THE MAXIMUM NUMBER OF DAYS AND THE RENTAL ASSISTANCE STARTS 2/27/02. LPA IS SENDING CUSTOMER OFFER LETTER DATED 3/1/02.

Data Element Name

Data Value

PROJECTED \$ AMOUNT

1200

**Action: FINAL CASE DISPOSITION**

Dealer: 04629 FRED FIRST INC

Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION

Odometer: 7256 MI

Comm Type: MAIL

Analyst Name: MOSLEY, TISHA (T.S.)

Analyst: TMOSLEY

Action Date: 03/12/2002

Action Time: 15.57.14.037

Action Date: No

Comments \*\*\*LPA IS CLOSING CASE DUE TO NO RESPONSE TO OFFER TO ASSIST WITH THE REPAIRS OF THE VEHICLE AND RENTAL ASSISTANCE. \*\*\*NO FURTHER ACTION AT THIS TIME\*\*\*\*\*

**Action: UPDATE/ADDCO CASE**

Dealer: 04629 FRED FIRST INC

Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION

Odometer: 7266 MI

Comm Type: MAIL

Analyst Name: MOSLEY, TISHA (T.S.)

Analyst: TMOSLEY

Action Date: 04/04/2002

Action Time: 08.25.01.958

Action Date: No

Comments \*\*\*LPA CALLED CUSTOMER AT HOME [REDACTED], HOWEVER NO ONE WAS AVAILABLE. LPA LEFT MESSAGE REQUESTING A RETURN CALL AT 313-845-5668, 8-6PM EST.

**Action: UPDATE/ADDCO CASE**

Dealer: 04629 FRED FIRST INC

Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION

Odometer: 7266 MI

Comm Type: MAIL

Analyst Name: MOSLEY, TISHA (T.S.)

Analyst: TMOSLEY

Action Date: 04/04/2002

Action Time: 14.24.00.485

Action Date: No

PE04-078 0 2378



Comments \*\*\*LPA SPOKE WITH CUSTOMER'S WIFE-GINA REGARDING THEIR VEHICLE CONCERN. LPA WAS INFORMED THEY DID NOT AGREE WITH THE WORDING OF THE RELEASE FORM, WHICH IS WHY THEY DID NOT RESPOND TO OFFER. \*\*\*LPA INFORMED CUSTOMER THAT THEY WILL RECEIVE A RELEASE FORM WITHOUT THE DOLLAR AMOUNT OF THE REPAIRS, ALONG WITH NEW OFFER LETTER DATED 4/04/02, LPA ALSO PROVIDED NUMBER TO CONTACT LPA IF THERE WERE ANY FURTHER QUESTIONS.

Action: UPDATE/ADDCO CASE

Dealer: 04629 FRED FIRST INC

Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION

Odometer: 7256 MI

Comm Type: MAIL

Analyst Name: MOSLEY, TISHA (T.S.)

Analyst: TMOSLEY

Action Date: 05/10/2002

Action Time: 15.01.53.200

Action Date: No

Comments \*\*\*LPA WAS INFORMED BY MGMR-P.PERRY FROM SPECIAL LIASON THAT THE CUSTOMER IS SEEKING ASSISTANCE FROM FORD TO REPAIR THE VEHICLE FOR THE ALLEGED WIPER MOTOR FIRE. \*\*\*LPA WAS AUTHORIZED BY T.WHITE TO MAKE AN OFFER TO REPAIR VEHICLE WHO SIGNED RELEASE, PER ASSISTANCE FROM D.ORTIZ(OBC) THAT ADVISED THAT, IF THE CUSTOMER IS BEING INCONVENIENCED FORD SHOULD ASSIST WITH THIS MATTER. LPA WAS INFORMED BY THE DEALERSHIP THAT THEY HAVE ORDERED THE PARTS AND THEY WAITING FOR THERE ARRIVAL TO BEGIN REPAIRS. \*\*\*IN ADDITION,THE CUSTOMER DID SEEK ASSISTANCE FROM THEIR INSURANCE CO-FARM BUREAU, WHO AT THIS TIME HAS AUTHORIZED ASSISTANCE WITH A RENTAL VEHICLE. LPA WAS INFORMED BY F. BUREAU THAT THEY HAVE ALREADY PAID \$600 AND THAT THEY WILL SUBROGATE DUE TO THE DEALERSHIP INFORMING THEM THAT THE WIPER MOTOR DATE INDICATES THAT IT SHOULD HAVE BEEN REPLACED. LPA INFORMED F. BUREAU THAT IF FORD ASSISTS WITH THIS MATTER THEY WILL STILL HAVE TO SUBROGATE FOR THE RENTALFEES. \*\*\*LPA WAS ADVISED BY THAT IF WE ASSIST FORD WILL ONLY PAY FOR \$28/PER DAY FOR RENTAL WHICH WAS ORIGINALLY OFFERED. \*\*\*LPA OFFERED CUSTOMER TO REPAIR THE VEHICLE WHO A SIGNED RELEASE. LPA INFORMED THE CUSTOMER THAT HE WOULD HAVE TO SWITCH TO RENTAL AGENCY THE DEALERSHIP WORKS WITH. CUSTOMER AGREED. \*\*\*LPA WAS INFORMED BY SM-DAVE THAT IT WOULD NOT BE A PROBLEM TO ASSIST CUSTOMER WITH FINDING A VEHICLE WITHIN THE AMOUNT OFFERED. LPA WAS ALSO INFORMED BY DAVE THAT ONCE THE PARTS ARRIVED THAT THEY WILL BEGIN THE REPAIRS. \*\*\*AS OF MAY 8, 2002 THE CUSTOMER PICKED UP THE VEHICLE AND IS SATISFIED WITH THE REPAIRS. \*\*\*LPA SPOKE WITH THE CUSTOMER AND DISCUSSED THE RENTAL CHARGES AND INFORMED HIM THAT FORD WILL ONLY REFUND \$28/PER DAY AND THE CUSTOMER STATED THAT WAS FAIR. \*\*\*LPA INFORMED CUSTOMER THAT HE WILL BE CONTACTED REGARDINGTHE REFUND ONCE ALL THE CALCULATIONS ARE COMPLETED. \*\*\*LPA ALSO SPOKE WITH CSM-CEDRIC STONE REGARDING THE REPAIRS. LPA REQUESTED THAT HE CONTACT ADVANTAGE FORD(03347)FOR ASSISTANCE WITH THE REPAIRS AND RENTAL CHARGES. CEDRIC IS IN AGREEMENT WITH THE RESPONSIBILITY AND HAS INFORMED LPA THAT THE SM AT ADVANTAGE WILL BE VISITING FRED FIRST TO VERIFY WIPER MOTOR DATE AND IT'S CONFIRMED THEY WILL PAY FOR THE REPAIRS DUE TO THEM NOT REPLACING THE WIPER MOTOR FROM THE BEGINNING. LPA WAS ASKED TO CONTACT HIM ON 5/13/02 FOR ADVANTAGE FORD'S RESPONSE.

Action: UPDATE/ADDCO CASE

Dealer: 04629 FRED FIRST INC

Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION

Odometer: 7256 MI

Comm Type: MAIL

Analyst Name: MOSLEY, TISHA (T.S.)

Analyst: TMOSLEY

Action Date: 09/28/2002

Action Time: 14.17.58.160

Action Date: No

Comments \*\*\*LPA HAS PROVIDED THE DEALERSHIP P53 CODE (J01MT) FOR THE REPAIRS OF THE CUSTOMER'S VEHICLE, WHICH WAS RELATED TO RECALL (01S24) INVOLVING THE WIPER MOTOR. \*\*\*LPA ALSO AGREED TO PAY \$854.32 IN RENTAL ASSISTANCE THEREFORE THE TOTAL COST PAID BY FORD IS \$2967.40 \*\*\*\*\*NO FURTHER ACTION AT THIS TIME\*\*\*\*\*

PES4-078 C 2377



Action: UPDATE/ADDCO CASE

Dealer: 04829 FRED FIRST INC

Odometer: 7258 MI

Analyst Name: MOSLEY,TISHA  
(T.S.)

Action Date: 09/10/2002

Contract Type: MAIL

Analyst: TMOSLEY

Action Time:  
09.37.10.023

Origin Desc: CONSUMER AFFAIRS - LITIGATION  
PREVENTION

Action Date: No

Comments \*\*\*LPA HAS FORWARDED FILE TO OGC-S.NORTON FOR REVIEW FOR SUBROGATION CLAIM. (RENTAL  
CHARGES) \*\*\*\*\*NO FURTHER ACTION AT THIS TIME\*\*\*\*\*

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PE04-870 C 2370

AR Action Details for issue

Print

VIN: 2FTRX18LXY [REDACTED] Year: 2000 Model: F-SERIES Case: 15U7050832  
 Name: [REDACTED] Owner Status: Original WSD: 2000-09-12  
 Symptom Desc: FIRE/SMOKE VISIBLE FLAME COLL. RELATED Primary Phone: [REDACTED]  
 Reason Desc: PROD/COMP DUR/PERF - VEHICLE QUALITY Secondary Phone: [REDACTED]  
 Issue Type: 03 CONCERN Issue Status: CLOSED

Action: ADVISE CUST INFO WILL BE SENT TO DLR; CONTACT CRM  
 Dealer: 04629 FRED FIRST INC Origin Desc: US CONCERN CASE BASE  
 Odometer: 18761 MI Comm Type: PHONE  
 Analyst Name: CAROLYN DE CASTRO Analyst: CDECASTR  
 Action Date: 02/26/2002 Action Time: 11.01.36.802 Action Data: No

Caller Information if Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
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Comments CUSTOMER SAYS: = BROUGHT VEH. IN DEC. 2001 FOR FSA REPAIR FOR WIPER MOTOR. = VEH. WAS CAUGHT IN FIRE AND BROUGHT IT TO FORD DLRP. AND WAS DENIED OF ASSISTANCE. = WOULD LIKE TO FIND OUT ABOUT THE WARRANTY COVERAGE AS CUSTOMER DOES NOT AGREE WITH THE DECISION OF THE FORD DLRP. PER CUSTOMER, DEALER SAYS: = DENIED OF ASSISTANCE BY FORD DLRP. AND WAS ADVISED TO LOOK INTO THE INSURANCE COMPANY CAC ADVISED: - ADVISE PER DEALERSHIP CONVERSATION - DECISION IS STILL UNDER REVIEW - WILL FORWARD INFORMATION TO CRM OR SERV MGR - REQUESTED CRM OR SERV MGR CONTACT CUSTOMER WITHIN 2 BUSINESS DAYS - PROVIDE NAME, NUMBER OF CRM OR SERV MGR  
 ===== INFORMED CUSTOMER OF THE ABOVE NOTES PER  
 LAST HANDLED CALL IN FEB. 22/2002. = ADVISED CUSTOMER TO STAY IN CONTACT WITH DLRP. FOR RESOLUTION. INFERENCE CASE ID: 1585

Action: CUSTOMER PAID REPAIR MADE  
 Dealer: 04629 FRED FIRST INC Origin Desc: DEALER  
 Odometer: 18761 MI Comm Type: INTERNET  
 Analyst Name: FRED FIRST FORD Analyst: S-MCCRA1  
 Action Date: 04/18/2002 Action Time: 11.31.48.564 Action Data: No

Comments FRED FIRST DEALERSHIP BODY SHOP MANAGER CONTACTED 4-15-02 BY CUSTOMER [REDACTED] INSURANCE CO THAT THEY WOULD MAKE REPAIRS TO VEHICLE. THIS INFORMATION OBTAINED 4-18-02 BY SERVICE MANAGER FROM FRED FIRST BODY SHOP MANAGER. S. MCCRACKEN, SERVICE MANAGER

678

PE04-878 C 2379



All Action Details for Issue

Print

VIN: 2FTRX1BLXY [REDACTED] Year: 2000 Model: F-SERIES Case: 1507050532  
 Name: [REDACTED] Owner Status: Original WSD: 2000-09-12  
 Symptom Desc: Primary Phone: [REDACTED]  
 Reason Desc: MISC INQUIRY - GENERAL/OTHER Secondary Phone: [REDACTED]  
 Issue Type: 01 INQUIRY Issue Status: CLOSED

Action: VEHICLE INFORMATION  
 Dealer: 04620 FRED FIRST INC Origin Desc: MANUAL - PHONE CSR  
 Odometer: Comm Type: PHONE  
 Analyst Name: MELISSA HARNEY Analyst: MHARNEY  
 Action Date: 03/08/2002 Action Time: 13.27.34.652 Action Date: No

Caller Information if Different From Vehicle Owner:  
 First Name Middle Initial Last Name Day Phone Relationship

Comments: CUSTOMER SAYS: CUST REITERATING CONCERNS HE'S HAD WITH HIS VEH DESPITE THE FACT HE'S SPOKE WITH EXECUTIVE REFFERAL AND FORD LEGAL PER CUSTOMER, DEALER SAYS: CAC ADVISED: ADVISED CUST THAT HE'S BEEN ADVISED CORRECTLY BY FORD LEGAL AND EXECUTIVE REFFERAL. THERE IS NOTHING THE CRG CAN COMMENT ON THAT WOULD CHANGE THEIR DECISION

PE04-078 C 2390



All Action Details for Issue

Print

VIN: 2FTRX18LXY [REDACTED] Year: 2000 Model: F-SERIES Case: 1507050532  
 Name: [REDACTED] Owner Status: Original WSD: 2000-09-12  
 Symptom Desc: Primary Phone: [REDACTED]  
 Reason Desc: SPECIAL LIAISON - GENERAL/OTHER Secondary Phone: [REDACTED]  
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: EXEC REF DOCUMENT ADDITIONAL INFORMATION

Dealer: 04829 FRED FIRST INC Origin Desc: CRC- PRIORITY GROUP  
 Odometer: 1 MI Comm Type: PHONE  
 Analyst Name: DECHU BALLACHANDA Analyst: DBALLA1  
 Action Date: 03/08/2002 Action Time: 11.13.37.749 Action Data: No

Caller Information if Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
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Comments CUSTOMER SAYS: =====EXECUTIVE OFFICE - PRIORITY===== CUST SAYS THAT HE HAS BEEN DEALING WITH TISHA MOSLEY IN THE LEGAL DEPT =CUST WANTS TO SPEAK TO HER SUPERVISOR SINCE HE IS NOT HAPPY WITH THE OFFER PER CUSTOMER, DEALER SAYS: NONE GAC ADVISED: =ADVISED THE CUST THAT THE EXECUTIVE OFFICES CANNOT OVER TURN THE DECISIONS MADE BY THE LEGAL DEPT =HOWEVER EXECUTIVE OFFICES CAN LEAVE A MESSAGE FOR TISHA MOSLEY TO CONTACT THE CUST SO THAT HE CAN REVIEW IT WITH HER AGAIN ++++CUST SAYS HE IS IN AND OUT OF THE HOUSE AND WILL CALL TISHA HIMSELF+++++



All Action Details for Issue

Print

VIN: 2ETR181J00	Year: 2000	Model: F-SERIES	Case: 1907050532
Name:	Owner Status: Original	WSD: 2000-09-12	
Symptom Desc:		Primary Phone:	
Reason Desc: MISC INQUIRY - CORRESPONDENCE		Secondary Phone:	
Issue Type: 01 INQUIRY	Issue Status: CLOSED		

Action: CB-INFORM CUSTOMER OF CAC RESPONSE		
Dealer: 04629 FRED FIRST INC		Origin Desc: US CONCERN CASE BASE
Odometer: 24000 MI	Comm Type: PHONE	
Analyst Name: ANTHA PILLAI	Analyst: APILLAI	
Action Date: 03/07/2002	Action Time: 18.53.38.953	Action Data: No

Caller Information if Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
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Comments CUSTOMER SAYS: -BROUGHT VEH. IN DEC. 2001 FOR F&A REPAIR FOR WIPER MOTOR. - VEH. WAS CAUGHT IN FIRE AND BROUGHT IT TO FORD DLRP, AND WAS DENIED OF ASSISTANCE. - WOULD LIKE TO FIND OUT ABOUT THE WARRANTY COVERAGE AS CUSTOMER DOES NOT AGREE WITH THE DECISION OF THE FORD DLRP. -CUST WANTS TO KNOW WHY HE HAS TO SIGN THE RELEASE LETTER, SINCE THE VEH IS WITH IN WARRANTY =TRIED TO CONTACT TIMOSLEY, THE PERSON WHO IS DEALING WITH THIS, BUT COULD NOT =WANTS TIMOSLEY TO CONTACT THE CUST ASAP PER CUSTOMER, DEALER SAYS: -NONE CAC ADVISED: - ADVISED CUST THAT WE DONT HAVE THE CONTACT INFO TO THE CONSUMER AFFAIRS DEPT. -ALSO INFORMED THE CUST AS PER THE DOCUMENTATION LPA IS SENDING CUSTOMER OFFER LETTER DATED 3/1/02. REFERENCE CASE ID: 4893

PERM-078 C 2382







RECEIVED JAN - 5 2005

503018  
499848 *Stark*  
RECEIVED  
JAN 04 2005

UNITED SERVICES AUTOMOBILE ASSOCIATION  
9800 Fredericksburg Road, San Antonio, TX 78288

SHAWN NORTON  
FORD MOTOR COMPANY  
MANUFACTURER DEFECT CLAIMS  
P O BOX 6248  
DEARBORN MI 48126



December 21, 2004

Policyholder: [REDACTED]  
Reference Number: [REDACTED]  
Date Of Loss: May 11, 2004  
Loss Location: Mcallen, Texas

Dear Mr. Norton:

I am enclosing additional color photos of our insured's vehicle per your request. You have already been provided a copy of the Cause and Origin Report conducted by the homeowners carrier.

