

.

.

. •

.

.

.

.

٠.

· ·

.

-

į

# 905 State Farm Insurance Companies



March 24, 2005

Ford Motor Co. Attn: Shawn Norton 3 Parklane Blvd Suite 300 Dearborn, MI 48126

RE:

Claim Number: Date of Lose: Our Insured: Year/Make/Model:

October 8, 2004

1FTRW08L91N

2001 Ford F150

P.C. Box 799011 Dallan, TX 75379-9011 (958) 861-0327 Fjox - (888) 257-6078

FORD MOTOR COMPANY RECEIVED CHAIMS UNIT

MAR 3 0 2005

OFFICIE OF THE GENERAL COMPRE

Dear Ms. Norton:

This vehicle was insured by State Farm and involved in a comprehensive loss. The claim settled for \$24,676.14, which includes our insured's deductible.

Our investigation establishes the cause of loss was due to to a fire loss in the engine compartment on drivers side.

Enclosed is our documentation. We will retain the evidence until we conclude this matter with your company. You may contact me to arrange for inspection of the vehicle.

Please consider this notice as our demand for reimbursement.

Sincerely,

Pamela Davis - Team Claim Representative (866) 861-0327 Ext.

State Farm Mutual Automobile Insurance Company

Enclosures

- lo/k/44 -61 F150 -4/6 -4 24,6%. <sup>1</sup>± -wgo 12/13/00 - 626 – VD

#### All Action Details for Issue

Print

Case: 1646290315

VIN: 1ETRW08L918

Year: 2001

Model: F-SERIES

Name

Owner Statue: Original Symptom Desc: FIRE/SMOKE VISIBLE FLAME

WSD: 2000-12-13

ROBBOT DESC: LEGAL - INSURANCE COMPANY SETTLEMENT

Primary Phone:

Issue Type: 62 INFORMATION

isaue Status: CLOSED

Secondary Pho

Action: ADVISE CUSTOMER TO CONTACT THEIR INSURANCE COMPANY FOR ASSISTANCE

Dealer:

Origin Date: US CONCERN CASE SASE

Odometer: 50000 Mi

Comm Type: PHONE

Analysi Name: ARUN VAID

Analyst: AVAID

Action Date: 01/31/2005

Action Time: 17.57,08,644 Action Date: No

Comments Customer said; - The Veh is not at the DLR Right now - Veh calcert fire in Nov/2004 WHILE PARKED -- CUST DID FILE A FIRE REPORT FOR THE INCIDENT - THE YEH WAS TOTALLED - CUST FILE THE CLAIM WITH THE INSURANCE CO AND THE CLAIM WAS PAID - CUST SEEKING REFUND FOR THE DEDUCTIBLE FOR THE CLAIM-CUST WANT TO KNOW IF THERE WERE ANY RECALLS RELATED TO THE FIRE INCIDENTSDEALER SAID: -- NONECRO ADVISED; - YOUR INSURANCE COMPANY HAS THE RIGHT TO PURSUE CLAIMS FOR REIMBURSEMENT AGAINST FORD, IF THEY DO PURSUE A CLAIM AGAINST FORD THEY MAY ASK TO RECOVER THE DEDUCTIBLE AS WELL AS RETURN THE DEDUCTIBLE PAYMENT TO THE CUSTOMER. - ADVISED THE CUST THAT THE VEH WAS INVOLVED IN A RECALL FOR THE SEAT BELTS 01821.



. . . .

.

.

.

•

.

.

.

.

CONSUM RAFFAIRS

PROGRESSIVE '

Progressive.com

5 Ft -8 Ft2:38

FC()

Programina Chainn Sarvice 75-70 Astoria Bhal Salta B Queens, HT 81379 (718) 803-7240 Pacsimilia (718) 507-8065

02/01/2005

FEB 1 1 2005

KATON COMPANY

Ford Motor Company C/O Customer Relationship Centel P.O. Box 6248

Deathorn, MI 48126

RECEIVED

Our Insured;

Our Claim#:

Date Of Loss;

01/23/2005

Please take this as formal notice of our subrogation rights in regard to the above captioned claim. There is a possibility of a manufacture's defect or workmanship issue which may have caused a fire which destroyed our insured vehicle: VIN: 1FTRW081.411

As such, we are having Lange Technical Services, LTD perform a cause/origin determination on the above vehicle. Their telephone number is 631-667-6128; file number 055261170. The vehicle is located at Adessa Impact Medical Medical Number of the end time, as you may elect to be present at the time of the cause/origin inspection.

Should Progressive Northeastern Ins. Co. or Lange Technical Services, LTD receive no response to this letter within 10 days, the cause/origin investigation will take place without your presence.

If you have any questions, feel free to contact me directly at 718 503 4123.

Sincerely,

Nathan Lewkowicz Ext.4123 Claima Representative

Progressive Northeastern Inc. Co. NXL/nl

-1/23/05 -101F-150 - UN

~WGO 4/20/01 -EGP 24/24,000@

#### All Action Details for laque

Pool

VINE LETENMON ATH

Year: 2001

Model: F-SEPLES

Owner Status: Subsequent COM DECI: FIRE/SMOKE SCORCHED/BURNT UNDERHOOD

Case: 698760275

Respon Desc: LEGAL - ACCIDENT / FIRE

WSD: 2001-04-20 Printery Phone Secondary Pho

locus Type: 07 LEGAL

letue Status: CLOSED

ADJUST: ADVISE CUST INFORMATION WILL BE SENT TO CONSUMER AFFAIRS - FIRE

Dealer: 03878 RIVERHEAD MOTORS, INC.

Origin Deec: US CONCÉRIN CASE BASE

Odomeler: 105000 MI

Comm Type: PHONE Analysis FMONGE2

Analyst Name: MONGE FATIMA

Action Date: 01/27/2005

Action Time: 16.37.55.938

Action Date: No

Communic Customer Said: -Veh Burnt to the Ground on Sat Jan 22 2006-parked at the Apartment Parking LOT -FOLLOWING MORNING ENGINE WAS BURNT AND THE DASHBOARD AREA WAS BURNT-HAPPENED 9.30-10.30 PM -FIRE STARTED UNDER THE ENGINE COMPARTMENT - PICKED UP BY INSURACE COMPANY AND IS CURRENTLY WITH THEM -FIRE REPORT WAS FILED -NO FINDINGS PROVIDED BY FIRE DEPARTMENT -CLAIM WAS FILED WITH INSURANCE -CLAIM PENDING YES PENDING -VEHIS NOT REPAIRABLE -FIRE OCCURED AT 73 SUNRISE CRT APT 18 MORICHES MY 11955-CMN FORD ANNOUNCING A RECALL FOR CRUSE CONTROL-WANTS TO VERSEY THE RECALLDEALER SAID: FIVERHEAD MOTORS, INC.1886 OLD COUNTRY ROADRIVERHEAD, NY 11801TEL: (831) 727-22000RC ADVISED: -1 WILL FORWARD THIS INFORMATION TO OUR CONSUMER AFFAIRS GROUP, SOMEBODY FROM CONSUMER AFFAIRS WILL. CONTACT YOU IN 2 BUSINESS DAYS, PLEASE NOTIFY YOUR INSURANCE CARRIER AND REPORT THIS INCIDENT.