You also requested service and maintenance records on this vehicle. I have been advised that the records were in the vehicle when it was destroyed by the fire.

Please let me know if I can be of further assistance.

Sincerely,

*Di Ann Schoeff*

Di Ann Schoeff  
Subrogation Specialist  
Claims - West Zone Subrogation  
Phone: 1-800-531-8222 Ext. 33551  
Fax Phone: 623-715-8526

*27000012*

4 DEC 27 12:57

CONSUMER AFFAIRS  
SECTION

LAW OFFICE OF  
**JIM ZADEH**

115 WEST 2ND ST., SUITE 201 • FORT WORTH, TEXAS 76102  
TELEPHONE 817-335-5100 • TELEFAX 817-335-3874  
jim@zadefirm.com

February 22, 2002

Ms. Shawn L. Norton, Claims Analyst  
Office of The General Counsel  
Ford Motor Company  
Parklane Towers West, Suite 300  
Three Parklane Boulevard  
Dearborn, Michigan 48126-2568

RE: Claim No.: [REDACTED]  
Date of Loss: January 20, 2001  
Insured: [REDACTED]

440916

Dear Ms. Norton:

Please be advised that this law firm has been retained to represent Prudential Property and Insurance Company and its insured, [REDACTED] in the above-referenced claim.

In reference to your letter to Prudential Insurance dated August 15, 2001, the following are answers to your five questions:

1. On January 20, 2001, the insured's vehicle, a white Ford F-150 pick-up, bearing Texas license plate [REDACTED] caught fire at the insured's home. The Eagle Pass Fire Department was called to extinguish the fire which it did and made reports of the incident. The vehicle was transferred for storage to Copart, Inc., San Antonio, Texas. The fire resulted in damage to [REDACTED] vehicle in the amount of \$16,750.00. I have enclosed documents reflecting and itemizing the extent of damages for your review.
2. At time of the incident, the vehicle had been driven approximately 15,000 miles.
3. All scheduled maintenance such as any tune ups or oil changes were done through the dealership of Eagle Pass Ford, now known as Ancira Ford/Mercury located in Eagle Pass, Texas.

PE04-078 C 2385



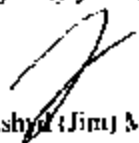
4. The market additions to the vehicle were 17" alloy wheels, factory bucket seats/console with the "Spirit" package.
5. As previously advised, Ford Motor Company needs to make arrangements for the vehicle inspection. Please advise the undersigned as to the date and time of the inspection. As it is necessary to coordinate our expert being on site at the same time. I am aware that Ford Motor Company has not inspected the vehicle. This vehicle is still in storage at Copart, Inc., San Antonio, Texas and has been previously offered for inspection.

In an effort to resolve this matter amicably, I am willing to forego filing of a lawsuit against your company for a period of thirty (30) days to allow for inspection of the damaged vehicle. However, if my client has not received full reimbursement for the damages arising from the fire caused by the defective windshield wiper motor within thirty (30) days of your receipt of this letter, I will have no option but to file suit in the appropriate Texas court.

At such time I will seek not only the damages as stated above, but pre-judgment interest, court costs, and any other damages to which my client is entitled.

If you have any questions or comments, or if I can be of any assistance in coordinating a time for the vehicle inspection by Ford Motor Company and a representative of Prudential Ins. Co., please do not hesitate to call. I look forward to hearing from you shortly. Thank you for your assistance with this matter.

Very truly yours,

  
Jamshyd (Jim) M. Zadeh

JMZ/km  
Prudential-Casualty-01-01-01-01

cc: Ms. Pat Starkey  
Claims Department  
The Prudential Property & Casualty Ins. Co.  
P.O. Box 957  
Horsham, Pennsylvania 19044-0957

  
Eagle Pass, Texas 

PE84-878 C 2386

August 3, 2001

Ford Motor Company  
Parklane Towers West  
Suite 300  
Three Parklane Blvd  
Dearborn, MI 48126-2568

atn: Shawn Norton  
our claim # [REDACTED]  
dol: 1-20-01  
our insured: [REDACTED]

440916 Q

Dear Ms. Norton:

In reference to your request of April 9, 2001:

Responding to questions in order requested:

- 1) Eagle Pass, TX
- 2) There was a fire in the vehicle attributed to a malfunction in the wiper motor
- 3) The fire report is enclosed
- 5) Vehicle is a 1999 F-150 VIN# 1F1ZX1725X1 [REDACTED]
- 6) odometer reading could not be obtained due to no power
- 7) photos enclosed
- 11) Expert report enclosed
- 12) No repair/replacement
- 13) Vehicle is located at Coparts in San Antonio, TX - please make arrangements for vehicle inspection. Please contact me to provide approval for inspection as we would like to coordinate our expert being on site at that time.
- 14) our estimate is enclosed
- 15) We do not have a service history, the same has been requested from our insured
- 16) It is unknown if there were alterations or modifications to the vehicle. I have requested this information from our insured.

- 17) the engine was not running at the time of the loss
- 18) the keys were not in the ignition at the time of the loss.
- 25) the vehicle was not purchased used, it was on a lease.

Please contact me regarding the inspection of this vehicle. I am in the office Monday- Friday 7:30 am to 3:30 pm e.s.t. and can be reached at 1-800-247-8276 x5953. I will however be on vacation August 10<sup>th</sup> thru the 27<sup>th</sup>.

Sincerely,

  
Patricia M. Starkey, CCLA/PCLA  
Litigation Representative  
eccls.



March 28, 2001

Mr. William D. Green, CFEI  
Engineering and Fire Investigations  
5714 Spring Night  
San Antonio, Texas 78247

**Reference: Vehicle fire**

Dear Sir:

In response to your request dated March 19, 2001, enclosed please find Incident Report #488-01 (2) pages and Supplementary Fire Report on February 10, 2001 at 983 Avenue A. As per Fire Marshall [REDACTED] any investigation records concerning this fire must be subpoena in order for him to release them. Should you have any other questions please contact [REDACTED] at [REDACTED]

Thank you,

EAGLE PASS FIRE DEPT.

Cristina L. Gonzalez  
Secretary

CLG

Enclosures as described

PEC-078 C 2388

TEXAS FIRE INCIDENT REPORTING SYSTEM

*Eagle Pass*

Your Department

INCIDENT REPORT

Fill in This Report in Your Own Words

1  Grade  
2  Heavy

A	NO 488-01	Incident No. 010101488	Exp. No. 010	Month 01	Day 2	Year 1101	Day of the Week SATURDAY	Alarm Time 171945	Time in Service 119198
B	OBJECT LOCATIONS	No. of Buildings 1	Address		City		State	Zip Code 01010	County
C	Occupant Name	NO OCCUPANT		Telephone		Name of Agency			
D	Occupant	Address		City		State		Zip Code	
E	Number of Adult Occupants 911	Type of Situation 17		Vehicle FIRE		1113			
F	Type of Action Taken Put Out FIRE	Ch. Inspection Report		S.M.T. CO. C		No. Alarm 1		Mutual Aid	
G	No. Fire Services Personnel Used at Scene 602	No. Engines Used at Scene 001		No. Ladder Apparatus Used at Scene 1000		No. Other Vehicles Used at Scene 000		1000	

Complete in 10 minutes

H	No. Injured - related injuries	No. Injured - related fatalities	Complete		
I	Fire Service 0100	Other 000	Fire Service 000	Other 000	Complete No. Complex 1918
J	Real Property Use N/A	Mobile Property Type AA bldg	Automobile		111

Complete if Capacity of Fire

J	Area of Fire Origin Engine Compartment 1813	Level of Fire Origin Engine Compartment 19	Termination Stage ORW FRAME 13
K	Equipment Involved in Ignition (If any) A Vehicle	Form of Heat of Ignition 1916	Undetermined 1000
L	Type of Material Ignited NOT CLASSIFIED 1918	Form of Material Ignited NOT CLASSIFIED 1919	Ignition Source Undetermined 1010

Alligation

M	Structure Type	Construction Type	Construction Method
N	Extent of Roof Damage	Extent of Siding Damage	Extent of Window Damage
O	Extent of Fire Control Damage	Extinguisher Performance	Extinguisher Performance
P	IF FLAME SPREAD BEYOND ROOM OR CORNER	Type Material Covering Main Floor	Amount of Floor Travel
Q	IF SMOKE SPREAD BEYOND ROOM OR CORNER	Type Material Covering Main Floor	Amount of Smoke Travel

See the fire for fire statistics (by unit)

R	Method of Extinguishment	Red Line Preconnect	15
S	Estimated Total Dollar Loss 666091000	Property Damage Classification NO DOLLAR LOSS 19	Time from Alarm to Agency Arrival Three min. 13

All Item

A. List Name, age, sex, and description of injury for each casualty on Form 300.

Collected by the National Fire Data System

A.A. Complete Below

Check just if remarks are made on reverse side.

Officer in Charge (Name, Position, Assignment)	Date
Member Making Report (Name, Position, Assignment)	Date
<i>Tom P. Pugh</i>	02-07-01

All Incident

U	If Mobile Property Pick-Up FORD-Truck	Year 99	Make FORD	Model 150 8LT	Serial No. 1FTAX1925KX	License No. (if any)
V	If Equipment Involved in Ignition	Year	Make	Model	Serial No.	Damage (if any)

LAGI PASS FIRE DEPARTMENT

INCIDENT REPORT

CITY: [redacted] RURAL ( )  
DATE: 2-10-01 DAY: Saturday INCIDENT #: 488-01 TIME: 1944

LOCATION: [redacted]  
REPORTED BY: [redacted] CALL BY: (911) 2311 PM PD SO BP - LOW PCE  
VERBAL: RAILROAD

OWNER: [redacted] PH: [redacted] ADDRESS: [redacted]  
OCCUPANT: 46 ADDRESS: [redacted]

TYPE OF INC: FIRE AMBULANCE, WASH DOWN, SPILL, RESCUE, STANDBY SEARCH  
REMOVE HAZARD, LOCK-IN, DROWNING, BODY RECOVERY, OTHER  
Malfunction alarm, false alarm

TYPE OF FIRE: RESIDENCE, COMMERCIAL, INDUSTRIAL, INSTITUTION, OTHER  
GRASS (OPEN AREA), TRASH BIN, ELECTRICAL, MATERIAL WAREHOUSE, OTHER  
OTHER: Vehicle Fire

APPARATUS AT SCENE: Booster 2  
DRIVERS: [redacted] ATTENDANTS: [redacted]

OFFICER: J.R. Flores DISPATCHER: M. G. [redacted] 1998 2000

NO. # PAIDMEN: 2 VOL: — OTHER: — MILEAGE: 3.1

INJURIES: — FATALITIES: — FIREFIGHTER: — CIVILIAN: —

GALS. USED: 50 HOSE: 5" — 3" — 1 1/2" — 1 1/2" — RED LINE —

EQUIPMENT USED: SCBA, FAN, EXTINGUISHER, LADDER, GRAB, WHEEL, ROPE, LIGHT,  
GENERATOR, FLASHLIGHT, RIPE POLE, JAWS OF LIFE, AXE, OTHER —

INVESTIGATOR CONTACTED: R. Cardona BY WHOM: [redacted]

VEHICLE/EQUIP.: 1999 YR: 1999 MAKE: FORD LIC: [redacted] 2AT2X2  
F-150 015 65787

REMARKS:  
Upon arrival [redacted] Flores will [redacted] on  
of engine compartment with hand held. Water applied to  
Feather well and windshield wiper area. Front windshield had [redacted] jagged [redacted]  
Our arrival vehicle owner lent us the keys, we opened [redacted] and [redacted]

REPORT MADE BY: [redacted] DATE: 2-10-01

SEE BACK ✓

EAGLE PASS FIRE DEPARTMENT  
FIRE MARSHAL'S OFFICE

SUPPLEMENTARY FIRE REPORT

INCIDENT #: 488-01 INCIDENT DATE: 02-10-01

INCIDENT LOCATION: [REDACTED]

TIME OF INCIDENT: 1945 HRS.

INVESTIGATION REQUEST RECEIVED BY: PHONE  RADIO  PERSON   
ON SCENE

INVESTIGATION TIME: 2000 HRS. SHIFT ON DUTY: A  B  C

OFFICER IN CHARGE: Capt. Flores

SCENE TURNED OVER FOR INVESTIGATION BY: Fernando Velasquez  
TIME: 2000 HRS. DATE: 2/10/01

INVESTIGATORS ON SCENE: R. Cardona & [REDACTED]

OWNER: [REDACTED] OCCUPANT: [REDACTED]

ADDRESS: [REDACTED] PHONE #: [REDACTED]

INSURANCE CARRIER: Capital Ins. Co.

WEATHER CONDITION: Not a factor WIND DIRECTION: N/A/F

PROPERTY INVOLVED:  
DWELLING  BUSINESS  VEHICLE  STORAGE  OTHER

IGNITION FACTOR: ACCIDENTAL  NEGLIGENCE  ARSON  UNDETERMINED   
OTHER

POINT OF ORIGIN: Engine Compartment (wiper motor)

CAUSE: ELECTRICAL MALFUNCTION  OVERHEATING  INCENDIARY   
OTHER: \_\_\_\_\_

NARRATIVE: Investigation revealed fire originated in the engine compartment with the heaviest damage around the windshield wiper motor due to an electrical malfunction. Fire was accidental in nature.

REPORT BY: Rodolfo Cardona (SEE ADDITIONAL PAGE(S) YES  NO )  
DATE: 2/10/01



**EFI**

Engineering and Fire  
Investigations

**EFI**

2218 North Park Drive  
Kingwood, Texas 77339  
(281) 358-1061  
(800) 776-5930

**PRIVILEGED AND CONFIDENTIAL**

Report Number One and Final  
March 16, 2001

**PREPARED FOR:** Prudential  
530 Wells Fargo, Suite 204  
Houston, TX 77090

**ATTENTION:** Ms. Buel Landrum

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**INSURED:** [REDACTED]  
**DATE OF LOSS:** January 20, 2001  
**LOSS LOCATION:** Eagle Pass, Texas  
**POLICY NUMBER:** [REDACTED]  
**CLAIM NUMBER:** [REDACTED]  
**INVESTIGATOR:** Bill Green  
**EFI FILE:** 94601-10928

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

PEBA-878 C 2353



Insured: [REDACTED]

**DETERMINATION OF CAUSE AND ORIGIN**

This is an accidental fire. The fire originated in the space at the top of the firewall, between the engine and passenger compartment on the driver side. The available evidence indicate the fire was caused by a failure and/or malfunction of the wiper motor.

**ASSIGNMENT**

The assignment was received on March 6, 2001 with instructions to conduct a cause and origin investigation. The assignment commenced on March 7, 2001.

**ENCLOSURES**

1. Vehicle Examination Worksheet;
2. Photographs (30) with explanation sheet;
3. Additional Materials Packet containing unmounted photos and photograph negatives.

**CASE VEHICLE EXAMINATION****Vehicle Description**

The vehicle examination was conducted on March 7, 2001 at 11130 Applewhite Road, San Antonio, 78224. No one was present during the examination. The vehicle was a white, 1999 Ford F-150 pick-up, bearing Texas license plate [REDACTED]. The VIN Number was confirmed as 1FTZX1725X[REDACTED]. The odometer reading was not discernable due to the inability to supply power to the electrical digital odometer readout. The inspection sticker was from Texas and was to expire in May, the year was not discernable.

Alterations to the vehicle include transfer from the loss location to the storage facility. There were no adverse conditions affecting the examination.

**Vehicle - Evidence Integrity**

It could not be determined if the vehicle was locked at the time of occurrence. No evidence of forcible entry was found.

The evidence indicate all of the doors and windows were closed at the time of the fire. All of the windows were intact. The windshield was broken due to heat and/or fire on the bottom driver side.

Insured [REDACTED]

**Exterior**

The rear engine and front passenger compartments suffered the greatest fire damage. The doors were closed for the majority of the time during the course of the fire. All of the windows were intact, with no visible evidence of fire damage, except the windshield. All tires were undamaged and serviceable. There were no indications the tires or wheels had been recently removed or exchanged. The spare was in the normal location and serviceable.

No pre-fire exterior trauma or accident damage was found.

**Interior**

The only fire damage to the passenger compartment was in the dash area on the driver side. The keys were found on the seat.

All of the equipment and accessories were original factory installed and there was no evidence that any of the items had been removed. The equipment in the passenger compartment included AM/FM stereo with CD player.

The seats, fabric and carpet were not damaged by the fire. The rubber pads were undamaged. The shift lever was in the park position. The emergency brake was not set.

There were no personal items noted in the vehicle except for the normal miscellaneous contents normally found in the glove compartment.