Action: SEND ACKNOWLEDGEMENT LETTER TO CUSTOMER

Declar: 03676 RIVERHEAD MOTORS, INC.

Origin Deed: CONSUMER AFFAIRS - LITIGATION PREVENTION

Odometer: 105000 Mil

Contra Type: PHONE Analyst Name: KIRKSEY, VINCE (V.) Analyst: VKIRKSE1

Action Cate: 01/28/2005

Action Time: 15.27.11.682 Action Data: No

COMMENTS ""LPA COMMENTS" "LPA ACKNOWLEDGES RECEIPT OF THE CUSTOMER'S CONTACT MADE TO THE CRC. THE CUSTOMER IS ALLEGING A DEFECT CAUSED HIS VEHICLE FIRE. NO INJURIES WERE SUSTAINED, AND INSURANCE COMPANY WAS CONTACTED. "IT-HE CUSTOMER IS SEEKING PINC TO INVESTIGATE THE MATTER.

Action: REFER TO INSURANCE CARRIER-BEYOND WARRANTY

Dealer: 03576 REVERHEAD MOTORS, INC.

Origin Date: CONSUMER AFFAIRS - LITIGATION PREVENTION

Odometer: 105000 MR

Comes Type: MAIL

Analyst Maries KIRKSEY, VINCE (V.) Analyst: VKIRKSE1 Action Date: 02/09/2006

Action Time: 16.09.53.381 Action Date: No

Comments ""LPA COMMENTS""LPA HAS REVIEWED THE ABOVE CASE, AND FOUND THE CUSTOMER'S VEHICLE IS BEYOND THE REGULAR WARRANTY WITH NO ADDITIONAL COVERAGE AVAILABLE, AND NO RECALLS/PROGRAMS PERTAINING TO THE CUSTOMER'S CONCERN, BASED ON THIS INFORMATION, WE WILL BE UNABLE TO PROVIDE ASSISTANCE IN THE MATTER, AND PROPOSE NO FURTHER ACTION.

#### All Action Details for lance

Print

VIN: 1FTRW08L41

Year: 2001

Owner Status: Subsequent Symptom Done: GENERAL INCUMBES REQUESTINION-VEHICLE RELATED

Reason Desc: CAC RELATED - FM CSR FOLLOWING CONTACT Isaue Type: 02 INFORMATION Insue States: CLOSED Model: F-SERIES Case: 588760275 W80: 2001-04-20

**Primary Phone** Secondary Phone

Action: CALLBACK ADD ADDITIONAL COMMENTS

Dealer: 03678 RIVERHEAD MOTORS, INC.

Odometer: 1 Mi

Analyst Name: RICHARDSON PAUL

Action Date: 01/28/2005

Comm Type: PHONE Analyst PRICHASA

Action Time: 15.28.41.260

Origin Door: US CONCERN CASE BASE

Action Date; No

Comments CUSTOMER SAID: CUST IS CALLING ABOUT THE VEH FIRE AND THEY WOULD LIKE THE NUMBER TO THE LEGAL DEPTCRC ADVISED: PLEASE ALLOW THE REQUESTED TIME FOR THE FOLLOW UP TO OCCUR SO THAT YOUR ISSUE MAY BE PROPERLY ADDRESSED.



.

.

.

.

to provide the second

•

.



# American International Recovery

648 CENTURY POINT - LAKE MARY, FL 32746 · P.O. BOX 953847 (31795-3847) PHONE: 407-829-7406 · TOLL FREE: 1-877-280-4844 · FAX: 407-829-8304

March 22, 2005

FORD MOTOR COMPANY P.O. BOX 6248 MD-3NE-B DEARBORN, MI 48726 FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT
MAR 8 0 2005
OFFICE OF THE
GENERAL COUNSEL

Re:

Our Insured

Our File No.

: 665 - 0500119142

Date of Loss

: January 23, 2005

Damages

: \$618.08

Dear Customer Service Department:

We are the recovery agents for BIRMINGHAM FIRE INSURANCE CO who have made payment to their policyholder for damages arising out of the above cited occurrence. Our investigation of this loss has determined that you are responsible for these damages.

Since our client is the equitable subrogee of its insured, on their behalf, we request payment of this subrogated interest in the above captioned amount.

For your protection this letter should be forwarded to your insurance carrier immediately. Also, please complete and return the attached questionnaire to the address listed at the top of this letter. If there is a reason for not paying this claim, please explain fully IN WRITING, WITHIN THIRTY (30) DAYS. If you are uninsured or self-insured, contact the undersigned to arrange for payment. If you have any questions, please feel free to contact me at 877-280-4844, ext. 2070.

Şingerely.

Karen Blind

Recovery Representative

-4/23/05 -4618.05

- 122 Expedi

-ws0 10/2/11

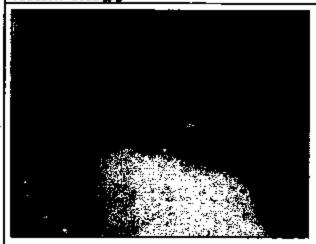
72/75000 FC 1/5

Services Provided by Members of American Interactional Group, Inc.