**Engine Compartment**

The hood exhibited fire and heat damage on at the rear on the driver side. There was evidence of melting to the bottom rear driver side.

The vehicle had a six (6) cylinder normal mounted engine and had rear wheel drive.

The air filter was in place and exhibited no damage. The rubber components of the supply and return fuel line including the in-line filter were undamaged.

The engine compartment emission system components were slightly damaged. The radiator and fan were undamaged. The upper and lower radiator hose were intact. The shroud was intact. The inner fenders were in place and undamaged.

The engine oil was full and was used but serviceable. No engine oil leakage was noted. The

Insured: [REDACTED]

transmission fluid was normal, although a true reading cannot be accomplished without the engine running. The transmission fluid was reasonably clean. The transmission coolant lines to the radiator were intact. The air conditioning system was intact. All of the heater hoses were not in place. The power steering pump and reservoir was undamaged. The power steering fluid was reasonably clean and measured at the full level on the dipstick. The distributor and spark plug wires were damaged due to exposure to heat and/or fire.

There did not appear to be any parts missing.

The fire damage was isolated within the engine compartment in the upper/top rear portion with the heaviest damage on the driver side.

### Electrical System

There was no evidence of shorting or arcing found on any of the wiring components. The only evidence of electrical involvement, other than melting of the insulation, was at the wiper motor. Examination revealed the insulation had been melted and/or been consumed, however, the actual conductors and their components were still intact, exhibiting no evidence of malfunction.

Examination of the fuse panel showed all of the required fuses and/or normal fuses to be in place. There are two fuse panels associated with this vehicle. All of the fuses in the interior fuse panel match the description given in the owners manual as to size and placement. Fuse numbers 2, 5, 11, 14 and 23 were found to be blown. All other fuses were serviceable. The continuity of the relays was good. All of the fuses in the power distribution box (in the engine compartment) match the description given in the owners manual as to size and placement. Fuse numbers 18 and 23 were found to be blown. All of the other fuses were serviceable. The continuity in the relays was good.

The battery was in place and was located on the passenger side at the rear of the engine compartment. There was no damage to the battery. The top of the battery case/enclosure was slightly melted. The battery was charged according to the sight glass. The terminals and cables were intact with the insulation present. The positive cable was attached to the battery terminal and the connectors and the cables exhibited no evidence of heat stress arcing over current. The negative cable had been removed from the terminal. An unsuccessful attempt had been made to cut the negative cable.

The alternator was intact and mounted and exhibited no evidence of heat or fire damage. The wiring to the alternator was attached and exhibited evidence of heat damage on the portion located in the upper part of the engine compartment. The starter exhibited no evidence of damage and was mounted. The wiring to the starter was attached and was unremarkable.

Insured: [REDACTED]**Fuel and Emission System**

The fuel tank, filler assembly and filler cap had no involvement in this fire. The fuel lines were traced and no evidence of a leak or rupture was noted. The fuel system was not involved in the initiation or spread of the fire. The fuel injection assembly exhibited evidence of minor heat damage but was not involved in the initiation or spread of the fire.

The exhaust system and catalytic converter were in place and functional. There was no evidence of damage to the exhaust system and catalytic converter.

**Evidence**

No evidence were collected. The involved component was not removed due to spoilation issues.

**Fire Initiation**

The fire originated in the space at the top of the fire wall between the engine and passenger compartments on the driver side. The fire spread upward and outward from the location of origin to the upper front portion of the dash on the driver side of the passenger compartment and across the upper rear portion of the engine compartment. Fire spread due to the involvement of existing combustibles. The heaviest heat stress and burn damage was located within the enclosure where the wiper motor was located and the adjacent portion of the hood. The heaviest damage to the dash was facing the location of origin. The heaviest damage to the engine compartment components was facing the location of origin.

Available heat and possible ignition sources located in the origin area include vehicle primary electrical wiring, windshield wiper motor and related wiring.

The vehicle primary electrical wiring exhibited no evidence of electrical activity or malfunction. Examination of the main wiring harness in the area of origin revealed damage due to exposure to heat and/or burning. There was no evidence of malfunction. Failure and/or malfunction of the wiper motor cannot be eliminated as a cause.


**COMMENTS**

Per instructions from Bud Landrum on March 8, 2001, I will continue efforts to obtain a recorded statement from the insured, obtain a copy of the fire report and file a supplemental report when this information is received. In the interim, you may contact me through the Texas Service Center or at the number listed below.

94601-10928

-5-

March 16, 2001

Insured: 

Bill Green  
Investigator  
San Antonio, TX  
210-967-6737

PEBA-078 C 230B

# VEHICLE FIRE EXAMINATION REPORT

Insured [REDACTED]		EPI File Number 94601-1092B	
Manufacturer Ford Motor Company	Year 1999	Model F-150	Body Style P/U
Inspection State Texas	Date N/A	Odometer Not Available	
Tax Number [REDACTED]	Year 4/00	State Texas	VIN Number 1FTZX1725XK [REDACTED]
Vehicle Examination Date 02/07/1991	Location of Examination COPART, 11130 Applewhite Rd., San Antonio, TX		

## EXTERIOR

	Burned	Distorted/Melted	Accelerant Patterns	Collision Damage
Bumper/Grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Bumper Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Tires

	Burned	CONDITION PRIOR TO FIRE		
		Serviceable	Unserviceable	Uneven Tread Wear
Left Front	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Front	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Rear	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Rear	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tires indicate signs of recent removal/exchange?  Yes  No

Wheels/wheel covers indicate recent removal/exchange?  Yes  No

Indicate areas of forced entry  Door(s)  Hood  Trunk  Glass

## GLASS

	Smoked	Cracked	Distorted/Melted	Broken
Windshield	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Left Door(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Door(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunroof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks: Damage to the windshield was concentrated on the driver side.

## INTERIOR

	Yes	No	Remarks
Doors open during fire	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Window(s) open during fire	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Key in the ignition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Found in the driver seat.
Any accessories been removed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any unusual burn patterns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any abnormal melting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any unusual objects in vehicle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trunk open during fire	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Any unusual objects in trunk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**ENGINE COMPARTMENT**

Mark Garcia

	Yes	No		Yes	No
Hood open during fire	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heating syetive burned	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Radiator melted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Oil below lowest mark on dipstick	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Upper radiator hose burned	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Evidence of excessive oil leakage	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lower radiator hose burned	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Holes or cracks in transmission case	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drive belts burned	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transmission case burned/melted	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other hoses burned	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transmission has inadequate lubrication	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fan and shroud burned	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any problems with drive-train/suspension	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inner fenders burned	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Motor mounts burned	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks: Engine compartment damage was primarily in the upper rear portion, concentrated more on the driver side.

**ELECTRICAL**

	Missing	Burned	Distorted/Melted	Shorted/Arched
Battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternator/generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ignition system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuse panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiring harness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks: Damage to the electrical system was concentrated in the rear upper portion of the engine compartment.

**FUEL AND EMISSION SYSTEM**

	Missing	Burned	Distorted/Melted		
Filter cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Filter assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fuel tank assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fuel lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fuel pump(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fuel filter(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Carburetor/Injectors/turbo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Air intake filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fuel vapor recover system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Exhaust and tail pipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Muffler and catalytic converter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Loose fuel line connections	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Evidence of tampering	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Fuel tank	<input type="checkbox"/> Empty	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/2	<input type="checkbox"/> 3/4	<input type="checkbox"/> Full

Remarks: \_\_\_\_\_

**MISCELLANEOUS**

Evidence of explosion or rupture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Oil sample obtained	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Laboratory	_____	
Fuel sample obtained	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Laboratory	_____	
Debris sample(s) obtained	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Laboratory	_____	

Remarks: \_\_\_\_\_

Investigator: William D. (Bill) Green, CFEI Date: 03/13/01

# Photo Sheet

**EPI**  
Engineering and Fire  
Investigation

EPI No.: 04001-10028

Insured: [REDACTED]



No. 1

Dash area.



No. 10

Floor board area on the driver side.





**EFI**

Engineering and Fire  
Investigations

## Photo Sheet

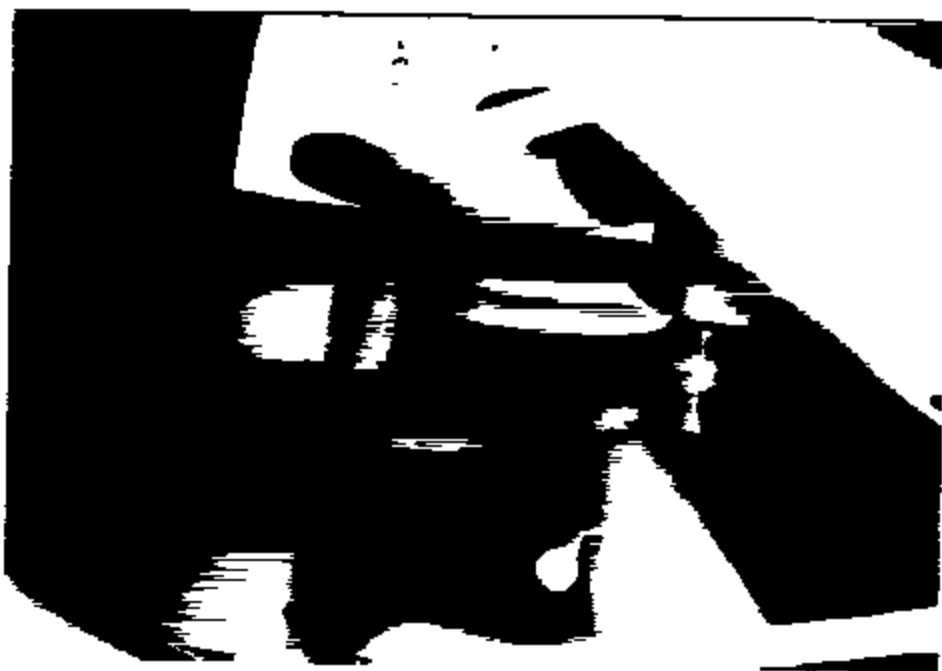
EFI No.: 14001-10938

Insured: [REDACTED]



No. 7

Front portion of the passenger compartment from right to left.



No. 8

Rear portion of the passenger compartment from right to left.



**EFI**  
Engineering and Fire  
Investigators

## Photo Sheet

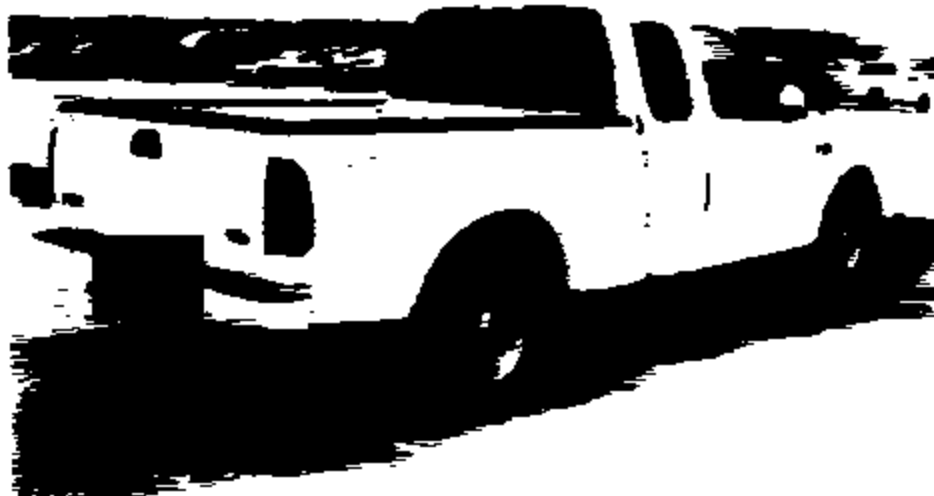
EFI No.: 94021-10028 \_\_\_\_\_

Insured: \_\_\_\_\_



No. \_\_\_\_\_

Exterior of the involved vehicle from four opposing corners.



No. \_\_\_\_\_

Exterior of the involved vehicle from four opposing corners.

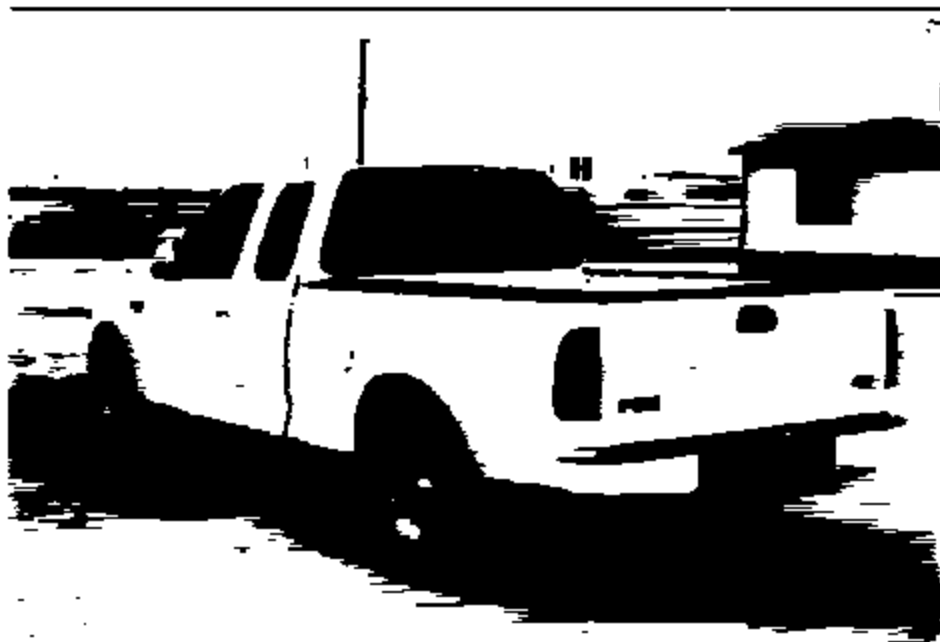


**EFI**  
Engineering and Fire  
Investigation

## Photo Sheet

EFI No.: 2007-1002

Invested: [REDACTED]



No. 1

Exterior of the involved vehicle from four opposing corners.



No. 2

Exterior of the involved vehicle from four opposing corners.

# Photo Sheet

**EPI**

Engineering and Pmc  
Investigation

REF NO: 0001-1000 \_\_\_\_\_

INSURED: [REDACTED] \_\_\_\_\_



No.   5  

Front portion of the passenger compartment from left to right.



No.   8  

Rear portion of the passenger compartment from left to right.



**EFI**

Engineering and Forensic  
Investigations

# Photo Sheet

EFI No.: 94001-10829

[REDACTED]



No.     

Underside of the hood.



No.     

Overview of the engine compartment from front to back.



**EPI**

Engineering and Fire  
Investigation

# Photo Sheet

EPI No.: 94091-10020

Insured: [REDACTED]



No.     

Engine compartment from right to left.



No.     

Engine compartment from left to right.



**EFI**  
Engineering and Fire  
Investigation

# Photo Sheet

EFI No.: 34001-10825

Insured: [REDACTED]



No. 11

Sequential photos of the engine compartment from left to right.



No. 11

Sequential photos of the engine compartment from left to right.



**FD**

Engineering and Fire  
Investigation

# Photo Sheet

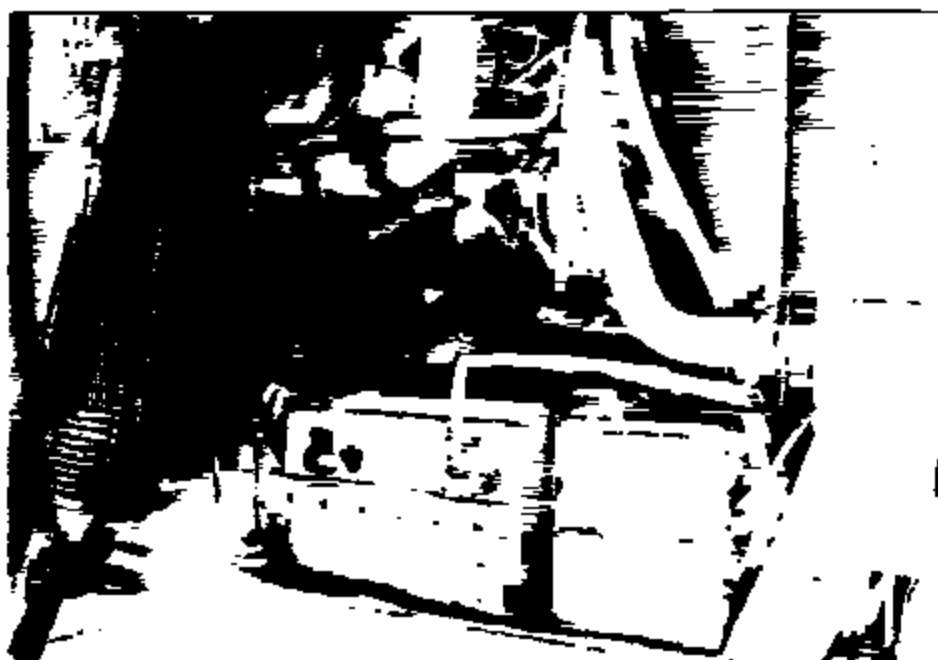
FD No.: 1001-1000

Inspector: [REDACTED]



No. 12

Sequential photos of the engine compartment from left to right.