Photos - Claim Number: 500119142 Print Images



TUESDAY-0019.jpg



TUESDAY-0014.jpg



TUESDAY-0013.jpg



TUESDAY-0012.jpg



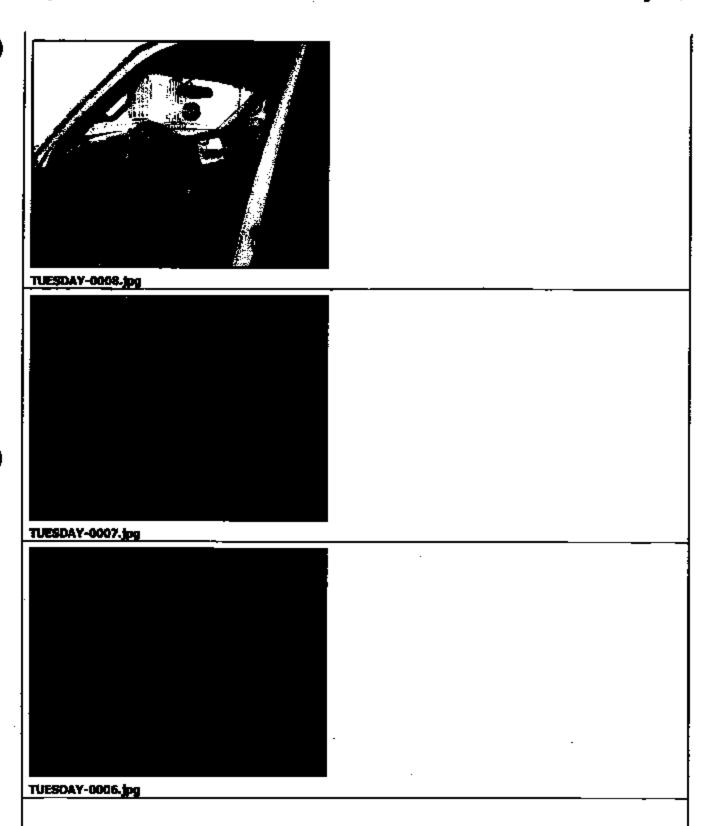
TUESDAY-0011.jpg

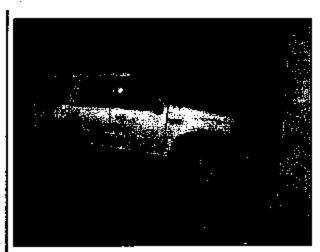


TUESDAY-0010.jpg



TUESDAY-0009.jpg





TUESDAY-0005.jpg



TUESOAY-0004.jpg



TUESDAY-0003.jpg



TUESDAY-0002.jpg



TUESDAY-0001.jpg

#### All Action Details for Issue

Print

VIN: 1FMRU17W42L

Year: 2002

Model: EXPEDITION

Name:

Owner Status: Subsequent

WSD: 2001-10408

Case: 1718670395

Sympton Desc: FIRE/SMOKE SMOKE LINDERHOOD

Primary Phone

Reason Deec: LEGAL - ACCIDENT / FIRE

Issue Type: 07 LEGAL

haute Statute: CLOSED

Secondary Pho

Action: ADVISE CUST INFORMATION WILL BE SENT TO CONSUMER AFFAIRS - FIRE

Dealer: 04820 MARCONE FORD OF MARGATE

Oriein Desc: US CONCERN CASE BASE

Odosteller: 50000 Mf Analyst Name: KOGANA LAVERN Commit Type: PHONE Analysis LKOGANA

Action Date: 03/03/2005

Action Time: 19.41.18.834

Action Date: No

Community CUSTOMER SAID: -THE VEH WAS PARK OUTSIDE THE HOUSE AND IT CAUGHT ON FIRE ON JANUARY 23AD 2005-THE SMOKE WAS COMING FROM UNDER THE HOOD -THE MASTER CYLINDER AND EVERYTHING MELTED AWAY-THE VEH IS STILL IN MY DRIVEWAY-I CALLED MY INSURANCE COMPANY AND AN ADJUSTER CAME OUT THE SAME DAY-THERE WAS NO PAYOUT FROM THE INSURANCE COMPANY YET-EWAS TOLD BY INSURANCE COMPANY TO CALL FORD AND SEE WHAT CAN BE DONE ABOUT THISDEALER SAID; NOMECRO ADVISED: - I WILL FORWARD THIS INFORMATION TO OUR CONSUMER AFFAIRS GROUP, SOMEBODY FROM CONSUMER AFFAIRS WILL CONTACT YOU IN 2 BUSINESS DAYS. PLEASE NOTIFY YOUR INSURANCE CARRIER AND REPORT THIS INCIDENT.--ADVISED CUST AS ABOVE.

Action: SEND ACKNOWLEDGEMENT LETTER TO CUSTOMER

Dealer: 04820 MARIOONE FORD OF MARGATE

Origin Doct: CONSUMER AFFAIRS - LITIGATION PREVENTION

Odometer: 50000 Mil

Comm Type: MAL. Analyst Name: DAVIS.RUTHAnalyst: PDAVIS96

Action Date: 03/04/2005

Action Time: 14.12.12.016Action Date: No

Constructe SENT LETTER TO CUSTOMER - INCLUDED DECISION

Action: DENY ASSISTANCE - REFER TO INSURANCE CARRIER

Dealer: 04820 MARICONE FORD OF MARIGATE

Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION

Odometer: 50000 Mi Comm Type: MAIL Analyst Name: DAVIS,RUTHAnalyst: RDAVIS98

Action Date: 03/04/2005 Action Time: 14.13.27.348Action Date: No

Communic DENY ASSISTANCE - VEHICLE NOT INVOLVED IN RECALL - REFER TO INSURANCE... LETTER SENT

#### All Action Cetails for Issue

Prnt

VIN: 18MRt 17W491

Year: 2002

Model: EXPEDITION Case: 1718670395

Symptom Desc:

Owner States: Subsequent

WSD: 2001-10-08

Origin Deec: MANUAL - EMAIL

Reason Dasic CORRESPONDENCE - WORK IN PROGRESS leave Type: 02 INFORMATION

lesue Statue: CLOSED

Primary Phone: Secondary Pho

Action: EMAIL - WIP - SCHEDULED CALL BACK

Comm Type: BMAIL

Odomeler:

Analyst Name: LAQUIN HAYDEE Action Date: 02/08/2006

Analyst: HLAQUIA1

Action Time: 19.57.47.484

Action Data: No

Community CUSTOMER SAYS: CASE ID:1320592 E MAIL: WICKEDON @ EXCITE.COM CUST WROTE THAT FORD EXPEDITION CAUGHT FIRE ON DRIVEWAY, SMOKE WAS COMING FROM UNDER THE HOOD, USED WATER HOSE TO PUT OUT FIRE, MELTED MASTER CYLINDER, VEH IS STILL ON DRIVEWAY, PER CUSTOMER, DEALER SAYS: CAC ADVISED:

Action: SENT E-MAIL TO CALL BACK

Douler: 04820 MARCONE FORD OF MARGATE

Origin Desc: MANUAL - EMARL CSR

Origin Deec: MANUAL - EMAIL C\$R.

Odométer: 1 Mil

Analyst Name: SHEKH MUSTAFA

Comm Type: MAIL Analyst: MSHEKHS

Action Date: 02/12/2005

Action Time: 11.18.50,365

Action Data: No

Comments CUSTOMER SAYS: CASE (D:1320592 E MAIL: WICKEDON (FEXCITE.COM -CUST WINOTE THAT FORD EXPEDITION CAUGHT FIRE ON DRIVEWAY. -SMOKE WAS COMING FROM UNDER THE HOOD. -USED WATER HOSE TO PUT OUT FIRE. AMELTED MASTER CYLINDER. -VEH IS STILL ON DRIVEWAY, PER CUSTOMER, DEALER SAYS: NOME CAC ADVISED: (NOTE TO CSR - THIS MAC IS TO BE USED BY EMAIL TEAM ONLY.) SENT E-MAIL TO CALL CALLED CUST ON FEBUARY 12 2005 AT 11:15M EST AND NO ANSWER OR ANSWERING MACHINE (ASSIGNED DLR FOR DOCUMENTATION PURPOSES ONLY)

Action: SENT E-MAIL TO CALL BACK

Dealer: 04820 MARCONE FORD OF MARGATE

Odometer:

Could Type: EMAIL

Analyst Name: LANA LETOSHKO

Action Date: 02/18/2005

Analyst: LLETOSHK

Action Time: 21,17,51,326 Action Date; No

Comments CLISTOMER SAYS: CASE ID: 1520592 E MAIL: WICKEDON 9 EXCITE COM CLIST WROTE THAT FORD EXPEDITION CAUGHT FIRE ON DRIVEWAY, SMOKE WAS COMING FROM UNDER THE HOOD, USED WATER HOSE TO PUT OUT FIRE, MELTED MASTER CYLINDER, VEH IS STILL ON DRIVEWAY. PER CUSTOMER, DEALER SAYS: CAC ADVISED: SENDING AN E-MAIL ASKING CUST TO CALLBACK.