No. 1E

Sequential photos of the engine compartment from left to right.





**EFI**

Engineering and Fire  
Investigations

## Photo Sheet

EFI No.: 94801-19828

Insured: [REDACTED]



No. 1

Sequential photos of the primary wiring harness from left to right.



No. 2

Sequential photos of the primary wiring harness from left to right.



**EPI**

Engineering and Fire  
Investigation

## Photo Sheet

EPI No.: 94021-18829

Insured: [REDACTED]



No. 1

Sequential photos of the primary wiring harness from left to right.



No. 2

Left rear portion of the engine compartment.



# Photo Sheet

**ERI**  
Engineering and Fire  
Investigation

ERI No.: 24001-10029

Inspector: [REDACTED]



No. 21

Overview of the location of fire damage and origin.



No. 22

Close view of the location of origin and adjacent components.



**EFI**  
Engineering and Fire  
Investigations

# Photo Sheet

EFI No.: 1002-1002

Insured: [REDACTED]



No. 1

Left rear portion of the underside of the hood.



No. 2

Close-up of the damage to the hood.

# Photo Sheet



**EFI**  
Engineering and Fire  
Investigation

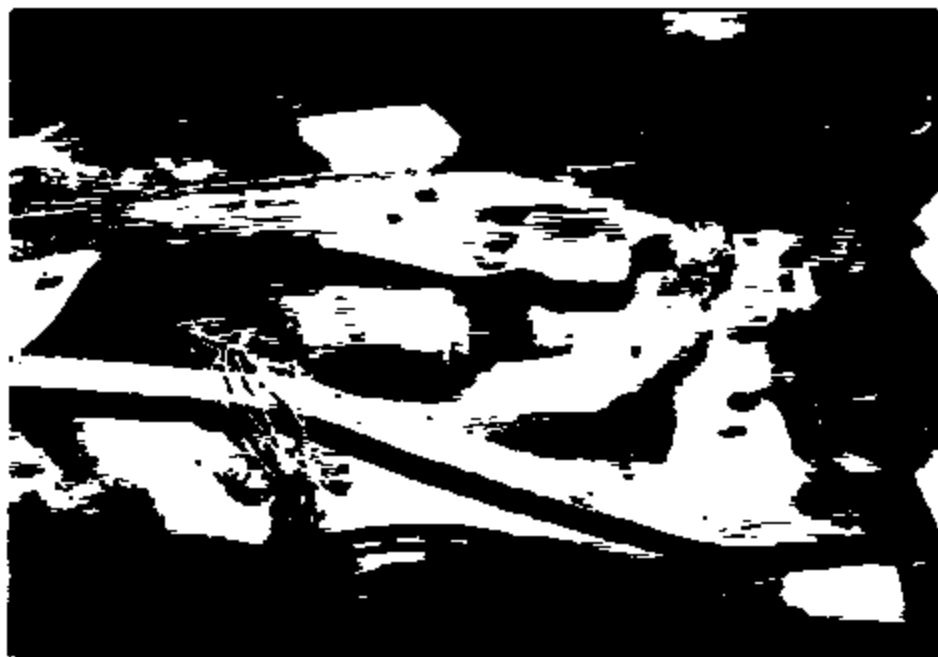
EPF No.: 04001-19028

Insured: [REDACTED]



No. 27

Overview of the area of origin and left rear portion of the engine compartment.



No. 28

Close-up of the location of origin.



**EF**  
Engineering and Fire  
Investigation

# Photo Sheet

EPI No.: 04001-1000

Issued: [REDACTED]



No. 2

Close-up of the wiper motor from two angles.




No. 2

Close-up of the wiper motor from two angles.



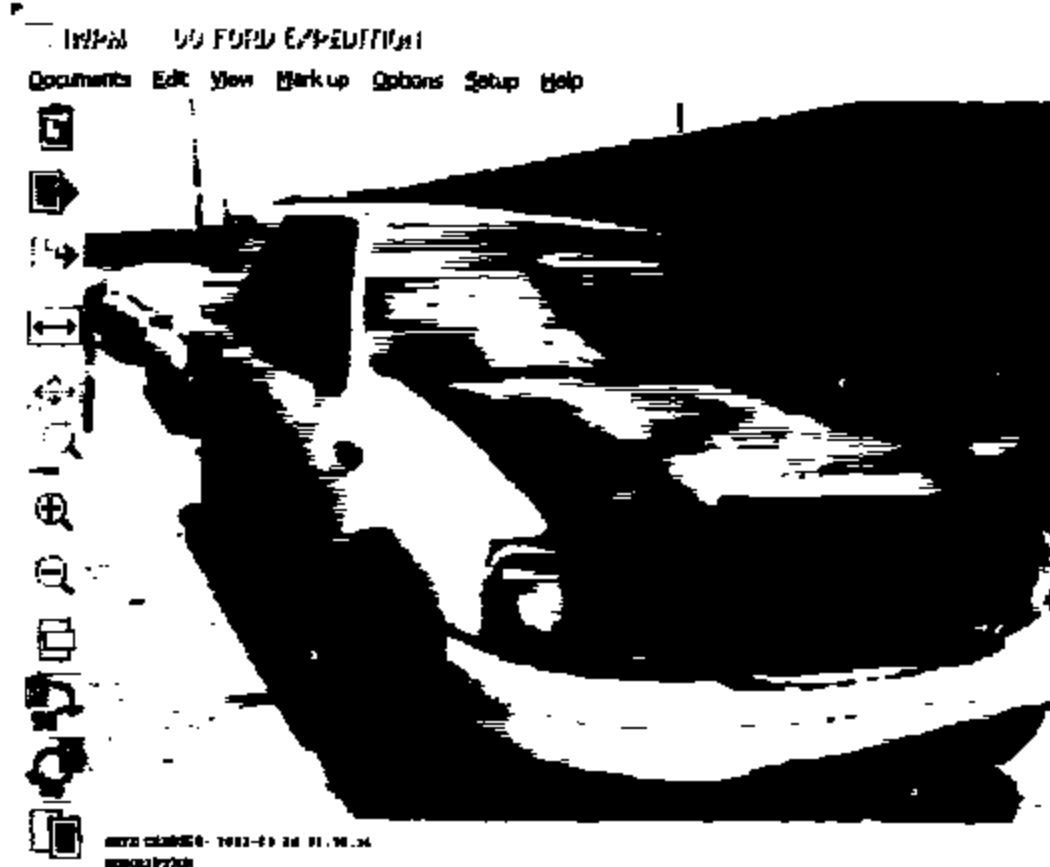
INPA OO FORD EXPEDITION  
Documents Edit View Markup Options Setup Help




< Page 9 of 27 

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< Page 10 of 27 

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USAA Number 480 38 14 5

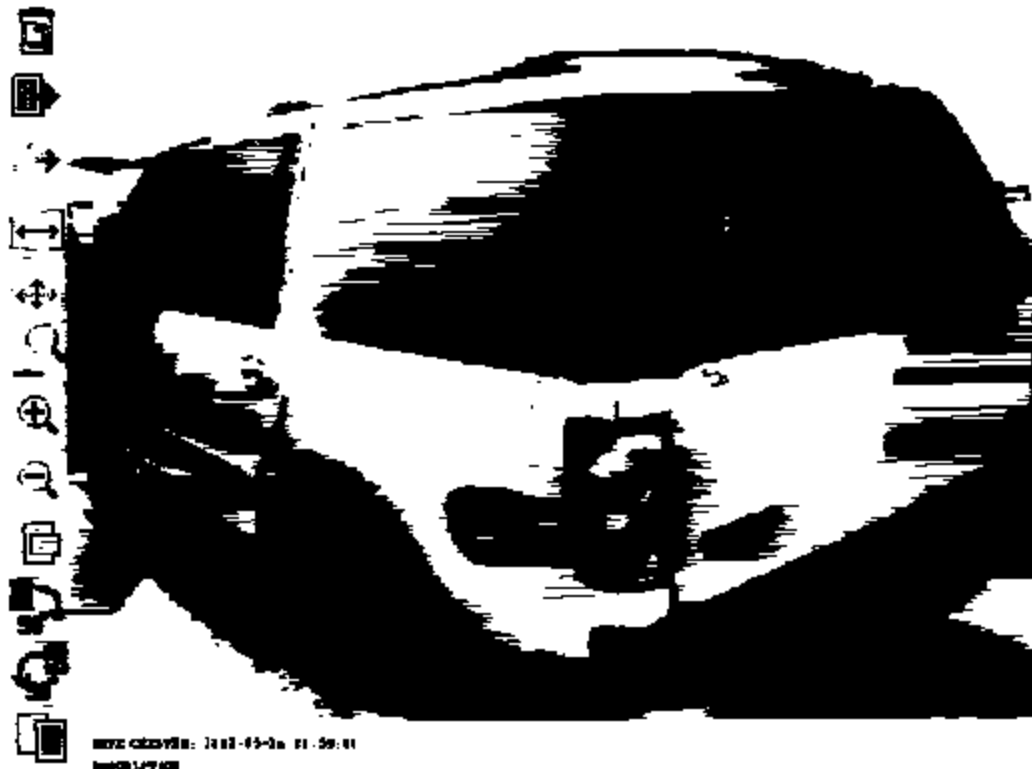
WWW 00 FORD EXPEDITION  
Documents Edit View Markup Options Setup Help



< Page 11 of 27 [2]

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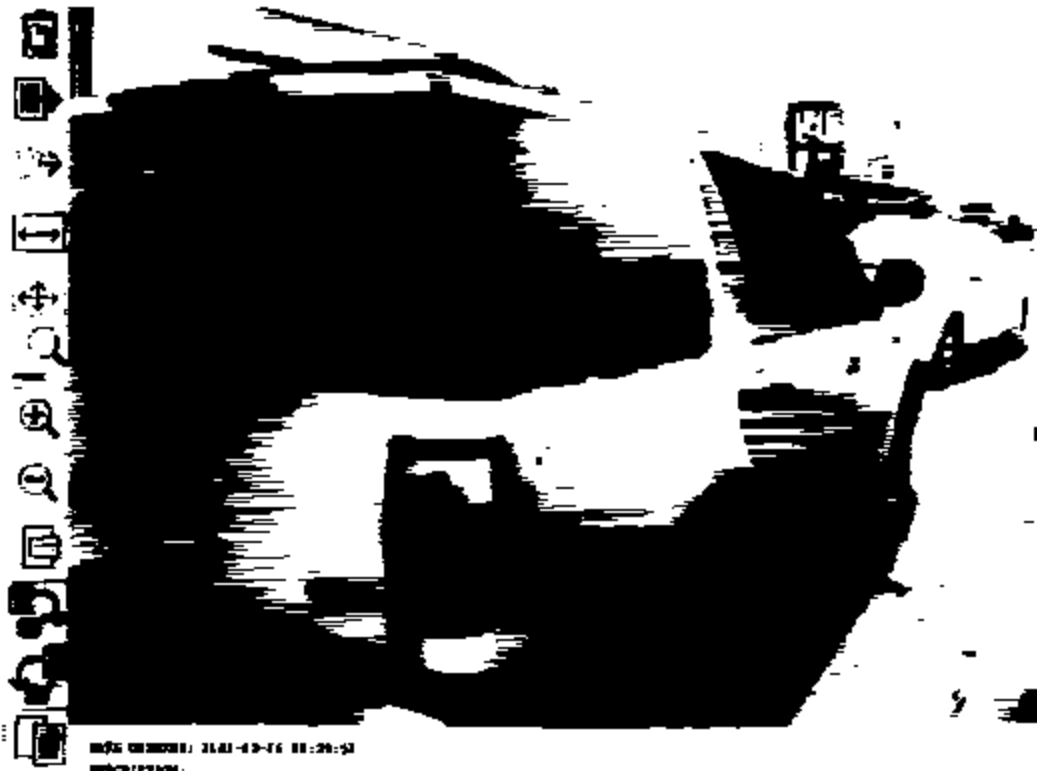
INFORM UP FURTHER EXPEDITION  
Documents Edit View Markup Options Setup Help



< Page 13 of 27 [2]

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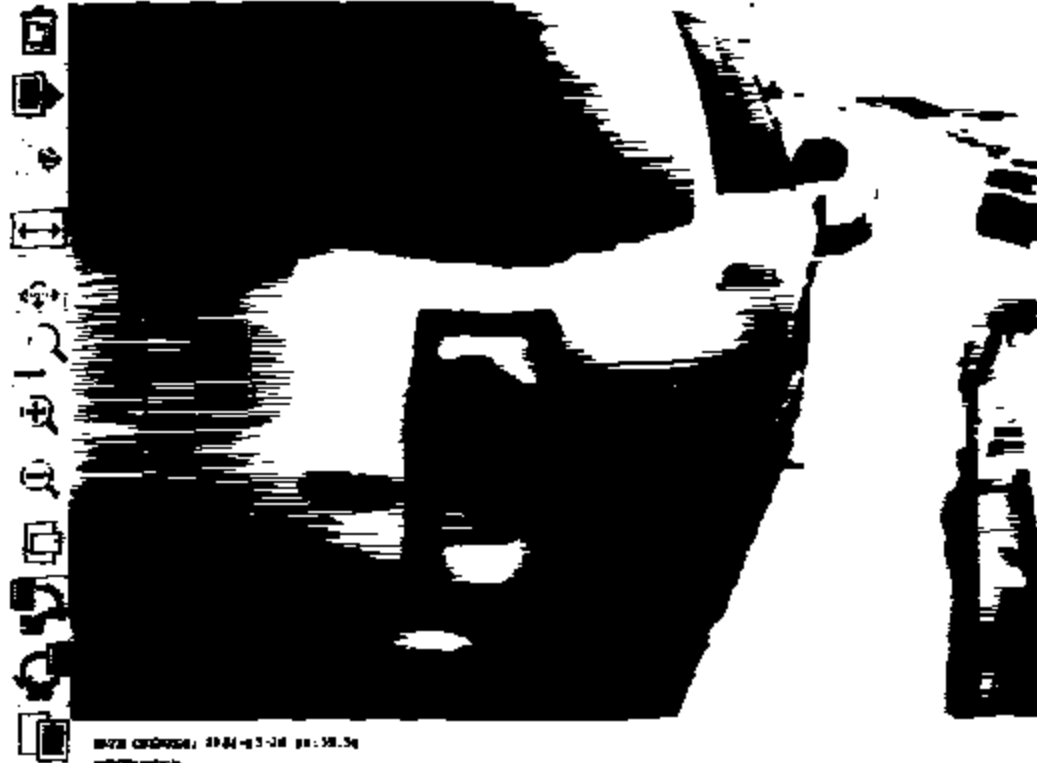
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Documents Edit View Markup Options Setup Help



Page 14 of 27

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Documents Edit View Markup Options Setup Help