.

•

.

. . .

.

.

.

.

.

.

08.00.03

CASE NBR: 0565762002 OGCISSUE 16 PHILADELPHIA OPENEO: HEGION: ZONE: C1 04/08/2005 IFTEX18L9VN ENGINE: VEH TYPE: T CLOSED: 04/08/2005 WIN: LAST NAME: STATUS: CLOSED FIRST NAME: TITLE: MI: ADDRESS: CITY: HOME PHONE: GLENOLOEN STATE PA ZIP: 1997 MODEL: F150 4X4 SUPERCAB PICKUP MODEL YEAR: 116000 MILEAGE ROBIN FORD DEALER NAME: SALES CODE: F16023 P & A: 01396

REASON CODE: SYMPTOMS: 0792 LEGAL - ACCIDENT / FIRE

704145 FIRE/SMOKE VISIBLE FLAME UNDERHOOD

CACISS US CONCERN CASE BASE COMMUNICATION: PHONE ORIGIN: ACTION: CONTACT ADVANCED TO OGC ANALYST: DSHEORAT SHEORATTAN, DEONAHINE DOCUMENT:

DATE: 04/08/2006 TIME: 11.00.39: ACTION DATA/COMMENTS:

> CUSTOMER SAID: = VEH CAUGHT ON FOR LAST NIGHT - 04/07/2005. THE FIRE ORIGINATED FROM UNDER THE HOOD , LEFT HAND SIDE .= V EH IS IN THE BACK ON CX HOME... THERE WAS A FIRE REPORT FILED WITH THE FIRE DEPARTMENT... IS NOT SURE OF FIRE REPORT FINDINGS... = DOSE NOT HAVE FIRE REPORT NUMBER , THE REPORT WAS FILE O IN GLENOLDEN, DELAWARE COUNTY .= WE HAVE NOTIFIED OUR INSU BANCE COMPANY ABOUT THE FIRE .= VEH IS NOT REPAIRABLE .= THE V FORWARD THIS INFORMATION TO THE FORD OGC DEPARTMENT, YOU WILL LIBE CONTACTED WITHIN 3-5 BUSINESS DAYS.

FORD MOTOR COMPANY RECEIVED TINU SMILE

APR 1-1 2005

OFFICE OF THE GENERAL COUNSEL

-114,100(F)



•

.

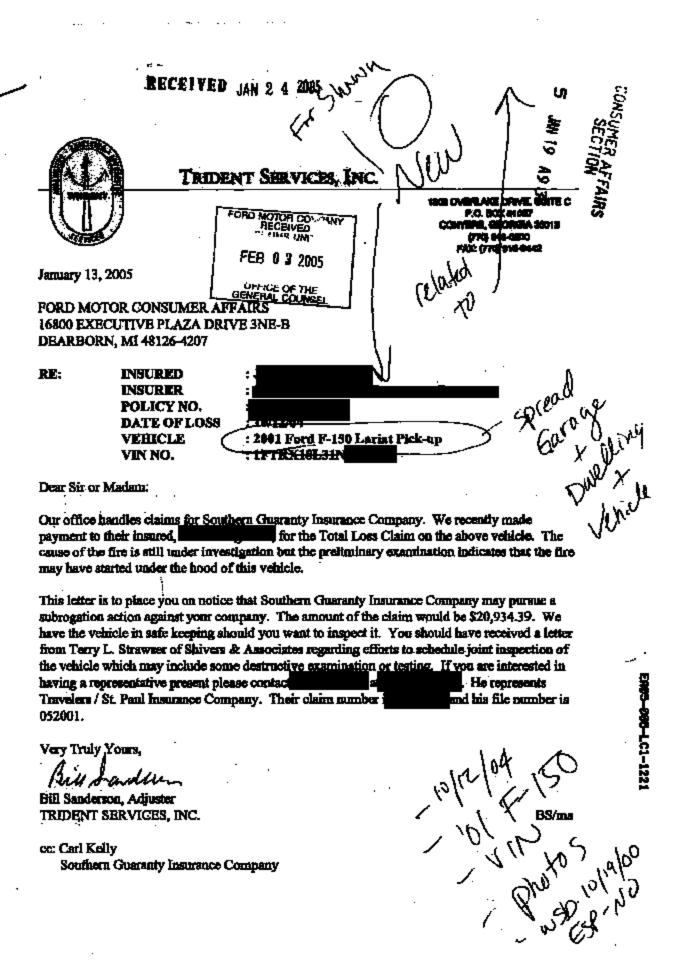
.

.

.

•

.



FEB 04 2005 12:13 FR SHIVERS AND ASSOC FEE 04 2005 10:15 FR ST POLL TRAVELERS 484 321 3965 TU 97789188442 8682887367 10 917785214858

P. 02/03 P. 62/23



CORPS OF THE CLANSING COURSE

PROFESSION & COMPRESSION.

December 6, 2004

St Paul PG BOX 2964 Milesuione, WI 53201-6054 ATTENTION: JON YESEY 2" REQUEST

DEC 1 8 2004

Claire DOT:

Your Claim #:

Door Mr. Veegy:

We activisticize your mornity submitted subrogation claim. In order to amist us in evaluating your claim, we request that you provide us with the following information: (Planes note that the information requested is in segard to The Ford manufactured vehicle.]

~~~~

- Admit statement with a complete charalplica of the lecitors, including overte that excurred prior to ☒ 1. and subsections to the lose.
- A copy of the police studies line separt.
  - Original order photographic of the vehicle's collective derivage & the elleged defective parts, type
- er efferet arrive. Original color photographs of the inside of the vehicle sheeing the steeding wheel, desk and sout
  - Odginal color photographs of the accident / five source from amount officers? acciden 5.
- XX Attach a copy of your expects report and the expects original photographs.
  - Attach the repair estimate, repair order, or your lotel loss worksheet for the validate derrage and any losses associated with this buildest, and
- copies of deal patements.
  Aback the complete pervice history for the subject vehicle, including any face-ups or 図 al charges.

Please answer the following in the space provided. If you need additional apace, please use the beak of the

- What was the <u>city</u> and <u>state</u> of occurrence: <u>MOHROE</u>NA <u>GA</u> Ł
- The 17 digk VEHICLE IDENTIFICATION MUMBER: 1 FTRX 12 L 3 I M 10.
- 11.
- What is the alogsel defect: NOT YET DETERMINED 12
- time the alleged detective part been repaired or replaced? (circle one) Test or (Ma) 13.

| 14. | What is the current busines of the votible, and the allocati distribute pasticle?                                          |
|-----|----------------------------------------------------------------------------------------------------------------------------|
| 15. | Link all after regriset additions or recollibrations that were made to the vehicle;                                        |
| 16. | Was the angine surring? (choice one) Yea or (No)                                                                           |
| 17. | Where the large in the lighting? (direct one) Year on (No.)                                                                |
| 18. | Was this vehicle perchased near or used: 1/£ n/                                                                            |
|     | 2 procheout used, provide the date of prochese, militage of the time of prochese, and from whom the vehicle-was purchased: |
|     | FALL 2001 SEPT OR DET. 18UL FORD                                                                                           |

Once we are in receipt of the requested internation, it will be reviewed and you will be notified of our decision constanting your claim. Should you set want at a time requested information and grainfals, we will assume that you are not interested in purering a claim and we will often our tile. Please note that your validate will not be immediately all the above between our bear submitted and a determination, had been submitted and a determination. In the marks are to validities an increasion in various state.

Please he advised that all necessary since should be taken to ensure that the subject volidle and all of he companies are emittained and preserved for take. Ford Motor Company has the right to impact the validle and remove and text any companies port that you didn't to be defective, and to be presented with the validle and the subject companies portion of text, should lifegation ensure from this informal drive.

Please Make: If you propose to report the vehicle for contraind usage, each reports may not be preferred until after Ford Motor Company has inspected the vehicle and removed and leaded any company past you claim to be detective or added you in writing that it does not intend to perform such impaction and/or teeling at this time. But even in that evening the Motor Company will break that all components claimed to be detective are maintained and preserved for Mal.

Showele

Shown L. Norken Claims Andyst/ Lifetien Ambient

# INCIDENT REPORT Walton County Fire Department

NPIRS-1

|                                                             |                            |          |             | 1                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          |             |                | AWW               | WWWL THIS IN BERNACE |              |            |          |  |  |
|-------------------------------------------------------------|----------------------------|----------|-------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|-------------|----------------|-------------------|----------------------|--------------|------------|----------|--|--|
| 14701 942574                                                |                            | . 19     | 1           |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          |             | \$ <u>11</u> _ | 4                 |                      |              | _          | HID -    |  |  |
| ( TYP) OF BRUKTION FOUND                                    |                            |          |             |                                    | Type of action town  11 'Salingulahment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |          |             |                |                   |                      |              | MATURE AND |          |  |  |
| PURD PROPERTY US                                            | - IZENTON PACTOR           |          |             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          |             |                |                   |                      |              |            |          |  |  |
| Ota-Sjedir defe:                                            | 419 1 Meats Salle at place |          |             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          |             |                |                   | et                   |              |            |          |  |  |
| OCRANCI ACCIONA                                             | trette.                    |          |             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          |             | cilidus mest   |                   |                      |              |            |          |  |  |
| OCCUPANT INVIN                                              |                            |          |             |                                    | / TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |          |             |                |                   |                      | HOOK OR APT. |            |          |  |  |
|                                                             |                            |          |             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          |             |                |                   |                      |              |            |          |  |  |
| CHART MAKE                                                  |                            |          |             |                                    | ACCRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |          |             |                |                   |                      |              | TBLEFHONE  |          |  |  |
| METHOD OF ALARM PROM PUBLIC                                 |                            |          |             |                                    | GO. PHIPECTION CHIT.   BINTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |          |             |                |                   | NO WARM              |              |            |          |  |  |
| Telephone climal to the department                          |                            |          |             |                                    | 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |          |             |                |                   | A 3                  |              |            |          |  |  |
| NO. FIRE GERMOS PERSONNEL NO. 11                            |                            |          |             |                                    | MO ABOUL APPARATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |          |             |                | NO OTHER VEHICLES |                      |              |            |          |  |  |
| PARTONONIC                                                  | 1                          | <u> </u> |             | -                                  | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | t   | -        |             |                | <u> </u>          | 1                    | 2015         | - T        | <u> </u> |  |  |