Page 15 of 27

EVN10427. DISPLAY command is complete



HTML 00 FORD EXPEDITION

Documents Edit View Markup Options Setup Help

http://www.ford.com/vehicles/vehicles/00\_ford\_expedition/

http://www.ford.com/vehicles/vehicles/00\_ford\_expedition/

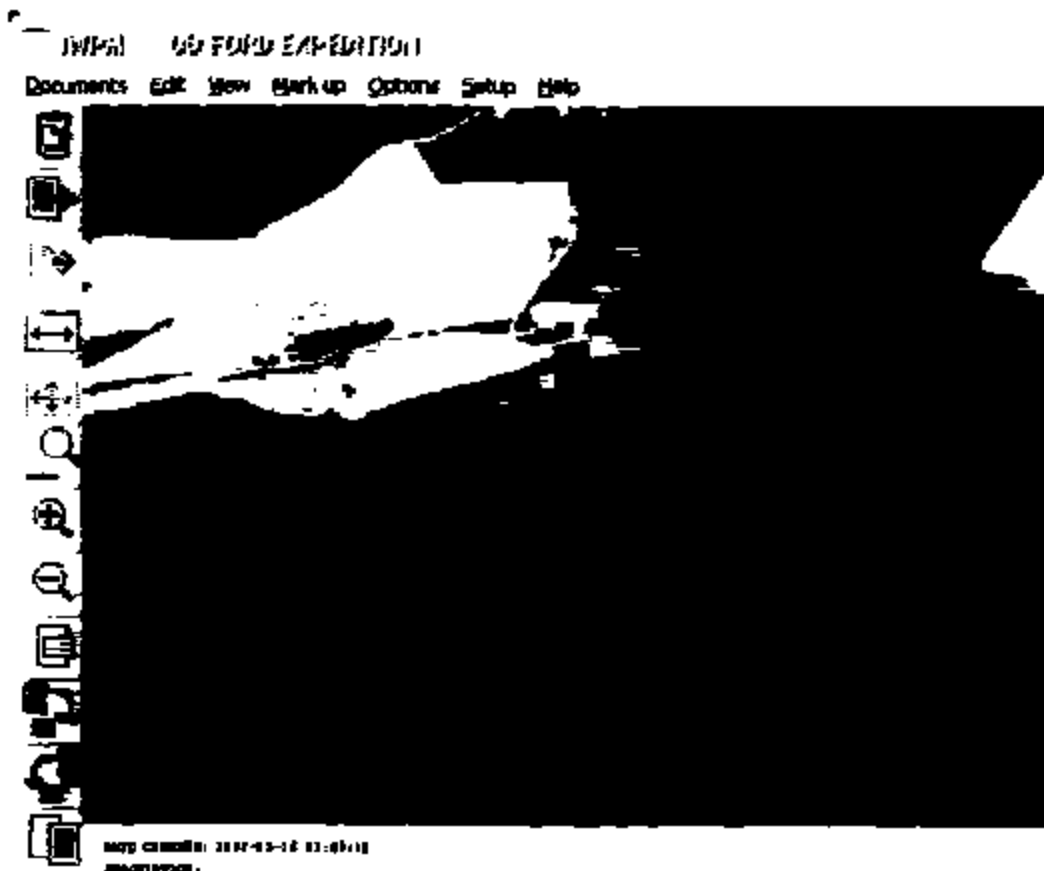



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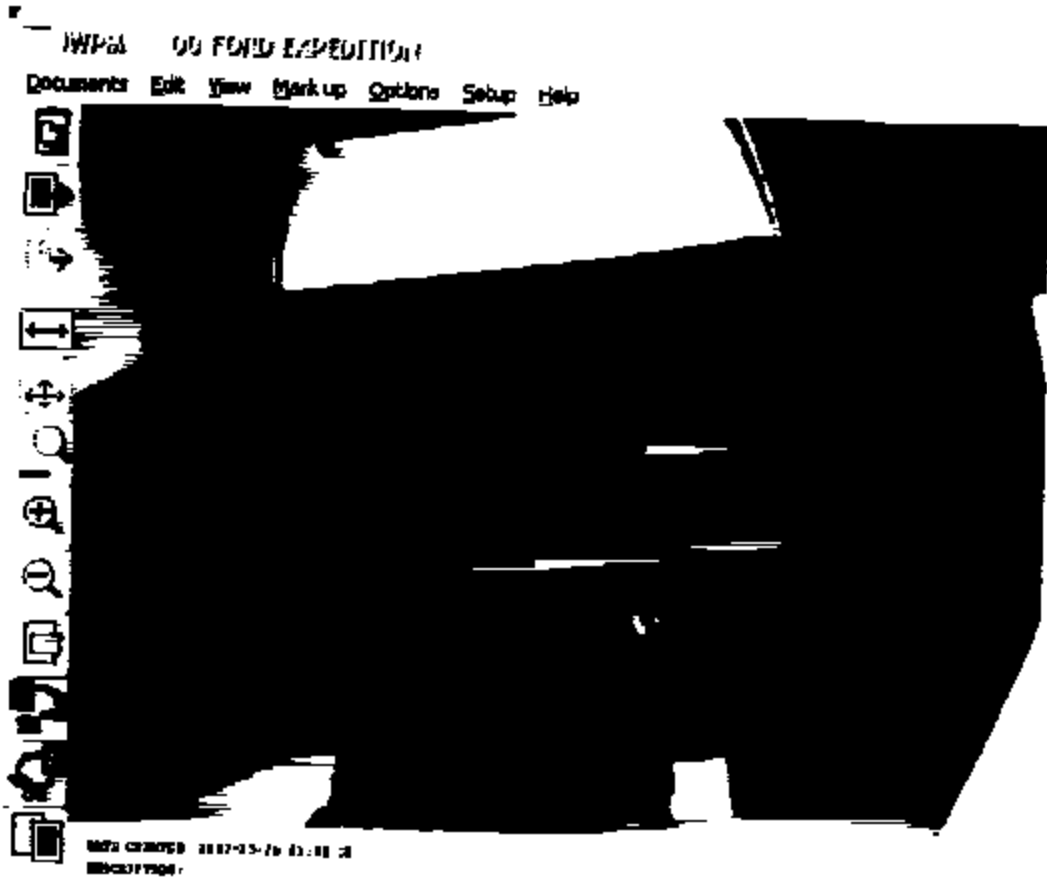
S.I.

USAA Number 480 38 14 5



< Page 17 of 27 

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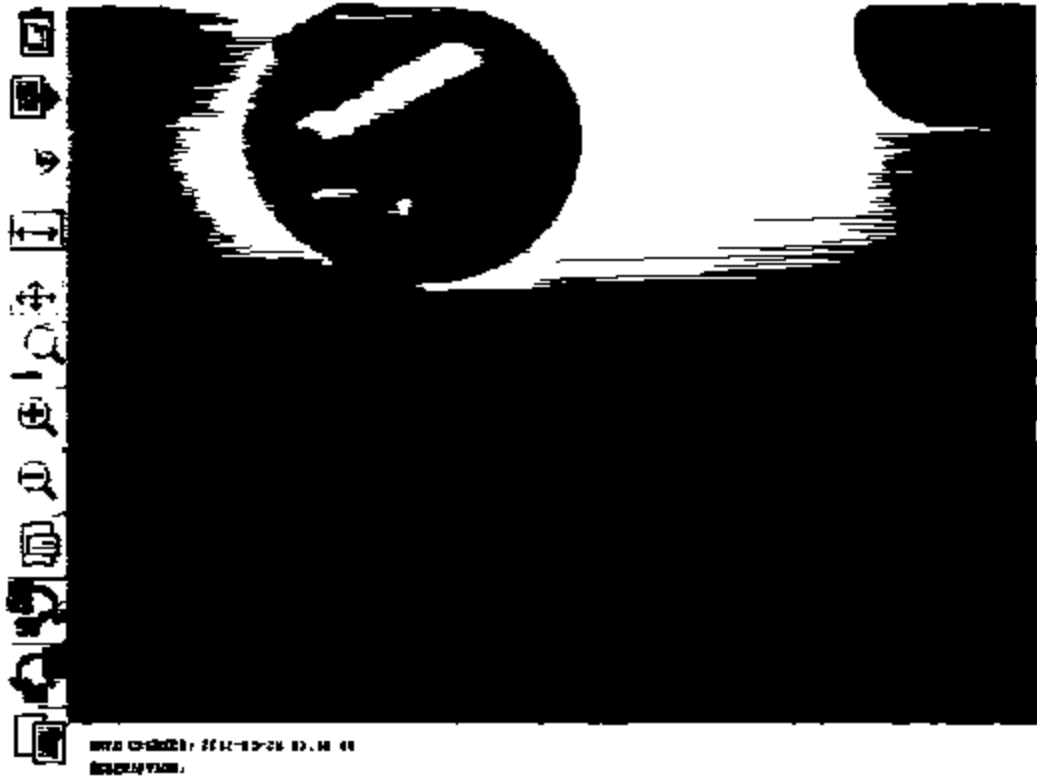


< Page 18 of 27

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INFORMATION FORD EXPEDITION  
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EVN10427: DISPLAY command is complete

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< Page 28 of 27 [27]

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[Redacted]

S.I.

LSAA Number 480 38 14 5

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SIZE: 1000x1000  
DESCRIPTION:



< Page 21 of 27 [X]

EVNIO427 DISPLAY command is complete

WWW WWW EXPEDITION

Documents Edit View Markup Options Setup Help



Page 22 of 27

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IBM 90 FORM EXPEDITED

Documents Edit View Markup Options Setup Help

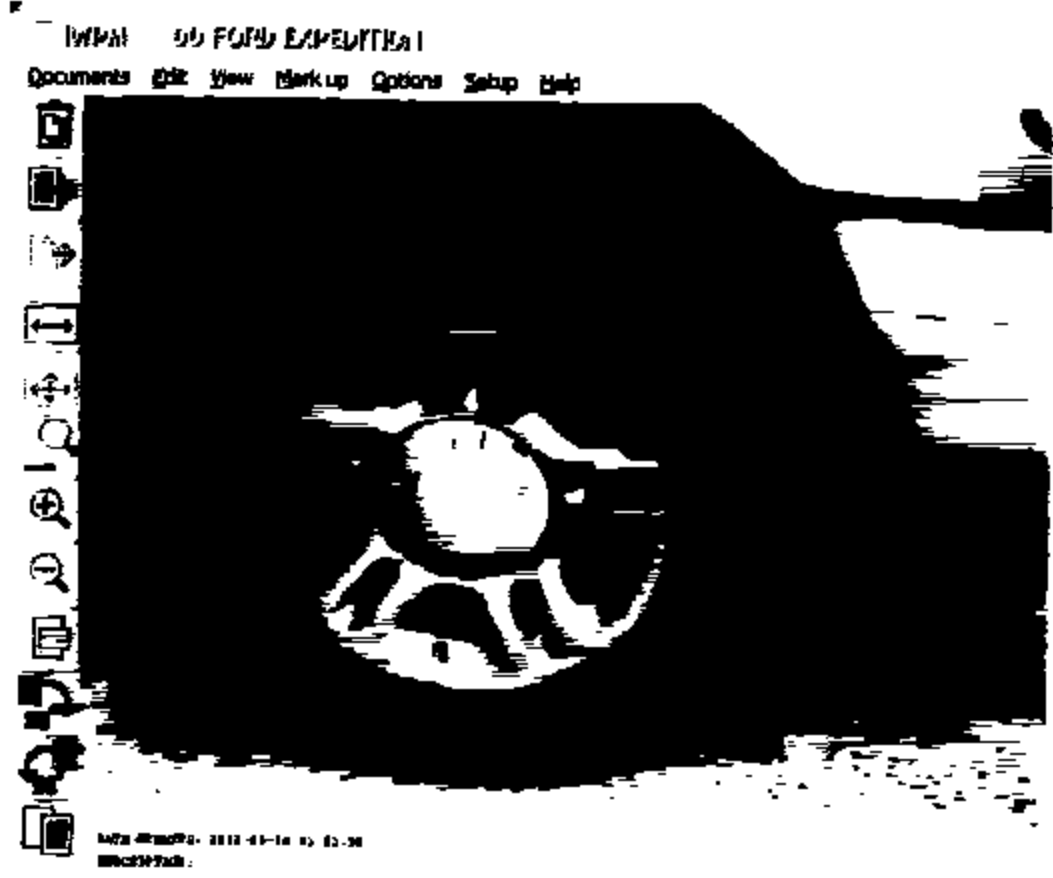


IBM 90 FORM EXPEDITED  
Microform



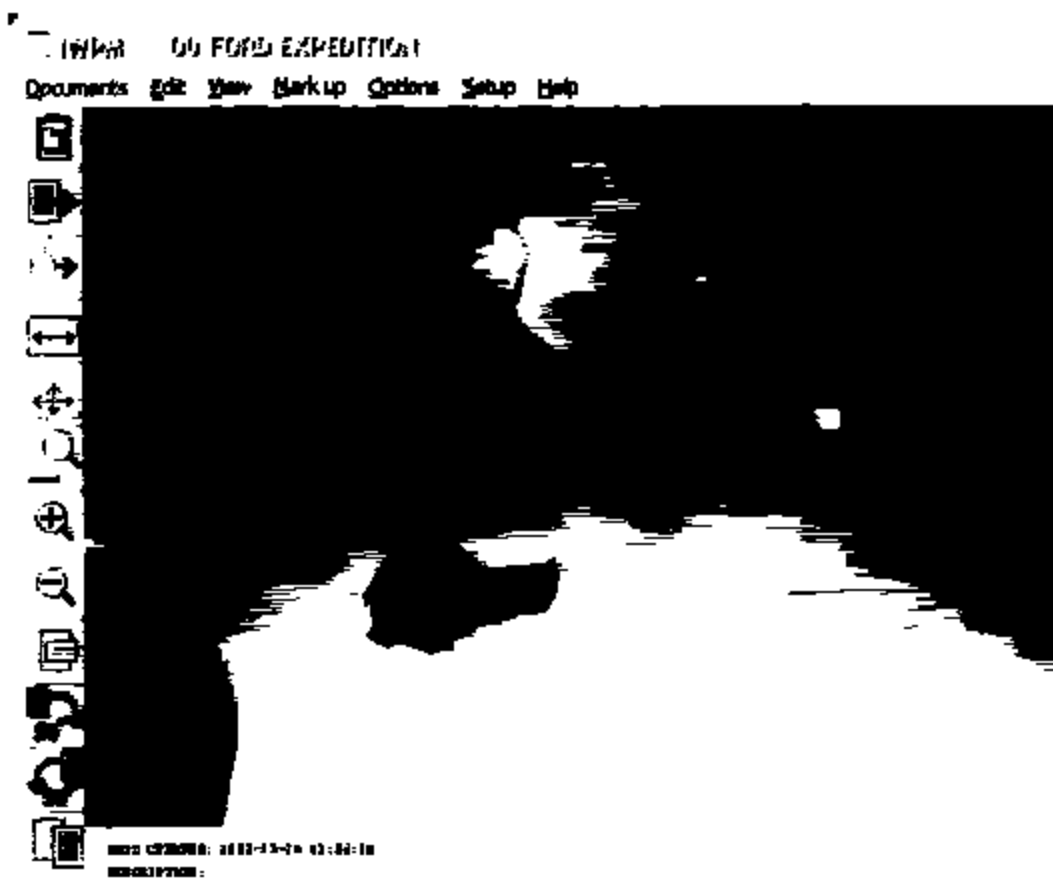
Page 23 of 27

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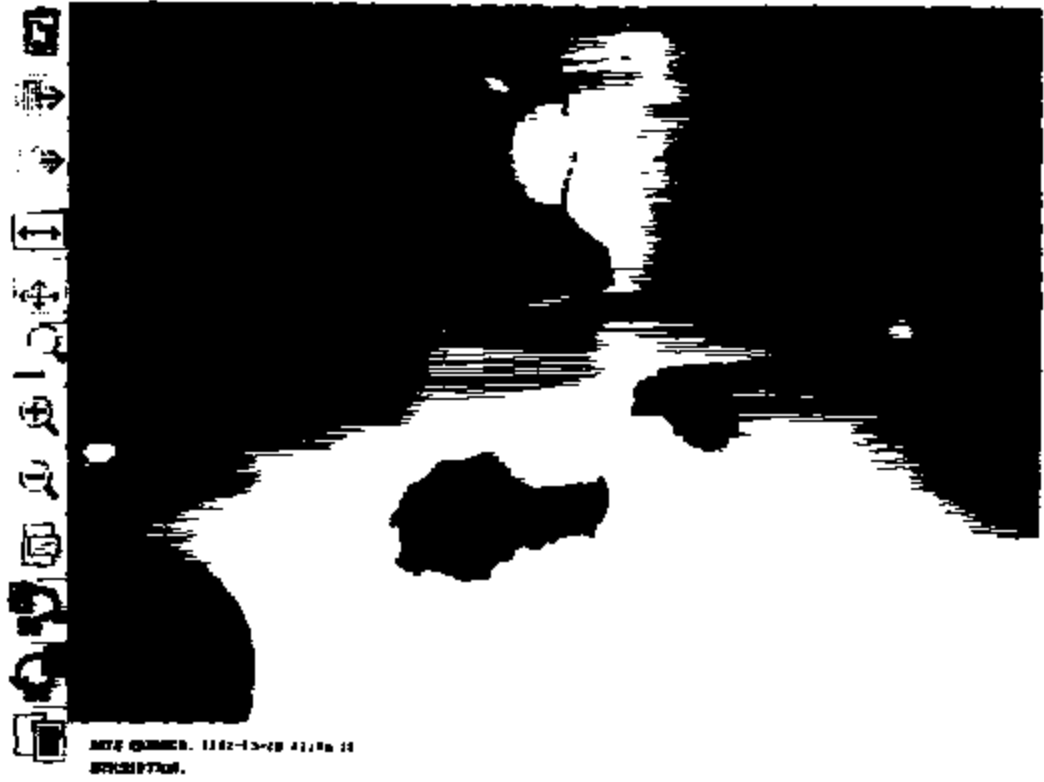
< Page 26 of 27 

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EVN10427. DISPLAY command is complete

Documents Edit View Markup Options Setup Help



Page 27 of 27

EVNIO427 DISPLAY command is complete.





UNITED SERVICES AUTOMOBILE ASSOCIATION  
P.O. Box 33490, San Antonio, TX 78265

CUSTOMER  
RELATIONSHIP  
CENTER

PE04-076 C 2434

2004 OCT 14/ A 11: 21

FORD MOTOR COMPANY  
MANUFACTURER DEFECT CLAIMS  
P O BOX 6248  
DEARBORN MI 48126

FORD MOTOR COMPANY  
RECEIVED  
OCT 14 2004  
OFFICE OF THE  
GENERAL COUNSEL

*Related  
matter  
5/30/18*

October 5, 2004

Policyholder: [REDACTED]  
Reference Number: [REDACTED]  
Date Of Loss: May 20, 2004  
Loss Location: Mcallen, Texas  
USAA Tax ID Number: 74-0959140  
Your Policyholder: Ford Motor Company  
Your Reference Number: Unknown  
RE: 2000 Ford Expedition  
VIN #1FMRU156XY [REDACTED]

RECEIVED OCT 21 2004

Dear Sir or Madam:

We have reimbursed our insured for damages sustained as a result of the above loss. Our investigation reveals that the cause of the fire was a defect in the ABS system. Therefore, we are seeking reimbursement from you.

Our claim payments are documented below:

Vehicle Damage - Total Loss	\$	15,469.55
Insured's Deductible	\$	500.00
<b>Subtotal</b>	<b>\$</b>	<b>15,969.55</b>
Less Net Salvage	\$	-1,442.70
<b>Total Subrogation Demand</b>	<b>\$</b>	<b>14,526.85</b>

*WSD - 12/21/99  
ESP - NO  
VCC TX 74415  
- ELD - Y*

Please forward your check, referencing # [REDACTED] in the amount of our total subrogation demand. Make your check payable to USAA as subrogee of our policyholder. Please include our reference number on your check to allow us to identify your payment to our claim and avoid additional demands or an arbitration filing.

Remit Payment To: USAA  
ATTN: Insurance Claims  
P.O. Box 33490  
San Antonio, TX 78265-3490

*- \$ 14,526.85  
~ 70,000 (M)  
- NO VRA  
- NO Color photos*

4803814 - 5 - TX - 05/20/04 - 8942 - 93 - A109

Be aware that no partial payment to USAA that is less than the full amount claimed herein will be considered in any way a satisfaction of this claim without an express written release of our claim executed by an individual who identifies himself/herself as a member of our Subrogation Department. Therefore, our legal rights to enforce collection on the remaining amount of the claim shall not be waived or estopped due to a partial payment by you or someone acting on your behalf.

If you wish to discuss this matter, please contact me.

Sincerely,



Di Ann Schoeff  
Subrogation Specialist  
Claims - West Zone Subrogation  
Phone: 1-800-531-8222 Ext. 33551  
Fax Phone: 623-715-8526

Encl: Support Docs



**EF**  
Engineering and Fire  
Investigations

**EF**  
2218 North Park Drive  
Kingwood, Texas 77339  
(281) 358-1061  
(800) 776-5930

**PRIVILEGED AND CONFIDENTIAL**  
Report Number One & Final  
June 15, 2004

**PREPARED FOR:** Atlas General Agency  
2080 N. Highway 360, Suite 271  
Grand Prairie, Texas 75050

**ATTENTION:** Minghua Motenab

---

**INSURED:** [REDACTED]  
**DATE OF LOSS:** May 20, 2004  
**LOSS LOCATION:** [REDACTED]  
McAllen, Tex  
**POLICY NUMBER:** [REDACTED]  
**CLAIM NUMBER:** [REDACTED]  
**INVESTIGATOR:** Ramon Manchaca  
**EFI FILE:** 9831D-01439

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

Insured: [REDACTED]

**DETERMINATION OF CAUSE AND ORIGIN**

This fire is classified as accidental. The fire originated in the Ford Expedition that was parked in the garage. The available evidence indicates the fire was most probably caused by a malfunction of a component associated with the ABS braking system.

**ASSIGNMENT**

The assignment was received on May 21, 2004 with instructions to conduct a cause and origin investigation. Additional instructions were received on May 21, 2004 from Pete Mata, Littleton Claims to contact insured as soon as possible. The assignment commenced on May 24, 2004.

**ENCLOSURES**

1. Vehicle Examination Worksheet;
2. Property description;
3. Photographs (30) with explanation sheet;
4. NHTSA Safety Recall Database;
5. McAllen Fire Department Fire report; and,
6. Additional Materials Packet containing CD Rom of digital photographs.

**PROPERTY/VEHICLE EXAMINATION****Property Description**

The structure where the loss occurred was a one story, wood frame dwelling. It was constructed on a concrete slab and had a composite shingle roof. The exterior finish was vinyl siding.

The fire scene examination was conducted on May 24, 2004. The loss site was photographed, measured and a field diagram prepared at that time. Present during the scene examination was [REDACTED] home and vehicle owner.

Alterations to the fire scene included the removal of the electric water heater and 2000 Ford Expedition sport utility vehicle from the garage. The above conditions and alterations did not prevent an accurate determination of cause and origin. The loss site was secure upon arrival for the scene examination. The garage was secure at the time of the fire.

June 15, 2004

Insured [REDACTED]

There was fire exposure damage noted to the dwelling. The property was consistent with other properties in the vicinity. The evidence indicates the property was maintained on a regular basis.

The electric utilities were in service at the time of the fire. There was no natural gas to the risk. The electrical service was examined and found to be unremarkable. The electric meter was mounted on the east exterior wall of the dwelling. The electrical breaker panel box was mounted on the interior east wall of the dwelling. All of the breakers were in the on position.

The security of the structure at the time of the fire was secure. Subsequent investigation revealed the homeowner, Lynn Ann Martinez was home at the time of the fire and let the fire department in the garage.

Exterior examination of the risk revealed the only evidence of a fire was heavy smoke/soot accumulation to the entire garage. The exterior of the 2000 Ford Expedition also had evidence of heavy soot accumulation damage.

The contents were consistent with the type of occupancy.

The fire originated in the 2000 Ford Expedition that was parked in the garage. The fire destruction was contained to the 2000 Ford Expedition. The smoke spread upward and outward throughout the entire garage. The generation of smoke was consistent with the type of fire load.

The interior construction of the room of origin consisted of wood studs covered with finished sheetrock. The floor was a concrete slab. The contents consisted of miscellaneous items and an electrical water heater.

The physical evidence and witness testimony indicates the fire originated in the 2000 Ford Expedition. The fire burned a hole through the hood of the 2000 Ford Expedition, driver side. The heaviest fire damage was sustained to the driver side of the 2000 Ford Expedition.

No samples were collected. The evidence did not indicate an incendiary fire.

Available heat and possible ignition sources in the origin area include the structural electrical wiring, a malfunction with the water heater, misuse of open flame, misuse of smoking material, a malfunction associated with the Ford Expedition and incendiary. Examination of the structural wiring revealed no evidence of a malfunction. The misuse of an open flame and smoking material was eliminated. The evidence did not indicate an incendiary fire.

The cause of this fire was a malfunction associated with the 2000 Ford Expedition.

Insured [REDACTED]

**Vehicle Description**

The vehicle examination was conducted on May 21, 2004 at Buggut Ford located at 1400 East Highway 83, McAllen, Texas 78502. No one was present during the vehicle examination. The vehicle was a 2000 Ford Expedition bearing Texas license plate [REDACTED]. The VIN was confirmed as YV1F89QDK [REDACTED]. The conductor was not discernible due to the inability to provide electrical power. There were no alterations noted to the 2000 Ford Expedition vehicle.

There were no adverse conditions affecting the examination. The above conditions did not prevent an accurate determination of cause.

**Vehicle - Evidence Integrity**

Security of the vehicle is not an issue since the vehicle had been parked in the garage by the owner, [REDACTED]. There was evidence of forced entry to the hood to extinguish the fire. The evidence indicates the doors and windows were closed at the time of the fire.

**Exterior**

The driver side quadrant area of the engine compartment suffered the greatest fire damage. The windshield was cracked by radiant heat. All of the windows were okay. The doors and windows were closed for the course of the fire. All four mounted tires and wheels were intact. All four tires were serviceable. There were no indications the wheels had been recently removed. The spare was documented in its original location.

No pre-fire accident damage was found.

**Interior**

The interior passenger compartment was slightly damaged. There was moderate soot damage throughout the passenger compartment. The keys were in the custody of the owner, [REDACTED]. [REDACTED] were handed over to the wrecker driver for towing.

All of the equipment and accessories appeared to be the original factory installed and there was no evidence that any of the items had been removed. There was evidence of a speaker/amplifier system and alarm system installed after factory. The seats were intact. All of the carpet was intact. The rubber pads were also intact. The shift lever was in the park position and the emergency brake was not activated.

There was evidence of personal items in the passenger compartment area. There was a box of Kleenex on the rear passenger footboard, a bag of chicken chow mein, a Handicap placard and

Insured: [REDACTED]

two Glade aerosol cans on the front passenger seat.

#### Engine Compartment

The fire damage was confined to the engine compartment with slight fire damage to the dashboard area. The vehicle had an 8 cylinder regular mounted engine and rear wheel drive. The air filter and the plastic cover were melted by fire. The plastic breather assembly and air intake were also melted by the fire. The rubber components of the supply and return fuel lines were damaged by the fire. There was no evidence to indicate loose connections from either normal conditions or intentional tampering. The engine compartment emission system components were slightly damaged.

The radiator fan shroud was melted by the fire. The upper radiator hose was slightly damaged, but in place. The lower radiator hose was damaged. The fire damage was confined to the engine compartment, driver side area. The transmission and oil fluids were dry and serviceable. No evidence of engine oil leakage was noted. The transmission links were intact.

The air conditioning components were slightly damaged by the fire. The heater hoses were melted by the fire.

The brake reservoir was melted by the fire. The power steering pump was damaged. The power steering pump reservoir was melted by the fire. Examination of the motor mounts revealed they were slightly damaged. There were no engine components missing, just melted or slightly damaged by the fire.

#### Electrical System

There was no evidence of electrical activity noted in the engine compartment wiring loom. Examination of the passenger compartment fuse panel box revealed three blown fuses. The three blown fuses were a 5-amp, 15 amp and 20 amp. The battery was in place and no evidence of electrical activity was noted. There was radiant heat damage restricted to the engine compartment fuse panel box. The engine compartment fuse panel cover was melted in place. The alternator was mounted and exhibited radiant heat damage. The wiring harness to the alternator was attached and exhibited evidence of heat damage. The stator was mounted and did not exhibit fire damage. The starter wiring harness was melted and did not reveal evidence of arcing.

The fuel tank, filter assembly and filter cap had no involvement in this fire. The fuel tank had not ruptured and the seams were not split. The gas cap was in place. There was no evidence of a fuel line involvement at the fuel tank, or lines underneath the passenger compartment area. The fuel assembly in the engine compartment exhibited evidence of radiant heat damage and was not involved in the spread of the fire. The exhaust system and catalytic converter were intact.

Insured: [REDACTED]

**Evidence**

The vehicle was not scanned with a hydrocarbon detector. The evidence did not indicate incendiaries.

**Fire Initiation**

The available evidence indicates the fire originated in the engine compartment. The fire spread upward and horizontally within the engine compartment. The heaviest burn damage was confined to the driver side quadrant area.

Available heat and possible heat sources located in the area of origin include the vehicle primary electrical wiring, malfunction with fuel injection assembly, fuel leak in the engine compartment, malfunction associated with the fuse panel box, malfunction associated with the ABS system and associated components and radiator fan motor temperature control module.

Examination of the engine compartment electrical wiring found no evidence of electrical activity. The vehicle primary electrical wiring to the battery cables did not exhibit electrical activity. The vehicle was parked in the garage around 9:30 p.m. and the fire was found early the next morning still smoldering, which would eliminate the ignition of a fuel leak in the engine compartment or malfunction with the fuel injection assembly. The time lapse since the vehicle was driven would also eliminate a malfunction associated with the transmission, coolant leak or power steering fluid leak. The integrity of the fuel tank was intact, with no evidence of a rupture, tears or split seams. Burn patterns were not indicative of a fire involving the misuse of smoking material. There was no evidence to indicate incendiaries. There were no ignitable liquids, other than those normally associated with this vehicle.

The fire was most probably caused by a malfunction associated with a component associated with the ABS system.

**INVESTIGATION**

Gilbert Chavez is a Lieutenant with the City of McAllen Fire Department. He can be contacted at 956-972-7537. The following information was obtained from Lieutenant Gilbert Chavez:

Lieutenant Gilbert Chavez responded to the loss site due to protocol. The investigation and scene examination commenced on May 20, 2004. Photographs were taken and are available upon request. No evidence was collected from the scene. Gilbert Chavez found the origin to be in the engine compartment, driver side quadrant. His determination was based on burn patterns and damage. The investigation is closed at this time and listed as accidental.



Insured: [REDACTED]

[REDACTED] is the owner of the 2000 Ford Expedition. She can be contacted at [REDACTED]

The following information was obtained from [REDACTED]

[REDACTED] parked the Expedition in the garage around 9:30 p.m. and went inside the house. The next morning, the dog started barking around 5:30 a.m. She stayed in bed and fell asleep again. The dog started pulling the blankets so she decided to get up between 6:15 and 6:30 a.m. She walked to the kitchen to make sure the coffee machine was on then went to the hallway because the dog was barking at the garage door. She walked up to the dog and he went inside the laundry/utility room still barking at the garage door. She tried to turn the laundry/utility light on, but it did not come on. She opened the garage door and put her head inside the door and saw smoke. There was no fire visible. She called 911 and stayed at a neighbor's house across the street until the Expedition was towed. Oscar's Sound Waves located [REDACTED] McAllen, Texas [REDACTED] installed an audio and alarm system four years ago. There were no mechanical problems with the Expedition. She maintained the maintenance on the vehicle.

**COMMENTS**

Per your instructions, I am closing this file. It will be maintained at EFT and can be easily retrieved. You may contact me through the Texas Service center or at the number listed below.

Damon Menchaca  
Investigator  
Sugarland, TX  
281-265-5609

# VEHICLE FIRE EXAMINATION REPORT

Investigator		SP# File Number	
[Redacted]		98318-01430	
Manufacturer	Year	Model	Body Style
Ford	2000	Expedition	
Registration State	Plate	Color	Color
Texas	November		
Year	Plate	VIN Number	
2004	11A00	1FMEUJ76827	
Vehicle Registration Date	Location of Examination		
02/24/2004	217 Gupton Avenue McAllen, Texas 78504		

Component	Good	Distorted/Broken	Amalgam Pattern	Collision Damage
Engine/Cool	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hood	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Fender	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Fender	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Bumper Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item	Good	Distorted/Broken	Amalgam Pattern	Collision Damage
Left Fender	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Fender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fire exhibits signs of forced entry?  Yes  No  
 Windows/doors open indicate rapid re-entrance?  Yes  No  
 Indicates signs of forced entry:  Door(s)  Next  Trunk  Glass

Material	Good	Cracked	Distorted/Broken	Broken
Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Left Door(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Door(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stove(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks: \_\_\_\_\_

Item	Yes	No	Remarks
Trunk open during fire	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Windows/doors open during fire	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Key in the ignition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any mechanical issues observed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any unusual brake patterns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any unusual smoking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any unusual objects in vehicle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trunk open during fire	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Any unusual objects in trunk	<input type="checkbox"/>	<input type="checkbox"/>	N/A

**ENGINE COMPARTMENT**

Upper Arm Maintenance

	Yes	No		Yes	No
Head caps during fire	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heating system tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regular painted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oil filter tested (not on 6-cyl)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Upper radiator hose tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Efficiency of expansion of cooling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lower radiator hose tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Notes or records in transmission case	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water tank tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transmission case temperature	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other hoses tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transmission case temperature (if tested)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fan and shroud tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any problems with other maintenance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water pump tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water pump tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Remarks \_\_\_\_\_

**ELECTRICAL**

	Missing	Revised	Deleted/Added	Over/Under
Battery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery connections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery cables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alternator/generator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ignition system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Power panel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wiring harness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Remarks \_\_\_\_\_

**FUEL AND EXHAUST SYSTEMS**

	Missing	Revised	Deleted/Added			
Fuel cap	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Fuel strainer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fuel tank assembly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Fuel filter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Fuel pump(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Fuel lines(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Crankcase ventilation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Air intake filter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Exhaust gas recirculation system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Exhaust system pipes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Muffler and catalytic converter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Leaks test (see instructions)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Shrinkage of torque	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Fuel tank	<input type="checkbox"/> Empty	<input checked="" type="checkbox"/> Full	<input type="checkbox"/> 1/2	<input type="checkbox"/> 3/4	<input type="checkbox"/> Full	

Remarks \_\_\_\_\_

**MISCELLANEOUS**

Presence of rust on or under	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Oil weight checked	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
Lubricity	_____				
Fuel sample obtained	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Lubricity	_____				
Exhaust sample(s) obtained	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Lubricity	_____				
Remarks	_____				
Inspector	[Signature]		Date	[Date]	

EPI

Engineering and Fire  
Investigation

## Property Description

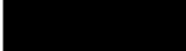

Insured  \_\_\_\_\_ EPI No. 98318-01438  
 Street  \_\_\_\_\_ City Madison State IL  
 Occupancy  Dwelling  Business  Unoccupied  Other \_\_\_\_\_  
 Owner Occupied  Tenant occupied Approximate age \_\_\_\_\_ years  
 Building construction  Wood  Masonry  Metal  Other \_\_\_\_\_  
 Roofing material  Composition material  Metal  Tile  Wood  
 Tar and gravel  Other \_\_\_\_\_  
 Number of stories 1 Number of rooms 2 Number of baths 2  
 Foundation  Basement  Concrete slab  Pier and beam  Crawlspace  
 Heating  Natural gas  Propane gas  Electric  Other \_\_\_\_\_  
 Air conditioning  Natural gas  Propane gas  Electric  Other \_\_\_\_\_  
 Electrical service connected during fire  Yes  No  Unknown  
 Alarm system  Yes  No Type burglar  Fire  Monitored  
 Garage  None  Attached  Detached Approximate size \_\_\_\_\_  
 Outbuildings on premises  Yes  No  Damaged  Undamaged  
 Outside conditions  Normal  Unkempt  Well Groomed  Other \_\_\_\_\_  
 General conditions  Excellent  Average  Poor  Other \_\_\_\_\_  
 Fire Protection  Unknown  Volunteer  Paid  Paid and Volunteer  
 Department Madison Fire Department Distance to Station 1.8 miles  
 Completed during examination  Diagram  Video  Photos  Measurements  
 Date examination began 8/24/2004 Date examination completed 8/24/2004



Photo Sheet

EF1

EF1 No: 0020-0148

EF1 No: 0020-0148

Serial: 0000000000



No. 1

Northwest corner of dwelling



No. 1

Northwest corner of dwelling

No. 1 of 11

Photo Sheet

ERI

Engineering and Test  
Resources

REV NO: 01/04/13

Project: (0100000000)



No. 1

Southwest corner of building



No. 2

Southwest corner of building

Photo Sheet

EP

Photographed for  
Investigation

EP No:                     

Location:                     



Photograph 1

No.     