| HATTER OF HARRIST                                           |                            |          | -           | <b>1100.07</b>                     | MINUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -   |          |             |                |                   |                      |              |            |          |  |  |
| FIRE BOUNCE & CO                                            |                            |          |             |                                    | •_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |          |             |                | _ <b>P</b>        | H                    | •            |            |          |  |  |
| COMPLEX                                                     |                            |          |             |                                    | Table 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | COLUMN T | 724         | ==             |                   |                      |              |            |          |  |  |
| Constitut (1-2 family)                                      |                            |          |             |                                    | 44 Automobile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |          |             |                |                   |                      |              |            |          |  |  |
| APPA OF JIM COURS                                           |                            |          |             |                                    | SCHPLIGHT BNOLVES SHENTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |          |             |                |                   |                      |              |            |          |  |  |
| Resistance and princip of                                   |                            |          |             |                                    | 43 Vehicle Participal Administration Administration Participal Institution Administration Participal Institution P |     |          |             |                |                   |                      |              |            | N        |  |  |
| PORMOP NEW TONETICK TYPE C<br>Unidebrownellot rold GB Unide |                            |          |             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          |             |                |                   |                      |              |            |          |  |  |
| METHOD OF ENTHOUSEMENT LEVEL                                |                            |          |             | P PRIN CHICAL CONS                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          |             |                |                   |                      |              |            |          |  |  |
| Precom hometanico 6 Grade                                   |                            |          |             |                                    | to 9 feet 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |          |             |                |                   |                      |              |            | أجن      |  |  |
| ·                                                           |                            |          |             | LINEAR OF BYCHIEF CHARTELETING THE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          |             |                |                   |                      |              |            |          |  |  |
| 1                                                           |                            |          |             |                                    | etory 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |          |             |                |                   |                      |              |            |          |  |  |
| EXTERT OF PLANE DAILORS                                     |                            |          |             |                                    | 5-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | тви | OF BUCK  | 0/4         | #              |                   |                      |              |            |          |  |  |
| Substituted install six of actoin                           |                            |          |             | 7 /                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          |             |                |                   |                      |              | -          |          |  |  |
| DETECTOR PERFORMANCE                                        |                            |          |             |                                    | STREET, PROPERTY CE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |          |             |                |                   |                      |              |            |          |  |  |
| F WOOD SPICED                                               | 17FE OF 14                 | TEM      | L OEPHI     | ALMO:                              | HOST S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mag | e e      | AVA         | W4 0           | SHOWE TH          |                      | L            |            |          |  |  |
| PLOOM OF ORDER                                              |                            |          |             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          |             |                |                   |                      |              |            |          |  |  |
|                                                             | ATING MOST OMORES          |          |             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          |             |                |                   | ĺ                    |              |            |          |  |  |
|                                                             | <u> </u>                   |          |             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          |             | _              |                   | _                    | :            |            | <u></u>  |  |  |
| PRODUCE PROPERTY TEMP MAKE                                  |                            |          |             | ł                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          | #0          | RIVL NO        | Ł                 | i us                 |              |            |          |  |  |
| F BOUFFERF BACK                                             | D YEAR                     | F98      |             | <del> </del> -                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | -160     | Ter         | RO4. 80        |                   |                      |              |            | ━-       |  |  |
| N KRINTON AU CONTROL                                        |                            | _        | l           | Sertie                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          |             |                |                   |                      |              | ŀ          |          |  |  |
|                                                             |                            | <u> </u> |             | ==                                 | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | =   |          | <del></del> |                | <del></del>       | _                    |              | <u></u>    |          |  |  |
| CHRICER IN CHANGE DEVICE, PORTYON, ABSIGNAB                 |                            |          |             | n .                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          |             |                |                   |                      | DATE         |            |          |  |  |
| State Alary                                                 |                            |          |             | <u> </u>                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          |             |                |                   |                      | 10/12/04     |            |          |  |  |
| Military Lawrence Report of Instrument Proper Ad            |                            |          |             | The Control                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          |             |                |                   | OATE                 |              |            |          |  |  |
| Pathy Allen                                                 |                            |          |             | 1 12002                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |          |             |                |                   |                      | 19/13/64     |            |          |  |  |
|                                                             |                            |          | <del></del> | <del></del>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,   |          |             |                |                   |                      |              |            |          |  |  |