Photograph 2

No.     

Page      of

Photo Sheet

EF1

Reference only, for  
investigation

EF1 No. 0010-0000

Investigator 0010-0000



No. 1

Reference point



No. 2

Spotlight/flash used from Ford Explorer

Page 1 of 13



Photo Sheet

EP

Engineering and Architecture  
Department

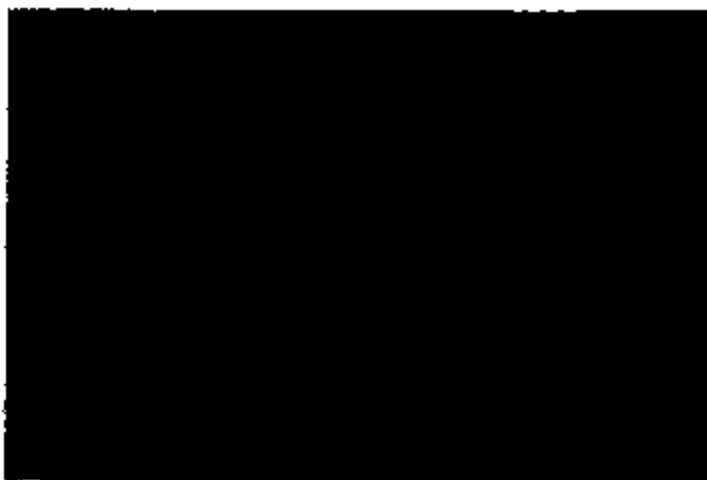
File No. 1011-1008

Location: 4000th Street



Living room

No. 11



Laundry room

No. 12

Page 3 of 16

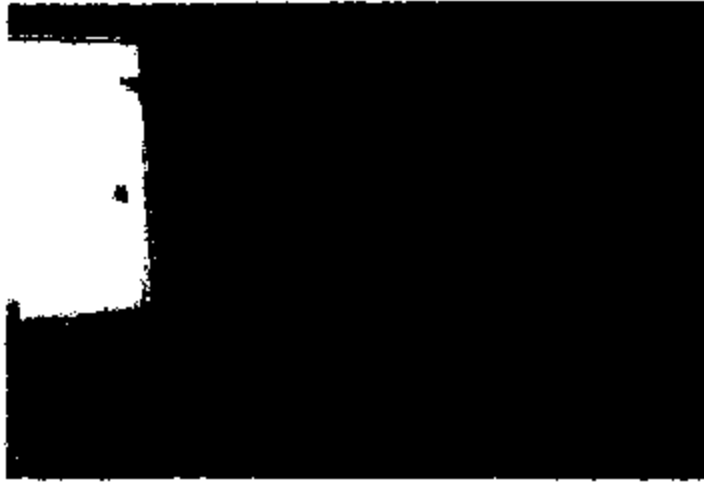
Photo Sheet

ERI

Engineering and  
Surveying

ERI No. MS18-01003

Location Malibu, Malibu



No. 11

Blackboard in room number 100



No. 12

Blackboard in room number 100

Page 12 of 12

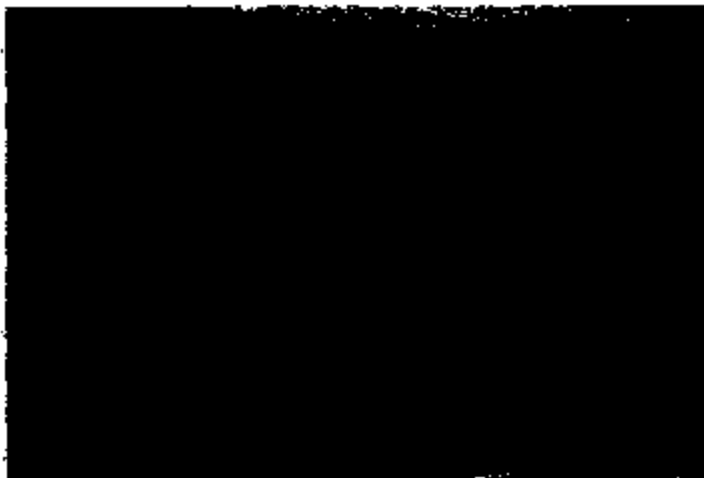
Photo Sheet

EP

Engineering and Photo  
Technology

CP No: 100-100

Invest: Program, Miami



No. 1

Reference



No. 2

Supply room

Page 1 of 1

<b>A</b> 05608 <b>Tx</b> 05 <b>2004</b> <b>5</b> <b>04-0001519</b> <b>000</b> <small>run * State Incident ID Station Incident Number Exposure *</small>		<input type="checkbox"/> Delay <input type="checkbox"/> Change <input type="checkbox"/> No Activity	<b>SP125-1</b> Basic
<b>B Location*</b> <input type="checkbox"/> Check this box to indicate that the address for this incident is provided in the attached <b>Form 100</b> <b>0235</b> <b>01</b> <small>Address in Section 1 "Alternative Location Specifications" use only the address lines.</small>			
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <small>Subst./Intersect Street or Highway</small> <small>City</small> <b>McAllen</b> <small>State</small> <b>Tx</b> <small>Zip Code</small> <small>Cross street or directions, as available</small>			
<b>C Incident Type *</b> <b>131</b> <b>Passenger vehicle fire</b> <small>Incident Type</small>		<b>E1 Date &amp; Times</b> <small>Midnight is 0000</small> <small>Check boxes if dates are the same as Alarm - ALARM always required</small> Date: <b>05</b> <b>20</b> <b>2004</b> <b>06:48:00</b> <small>ARRIVAL required, unless cancelled or did not arrive</small> <b>05</b> <b>20</b> <b>2004</b> <b>06:51:00</b> <small>CONTROLLED Optional, except for wildland fires</small> <b>05</b> <b>20</b> <b>2004</b> <b>07:00:00</b> <small>LAST UNIT CLEARED, required except for wildland fires</small> <b>05</b> <b>20</b> <b>2004</b> <b>08:41:00</b> <b>05</b> <b>20</b> <b>2004</b> <b>08:41:00</b> <small>cleared</small>	
<b>D Aid Given or Received*</b> 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given 6 <input checked="" type="checkbox"/> None <small>Their FDID State</small> <small>Their Incident Number</small>		<b>E2 Shift &amp; Alarm</b> <small>Local Option</small> <b>01</b> <b>01</b> <b>026</b> <small>Shift: Alarm Matrix</small> <b>E3 Special Studies</b> <small>Local Option</small> <small>Special Study ID# Special Study Value</small>	
<b>F Actions Taken *</b> <b>11</b> <b>Extinguish</b> <small>Primary Action Taken (1)</small> <small>Additional Action Taken (2)</small> <small>Additional Action Taken (3)</small>		<b>G1 Resources *</b> <input checked="" type="checkbox"/> Check this box and add this section if an apparatus or personnel were used. <small>Apparatus Personnel</small> Suppression <b>0006</b> <b>0018</b> EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.	
		<b>G2 Estimated Dollar Losses &amp; Values</b> <small>LOSSES: required for all fires at home. Optional for non fires.</small> Property \$ <b>005</b> <b>000</b> Contents \$ <b>001</b> <b>000</b> <small>PRE-INCIDENT VALUE: Optional</small> Property \$ <b>019</b> <b>000</b> Contents \$ <b>001</b> <b>000</b>	
<b>Completed Modules</b> <input checked="" type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> Haz.-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Apptn-11		<b>H1 Casualties</b> <small>Minor</small> Deaths Injuries Fire Services Civilian <b>H2 Detector</b> Required for Confined fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them 3 <input type="checkbox"/> Unknown	
		<b>H3 Hazardous Materials Release</b> <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: odor less, no reaction or flame visible 2 <input type="checkbox"/> Propane gas: od. less, tank too hot to touch 3 <input type="checkbox"/> Gasoline: white hot tank or possible reaction 4 <input type="checkbox"/> Kerosene: good burning equipment or possible reaction 5 <input type="checkbox"/> Diesel fuel/coal oil: white hot tank or possible reaction 6 <input type="checkbox"/> Household solvents: good-better smell, strong od. 7 <input type="checkbox"/> Motor oil: very smoky or possible reaction 8 <input type="checkbox"/> Paint: very strong odor, burning & 14 gallons 9 <input type="checkbox"/> Other: special hazard material reported or spill > 5 gal., please specify the hazard class	
<b>J Property Use*</b> <b>Structures</b> 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 511 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital <b>Outside</b> 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 689 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boardng house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage(barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard <small>Label and enter a Property Use code only if you have not checked a Property Use box:</small> Property Use <b>400</b> <b>Residential, Other</b> <b>SP125-1 Revision 03/11/99</b>	

**K1 Person/Entity Involved**

Local Option

Business name (if applicable)

Area Code

Phone Number

Check this box if  
new address or  
incident location.  
Then skip the three  
duplicate address  
lines.

Mr. Ms. Mr. First Name MI Last Name Suffix  
 Number Prefix Street or Highway Street Type Suffix  
 Ave  
 Post Office Box Apt./Suite/Room City  
 McAllen  
 TX Zip Code

More people involved? Check this box and attach Supplemental Forms (NFIR-1B) as necessary

**K2 Owner**

Local Option

New or person involved?  
Then check this box and skip  
the rest of this section.

Business name (if applicable)

Area Code

Phone Number

Check this box if  
new address or  
incident location.  
Then skip the three  
duplicate address  
lines.

Mr. Ms. Mr. First Name MI Last Name Suffix  
 Number Prefix Street or Highway Street Type Suffix  
 Post Office Box Apt./Suite/Room City  
 State Zip Code

**L Remarks**

Local Option

Engine 3 responded to a vehicle fire inside a garage at [redacted]. Upon arrival at said location, we made contact with [redacted] who advised us that something was burning inside her garage. After making entry into the garage through the front door of the residence, we encountered a white expedition inside the garage on fire. We immediately opened the garage door and extinguished the fire. The fire was confined to the engine area of the vehicle. Due to the garage door being closed, there was extensive smoke damage throughout the garage area.

Investigator G. Chavero was called out to scene to perform an extensive fire origin and cause analysis.

05/21/2004 14:09:11 CCadena

**M Authorization**

0271

Officer in charge ID

Del Boaque, Rene

Signature

CPT

Position or rank

SECT1

Assignment

05

Month

21

Day

2004

Year

Check  
box if  
Officer  
in charge  
making report ID

5933

Officer in charge

Cadena, Cesar

Signature

P/LT

Position or rank

E5

Assignment

05

Month

22

Day

2004

Year

McAllen Fire Department

PAGE 05/20/2004 01:04:11

FD-94-078 C 2484

<b>A</b>	KY608 <small>FDNR</small>	TX <small>State</small>	05 <small>Incident No.</small>	2004 <small>Year</small>	5 <small>Station</small>	04-0001518 <small>Incident Number</small>	000 <small>Expense</small>	<input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -2 <small>Fire</small>
<b>B Property Details</b>			<b>C On-site Materials or Products</b>						
<b>B1</b> <u>0001</u> <input type="checkbox"/> Not Residential <small>Estimated Number of residential living units in building of origin whether or not all units became involved</small>			<small>Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, whether or not they became involved</small> Enter up to three codes. Check one or more boxes for each code entered. On-site material (1)						
<b>B2</b> <u>001</u> <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small>			On-site material (2)						
<b>B3</b> <u>      </u> <input type="checkbox"/> None <small>Areas burned (outside fires)</small> <input type="checkbox"/> Less than one acre			On-site material (3)						
<b>D Ignition</b>			<b>E1 Cause of Ignition</b>				<b>E2 Human Factors Contributing To Ignition</b>		
<b>D1</b> <u>83</u> <u>Engine area, running</u> <small>Area of fire origin</small>			<input type="checkbox"/> Check box if this is an exposure report, refer to section 8 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or leak source 4 <input type="checkbox"/> Act of nature 5 <input checked="" type="checkbox"/> Cause under investigation 6 <input type="checkbox"/> Cause undetermined after investigation				<input type="checkbox"/> None 1 <input type="checkbox"/> Asleep <input type="checkbox"/> Sleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved		
<b>D2</b> <u>00</u> <u>Undetermined</u> <small>Next source</small>			<b>E2 Factors Contributing To Ignition</b> <input type="checkbox"/> None Factor Contributing To Ignition (1)				7 <input type="checkbox"/> Age was a factor <small>Estimated age of persons involved</small>		
<b>D3</b> <u>00</u> <u>Undetermined</u> <small>Item first ignited</small> <input type="checkbox"/> Check box if item reported per confined to object of origin			Factor Contributing To Ignition (2)				1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		
<b>D4</b> <u>      </u> <u>      </u> <small>Type of material first ignited</small> <input type="checkbox"/> Ignited only if item first ignited code in D1 or D2									
<b>F1 Equipment Involved In Ignition</b>			<b>F2 Equipment Power</b>			<b>G Fire Suppression Factors</b>			
<input type="checkbox"/> None is equipment was not involved, refer to section 8 Equipment involved Brand Model Serial # Year			<u>      </u> <u>      </u> <small>Equipment Power Source</small>			Enter up to three codes. <input type="checkbox"/> None Fire suppression factor (1) Fire suppression factor (2) Fire suppression factor (3)			
			<b>F3 Equipment Portability</b>						
			1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <small>Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.</small>						
<b>H1 Mobile Property Involved</b>			<b>H2 Mobile Property Type &amp; Make</b>			<b>I Local Use</b>			
<input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input checked="" type="checkbox"/> Involved in ignition and burned			<u>11</u> <u>Passenger car.</u> <small>Mobile property type</small> <u>FO</u> <u>Ford</u> <small>Mobile property make</small>			<input type="checkbox"/> Fire-Fire Film Available <small>Some of the information presented in this report may be found upon reports from other agencies</small> <input type="checkbox"/> Aeron report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached			
<u>      </u> <u>2000</u> <small>Mobile property model</small>									
<u>      </u> <u>TX</u> <u>1FMR4156XY</u> <small>License Plate Number</small> <small>State</small> <small>VDI Number</small>									

INSURED [REDACTED]  
LOCATION : [REDACTED]  
COMPANY : MCALLEN, TX  
: [REDACTED]  
:  
:

DATE OF REPORT : 05/21/2004  
DATE OF LOSS : 05/20/2004  
POLICY NUMBER [REDACTED]  
CLAIM NUMBER :  
OUR FILE NUMBER : 728034  
ADJUSTER NAME : PETE MATA

Photo ID : 5



Photo # : 5  
Date : 5/20/04  
Taken By : Adjuster

Comment :

Right.

Photo ID : 6



Photo # : 6  
Date : 5/20/04  
Taken By : Adjuster

Comment :

Angle.

page 3

INSURED [REDACTED]  
LOCATION [REDACTED]  
COMPANY : MCALLEN, TX  
[REDACTED]  
[REDACTED]  
[REDACTED]

DATE OF REPORT : 05/21/2004  
DATE OF LOSS : 05/20/2004  
POLICY NUMBER [REDACTED]  
CLAIM NUMBER [REDACTED]  
OUR FILE NUMBER : 725034  
ADJUSTER NAME : PETE MATA

Photo ID : 7

Photo # : 7  
Date : 5/20/04  
Taken By : Adjuster

Comment :

Front.

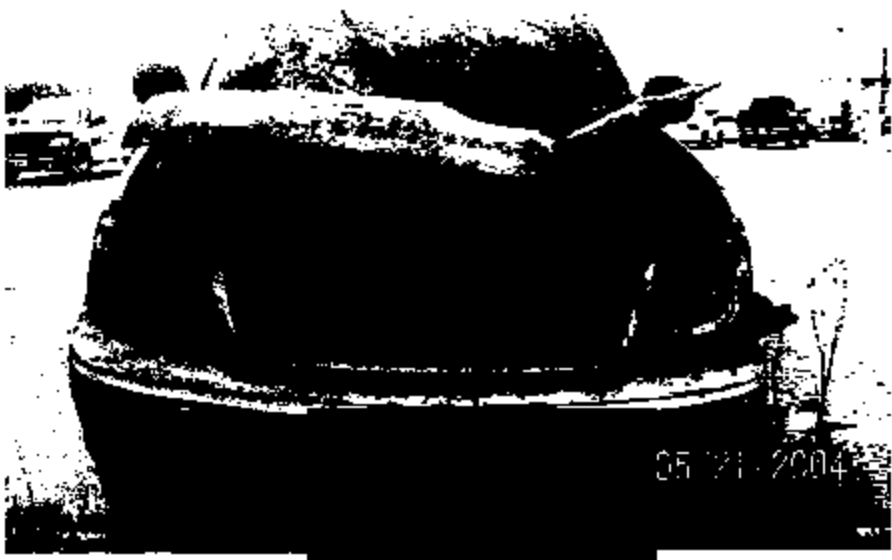


Photo ID : 8

Photo # : 8  
Date : 5/20/04  
Taken By : Adjuster

Comment :

Front angle.





INSURED  
LOCATION  
COMPANY

[REDACTED]  
[REDACTED]  
: MCALLEN, TX  
[REDACTED]  
[REDACTED]

DATE OF REPORT : 05/21/2004  
DATE OF LOSS : 05/20/2004  
POLICY NUMBER [REDACTED]  
CLAIM NUMBER [REDACTED]  
OUR FILE NUMBER : 728034  
ADJUSTER NAME : PETE MATA

Photo ID : 15



Photo # : 15  
Date : 5/20/04  
Taken By : Adjuster

Comment :  
Rear seat.

Photo ID : 16

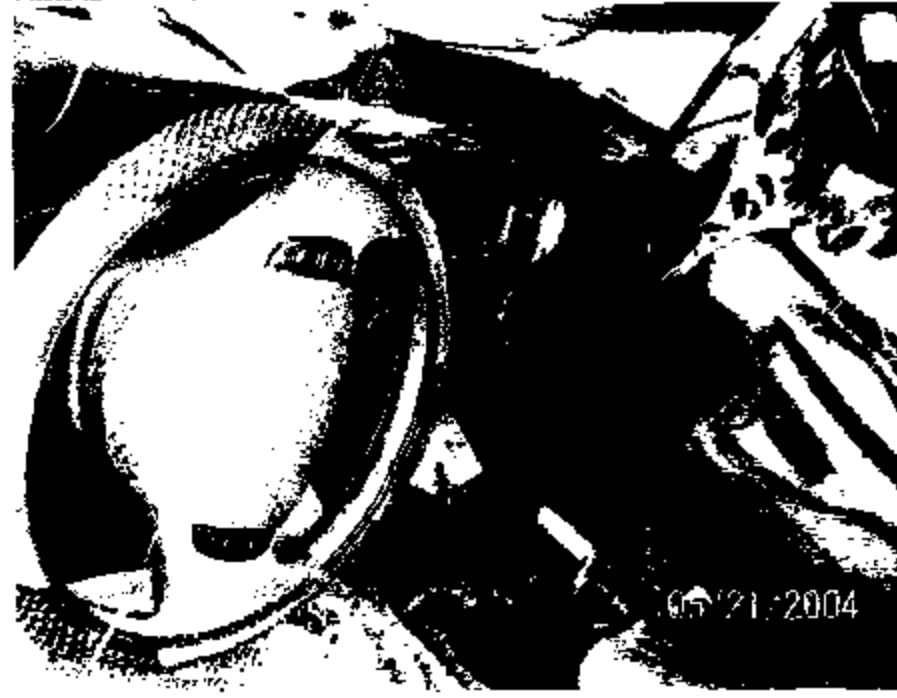


Photo # : 16  
Date : 5/20/04  
Taken By : Adjuster

Comment :  
Dash.

INSURED  
LOCATION : [REDACTED]  
COMPANY : MCALLEN, TX [REDACTED]

DATE OF REPORT : 05/21/2004  
DATE OF LOSS : 05/20/2004  
POLICY NUMBER : [REDACTED]  
CLAIM NUMBER :  
OUR FILE NUMBER : 728034  
ADJUSTER NAME : PETE MATA

Photo ID : 13



Photo # : 13  
Date : 5/20/04  
Taken By : Adjuster

Comment :

Drivers side.

Photo ID : 14



Photo # : 14  
Date : 5/20/04  
Taken By : Adjuster

Comment :

Behind driver seat.

page 7

INSURED : [REDACTED]  
LOCATION : [REDACTED]  
COMPANY : MCALEN, TX [REDACTED]

DATE OF REPORT : 05/21/2004  
DATE OF LOSS : 05/20/2004  
POLICY NUMBER : [REDACTED]  
CLAIM NUMBER : [REDACTED]  
OUR FILE NUMBER : 728034  
ADJUSTER NAME : PETE MATA

Photo ID : 11



Photo # : 11  
Date : 5/20/04  
Taken By : Adjuster

Comment :

Glass damaged also.

Photo ID : 12



Photo # : 12  
Date : 5/20/04  
Taken By : Adjuster

Comment :

Unable to identify VIN

INSURED		DATE OF REPORT	: 05/21/2004
LOCATION		DATE OF LOSS	: 05/20/2004
COMPANY	: MCALLEN, TX	POLICY NUMBER	: [REDACTED]
		CLAIM NUMBER	:
		OUR FILE NUMBER	: 728034
		ADJUSTER NAME	: PETE MATA

Photo ID : 9



Photo # : 9  
Date : 5/20/04  
Taken By : Adjuster

Comment :

Fire originated in  
engine compartment.

Photo ID : 10



Photo # : 10  
Date : 5/20/04  
Taken By : Adjuster

Comment :

Engine.

page 5

INSURED [REDACTED]  
LOCATION : [REDACTED]  
: MCALLEN, TX [REDACTED]  
COMPANY :  
:  
:

DATE OF REPORT : 05/21/2004  
DATE OF LOSS : 05/20/2004  
POLICY NUMBER [REDACTED]  
CLAIM NUMBER [REDACTED]  
OUR FILE NUMBER : 728034  
ADJUSTER NAME : PETE MATA

Photo ID : 3



Photo # : 3  
Date : 5/20/04  
Taken By : Adjuster

Comment :

Rear.

Photo ID : 4

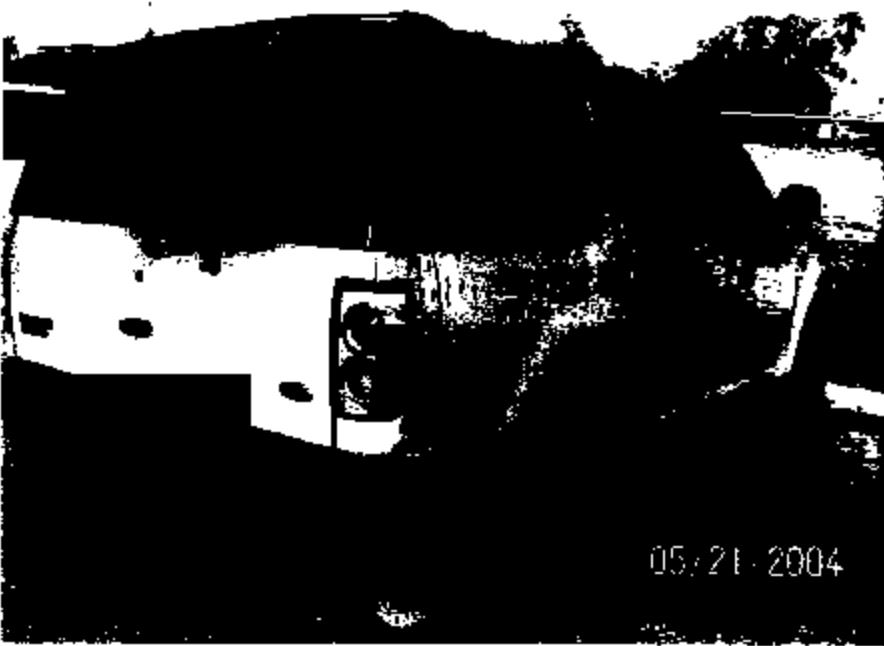


Photo # : 4  
Date : 5/20/04  
Taken By : Adjuster

Comment :

Angle.

INSURED  
LOCATION



COMPANY

: MCALLEN, TX 78504

DATE OF REPORT : 05/21/2004  
DATE OF LOSS : 05/20/2004  
POLICY NUMBER : [REDACTED]  
CLAIM NUMBER : [REDACTED]  
OUR FILE NUMBER : 728034  
ADJUSTER NAME : PETE MATA

Photo ID : 1

Photo # : 1  
Date : 5/20/04  
Taken By : Adjuster



Comment :  
2000 Ford Expedition

Photo ID : 2

Photo # : 2  
Date : 5/20/04  
Taken By : Adjuster



Comment :  
Left

MATA

page 1

INSURED  
LOCATION

[REDACTED]  
[REDACTED]  
[REDACTED]

COMPANY

: MCALLEN, TX

DATE OF REPORT : 05/20/2004  
DATE OF LOSS : 05/20/2004  
POLICY NUMBER : [REDACTED]  
CLAIM NUMBER :  
OUR FILE NUMBER : 728034  
ADJUSTER NAME : PETE MATA

Photo ID : 19



Photo # : 19  
Date : 5/20/04  
Taken By : Adjuster

Comment :

Smoke came in from  
door.

Photo ID : 20



Photo # : 20  
Date : 5/20/04  
Taken By : Adjuster

Comment :

No visible damage in  
adjacent bathroom.



**EPI**

Engineering and Fire  
Investigations

# Photo Sheet

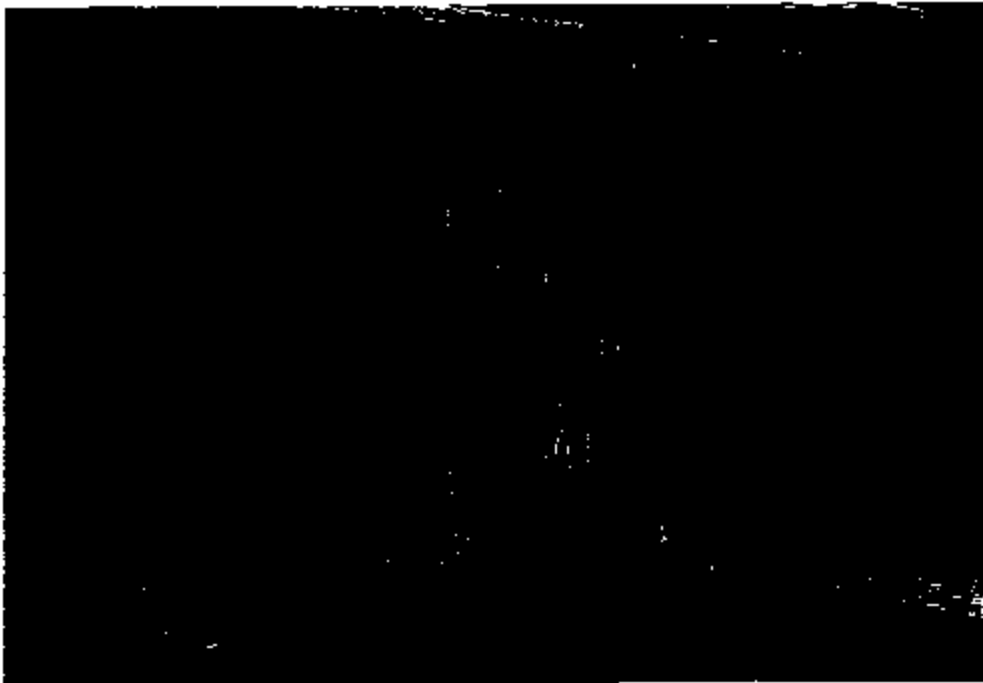
EPI No.: 98310-01439

Insured: [REDACTED]



No. 5

Garage, east side



No. 6

131

Garage, west side



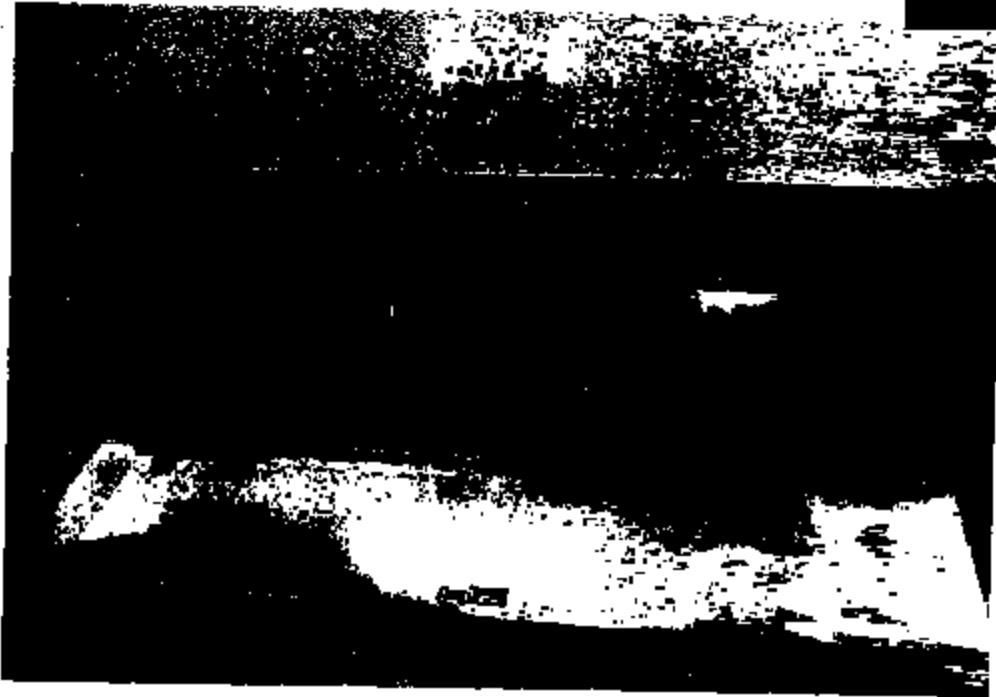


**EFI**  
 Engineering and Fire  
 Investigations

**Photo Sheet**

EFI No.: 98310-01430

Insured [REDACTED]



Breaker panel

No. 7



Speaker/amplifier removed from Ford Expedition

No. 8

PEB4-878 C 2466

Page 4 of 12

INSURED  
LOCATION  
COMPANY



MCALLEN, TX

DATE OF REPORT : 05/20/2004  
DATE OF LOSS : 05/20/2004  
POLICY NUMBER  
CLAIM NUMBER  
OUR FILE NUMBER : 728034  
ADJUSTER NAME : PETE MATA

Photo ID : 17



Photo # : 17  
Date : 5/20/04  
Taken By : Adjuster

Comment :

Smoke Foot prints,  
clean up of tile &  
carpet needed.

Photo ID : 18



Photo # : 18  
Date : 5/20/04  
Taken By : Adjuster

Comment :

Foot prints, utility  
room.

INSURED  
LOCATION  
COMPANY

MCALLEN, TX

DATE OF REPORT : 05/20/2004  
DATE OF LOSS : 05/20/2004  
POLICY NUMBER  
CLAIM NUMBER  
OUR FILE NUMBER : 728034  
ADJUSTER NAME : PETE MATA

Photo ID : 3

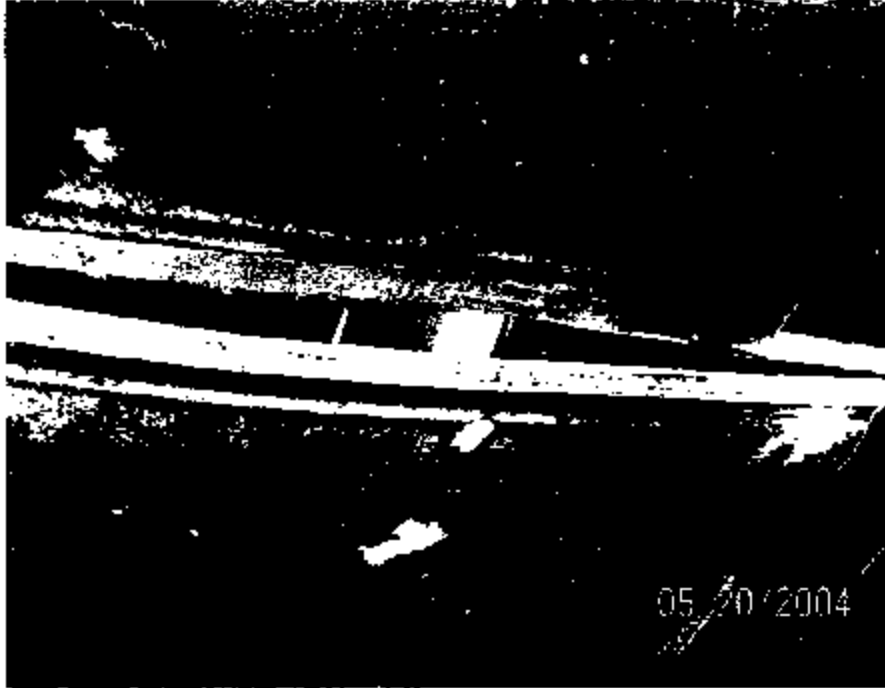


Photo # : 3  
Date : 5/20/04  
Taken By : Adjuster

Comment :

No visible structure  
damage noted, ceiling  
sheetrock was  
damaged.

Photo ID : 4



Photo # : 4  
Date : 5/20/04  
Taken By : Adjuster

Comment :

Walls were smoke  
damaged...no water  
damage from fire  
dept. noted.

page 2



PE84-078 C 2489