# **FIRE INVESTIGATION REPORT**

Monroe, Georgia October 18, 2004

CLAIM NO: 2000 EFI JOB NO: 98340-02468



Prepared For:

**Carl Kelly** 

Southern Gueranty Insurance P.O. Box 450409 Atlanta, Georgia 31145



性Fi

Englacering and Fire leveligations, inc.

October 18, 2004

Carl Kelfy Southern Guaranty Insurance P.O. Box 450409 Atlanta, Georgia 31145

inestred: . Claim No:

EFI Job No: 98340-02468

**ASSIGNMENT** 

On October 14, 2004, EFF inc. received a request from Siff Sanderson of Trident Services to conduct an origin and cause investigation on a fire that reportedly occurred in a 2001 Ford F160 pickup truck. The address where the loss occurred was investigated. Georgia. The insured was James and Angela Sekmious.

#### **ENCLOSURES**

Twenty four mounted and captioned photographs of the fire loss. Compact disc with all photographs taken at the fire scene. Walton County Fire Department Fire Report.

#### FIRE DEPARTMENT INFORMATION

Waiton County Fire Department responded to the fire call. The call came in at 0013 hours. The first unit arrived at 0024 hours. Upon arrivel, the fire department personnel found the garage area of the house on fire. The fire departments on scene determination was that the fire originated in the Ford F150 pickup truck and heat exposure caught the house on fire.

4465 International Bestepard ~ Suite B-115 Neucross, Georgia 20093-3013 (776) 925-9606 ~ (200) 245-9601 ~ FAX (776) 925-9649 yron.qfgjobal.com

Deunte Elierbee, CFT Certified Fire Investigator 770-233-0121

#### FIRE SCENE EXAMINATION

The fire scene examination was conducted on October 18, 2004.

Also on the fire scene was Fire investigator Barry Staughter, who was working for Saint Paul Travelers Insurance.

There were two vehicles involved in this fire. One was the 2001 Ford F150 pickup truck, and the other was a Cadillec Seville. Both vehicles had been removed from the area of the house to the side yard by the fire department. It was reported that the Cadillac Seville was parked in the garage, with the garage door down. The Ford F150 was sitting directly behind the Cadillac, right outside the garage door.

The house was a one story brick home. The fire damage was confined to the garage area and the rooms adjacent to this area. The entire house had emoke exposure damage. There was a hole burned through the roof above the garage area. The remainder of the roof was intact, but there was heat damage throughout the attic area.

The burn patterns seen in the garage area revealed that the first had come from outside the garage. The ceiling joints in the garage area were burned from the top down, not from the bottom up. The burn patterns at the floor level were from outside the garage door in. There was heavy charring around the garage doorway. The garage door was completely destroyed by the fire. The fire was progressing from the garage area towards the house when it was extinguished.

The area of origin of the fire was at the location where the Ford F150 pickup truck was parked. The fire burn patterns show that the fire started at this location and progressed into the garage and up the exterior wall of the left end burned up to the roof overhang and then into the roof and attic area of the house.

The Cadillac that was incide the garage was a total loss. The fire burn patterns even on the Cadillac revealed that the fire was from external sources, not from the inside of the Cadillac Itself. The engine compartment was intact with exposure damage only. The burn patterns seen incide the garage indicated that the Cadillac was ignited from the external garage fire.

#### FORD F180 PICKUP EXAMINATION

This 2001 Forti F150 pickup truck was an Off Road 4x4 extended cab. The truck was acutoped with an eight cylinder engine.

The two front tires were burned off. The two rear tires were Univoyal Laredo size P265 70R 17.

My examination of the pickup truck started with a walk-a-round of the truck. The front of the truck was heavily fire damaged. The hood over the engine compartment was burned away. The left or passenger side of the truck was heavily burn damaged at the front. This fire damage extended back past the passenger compentment area onto the rear fender. The right or driver's side of the truck had similar fire damage as the passenger side. The rear of the truck had some heat exposure damage but very little direct fire damage. There was a metal tool box directly behind the passenger cap that was metal away in the fire.

The reer bed of the truck had heat exposure damage to the front of the bed. Both reer fenders had heat exposure damage. The gas cap located on the driver's side was still intact. The gas fill line was still intact.

The passenger comperiment and extended cab were completely guited by the fire. The metal frames of the seats remained but the entire seat covers and padding was burned off. The front deshboard area was burned away. The deshboard metal frame was the only remains. The frame was twisted from the heat exposure. The steering wheel was melted away. The remains of the radio were found in the fire debris. All of the interior upholstery was totally burned out by this fire. Both of the doors had severe fire exposure damage.

All of the front windshield and the passenger compartment glass was malted or broken away by the fire. No glass remained in the frames.

The front engine compartment area was then exemined.

All of the electrical wiring in the wiring harness and other areas was badly fire damaged. All of the insulation was melted off the wires and the wiring was brittle to the touch. The extent of this fire damage prevented any area of fallure being located.

The battery was totally destroyed by the fire. The battery cables were asverely fire damaged.

The fluid levels inside the engine could not be examined due to the amount of fire damage.

The entire engine had suffered severe heat exposure damage. Engine components such as the master brake cylinder were burned away. The front radiator was completely melted out of the compartment. All hoses, belts, and fuel fines were destroyed by the fire. There were sections of the top of the angine melted. The hood over the compartment was burned away.

The fuel lines were bedly fire demaged with all connector lines destroyed by the fire.

No determinations of a possible fuel leak or electrical felture could be made due to the severe fire damage.

No engine components were removed from the engine due to possible spoilstion of evidence.

#### INTERVIEWS

During this investigation, I interviewed. He told me he had test driven the truck around six o'clock the day of the fire. He pulled It up to the garage door when he got home. He reported that the garage door was closed. Later that night he was in the bedroom asleep. His wile was not in the bedroom. He said she told him she heard a foud boom sound. She went to the bedroom to see If he had fallen off the hed. He had not. She went back to the front of the house and returned walded him up telling him the house was on fire. This was around twelve o'clock midnight. He ren and catled \$11 for the fire department. He said he then ran outside and saw the front engine compertment of the F150 on fire. He said the fire had already caught the autorior of the house on fire and was moving up the wall towards the roof and attic area. He tried to fight the Fire with a garden hose but was unsuccessful. He eald he had never had any problems with the truck. The last maintenance performed on the truck was an oil change. He could not remember the exact date. He had no idea what could have caused this fire to occur.



#### DETERMINATION OF ORIGIN AND CAUSE

This fire originated in the front engine compartment of the Ford 2001 F150 pickup truck. The exact cause of the fire could not be determined due to the severe fire damage.

#### EVIDENCE

No items of evidence were removed from this fire scene.

#### **PHOTOGRAPHS**

Unless noted otherwise, this euthor took all photographs in this report.

PREPARED BY

Dennis Ellerbee, CFI Jacksors, Georgia

Dennie Ellalu

770-233-0121



FIGURE 1 View of the passenger side of the truck.

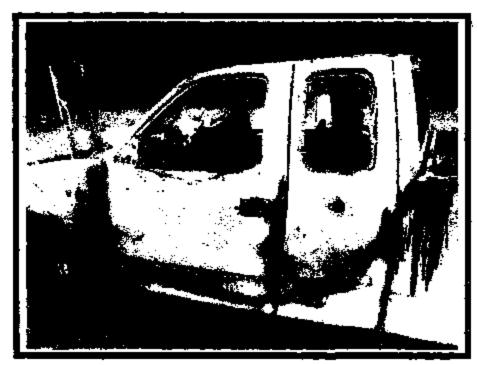


FIGURE 2-View of the driver's aide of the truck.



Page 8

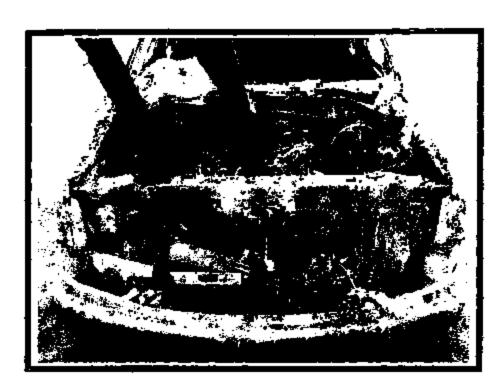


FIGURE 3
View of the front
of the truck at the
engine
compartment.

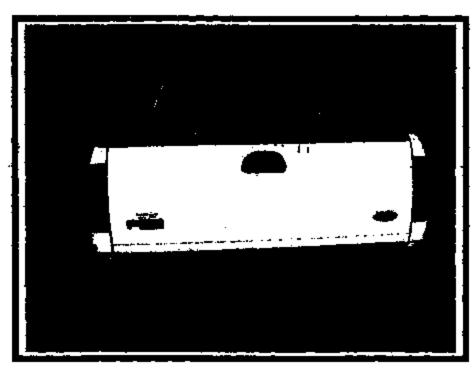


FIGURE 4
View of the reer
of the truck.



Page 9



FIGURE 5 View of the burned away tire at the front right side.



FIGURE 6
The interior dashboard area inside the truck.

Page 10



## FIGURE 7

The remains of the seating inside the cab of the inuck.



# FIGURE 8

The fire damage to the engine compartment.





## FIGURE 9

Close-up of the very front of the engine.



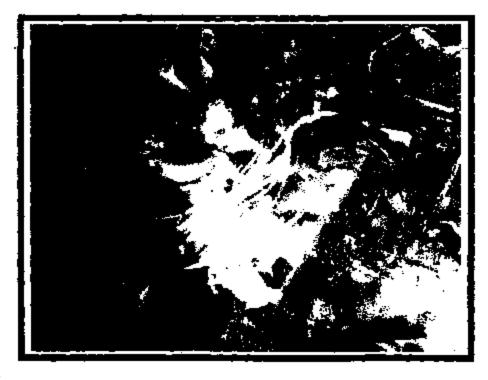
### FIGURE 10

The left eide of the engine.





The right side of the engine.



## FIGURE 12

The remains of the wiring harmoss at the rear of the erigine.



Page 13



The rear view of the driver's cab area.



#### FIGURE 14

The fire demage to the top of the passenger compertment.





View of the burned out Cadillac that was inside the garage.



#### FIGURE 16

View of the rear of the Cadillac.





View of the right side of the Cadillec.



#### FIGURE 18

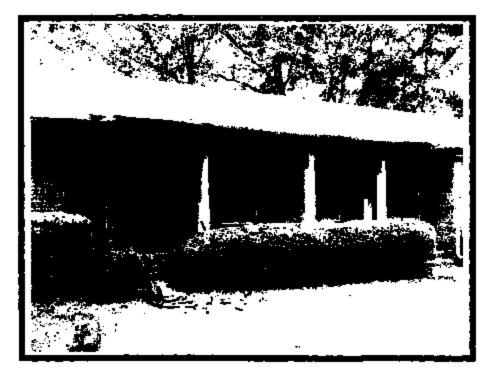
The garage area of the house where the fine originated.



Page 16



The fire damage to the interior of the garage.



## FIGURE 20

The front of the house. The garage is to the left.





Down burning on the garage calling structure from the fire in the ettic area.



#### FIGURE 22

Close-up of the exterior fire burn demage above the garage door location. Note heavy charring around the door frame.





The burned out garage door area.



#### FIGURE 24

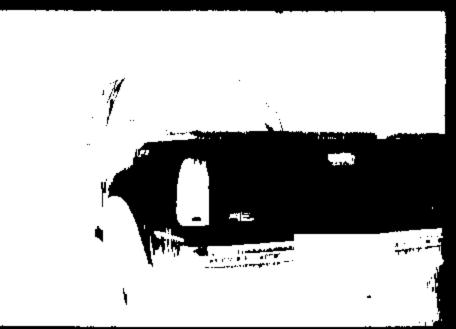
Another view of the fire demage to the F150 pickup truck. Fire demage is greatest at the front engine compentment area.











ER05-805-LC1-1244





ER85-885-LC1-1245

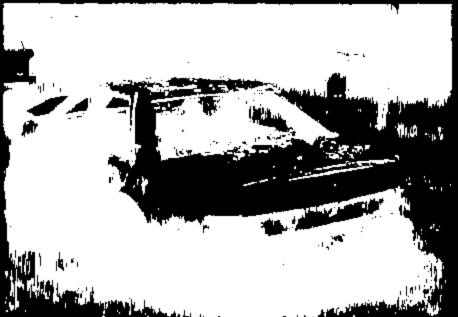












EA05-805-LC1-1247





EASS-865-LC1-1248



.

.

•

.

.

.

.

.

-

- .

.

# State Farm Insurance Companies



P.Q. Box 9613 Winter Haven, RL 3388? (800) 301-7350

December 16, 2004

Attn: Shawn Norton Ford Motor CO 3 Parklane Blvd, Ste 300 Dearborn, MI 48126-2568

RE: Claim Number :

Our Insured Your Reference:

Date of Loss : January 11, 2004

Dear Ms. Norton:

Please find enclosed photos taken at the fire involving the '01 Ford Expedition.

home after the

Please call me once you've had a chance to review these and advise if you would like to have a representative present when destructive testing is conducted on the vehicle involved.

Sincerely,

Jan Allen Claim Representative (800) 301-7350 XB693

State Farm Fire and Casualty Company

SERVICE CORY

# Wark & Associates, Inc.

## Fire & Loss Consultants

Florida Goesse Number A 92-00221

...

8409 Land O' Lakes 8tvd. • Land O' Lakes, FL 34539 Phone (\$13)995-2003 • Fax (\$13)995-2103

February 9, 2004

Joe Malinda Claims Representative State Farm Insurance Company 8541 US Highway 44! Leesburg, FL 34758

RE: Preliminary Findings

Residence Groveland, FL

D/L: January 11, 2004

State Farm Claim No.

Our Contract No. 01043617

Dear Mr. Malinda:

In response to your January 12, 2004 request, Wark & Associates, Inc. has conducted an investigation of the January 11, 2004 fire, which occurred at Groveland, Florida, a single-family residence reportedly owned by your insureds,

CONFIDENTIAL PRIVILEGED AND NON-PREJUDICIAL
THIS IS A CONFIDENTIAL AND PRIVILEGED REPORT
CONTAINING INVESTIGATIVE RESULTS AND OPINIONS
INTENDED FOR THE USE OF THE CLIENT. RELEASE OF THIS
REPORT TO ANY AGENCY, OTHER THAN THE CLIENT OR ITS
REPRESENTATIVES, SHOULD BE ACCOMPLISHED ONLY AFTER
AUTHORIZATION HAS BEEN OBTAINED FROM STATE FARM
INSURANCE COMPANY AND WARK & ASSOCIATES, INC.

On January 13, 2004, Mr. Zierden conducted a fire investigation at the residence. The purpose for this investigation was to determine the origin and cause of a fire which occurred on January 11, 2004. Mr. Zierden briefly interviewed your insureds/occupants, at the scene. Was home at the time of the fire. She first discovered the fire in the garage. The garage contained a 2001 Ford Expedition and various other items.

Stated they have experienced electrical problems in the recent past with the vehicle.

Gave written permission to investigate the fire and to remove anything it was felt to have caused or contributed to the fire.

Mr. Zierden's examination of the exterior of the residence indicated the majority of fire damage was located within the two car garage. Mr. Zierden entered the residence through the front entrance and documented the interior with photographs. The interior of the residence sustained minor smoke and heat damage with the exception of the garage area, which sustained heavy smoke and fire damage. The contents in the living area as well as the garage appeared to be within normal limits.

Mr. Zierden examined the two car garage and documented it with photographs. The garage contained a freezer, an electric water heater, and the electrical sub panel. Mr. Zierden examined these items and was able to eliminate them as possible sources of ignition.

Based on the burn patterns to the 2x4 rafters, walls, and other combustibles within the garage, Mr. Zierden determined that the fire originated from the vehicle. Closer examination of the vehicle revealed that the area of origin was located in the engine compartment on the driver's side. Further examination of the engine compartment and its components will be required to conclusively determine the exact point of origin and cause. Based on the totality of the burn patterns, evidence, statements obtained, interviews of the insureds, and the fact that no suspicious circumstances were found, this fire is determined to be accidental.

As always, we appreciate the opportunity to be assistance to you and State Farm Insurance Company. If we can be of further assistance in this or other matters, please feel free to contact us.

Sincerely,

WARK & ASSOCIATES, INC.

Neil R. Zierden Fire Specialist 01/22/2004 00:53 352**7969264**  INSURANCE SERVICES



SF 154870

| ADULT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | П           |                    |                      |          |          |           |               |                    | _            | " 4F 15                      | OLSAC              |                    |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|----------------------|----------|----------|-----------|---------------|--------------------|--------------|------------------------------|--------------------|--------------------|-------------|
| TINEALIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _           |                    |                      | GR       |          |           |               | EPARTMEN<br>REPORT | п            | -                            | PAGE !             | or:                | <u> </u>    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OGLAS-19    |                    |                      |          | S-2:     |           |               |                    |              |                              | (MANUR GOL-0)      | I-158              |             |
| CAURE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                    |                      |          |          |           | FEATEN        |                    |              | CASE M                       | CHARLE CONT.       | -(34               |             |
| CATE OF REPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                    | <del></del>          |          |          |           | 400           | <del></del>        |              | 804 T                        |                    |                    | 753)        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                    | <u> </u>             |          |          |           |               |                    |              |                              |                    |                    | <u> </u>    |
| COMPLANATO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ACCURACY.   |                    |                      |          |          | CEOU      | YID<br>CINALE | 97.<br>91.         | ATE          | 717                          | PHONE O            |                    | NCS()       |
| CONTRACTOR OF THE PARTY OF THE |             |                    |                      | ADD TO   | ,        |           | TITLE         | P-2                |              |                              |                    | WITE               | 0000Um7     |
| PHYSICIANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | CIRLAN             | DOFL_                |          |          | LOX       | -KINCH        | ADDRES             |              |                              | ☐ YEA              | PREME              | IXP I       |
| NIKE REGILIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DHCE        |                    |                      |          |          |           |               | F                  | _            | L                            | HERITER NICH       |                    |             |
| DAY DATE & TO<br>SUN OL-011-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                    |                      | -        | NAPLARI  | OFCIED BY | •             | CO WILLIA          | erokie<br>Ma | 010                          |                    |                    | 75 T        |
| CONTRACTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                    | TANCEN TO            | -190     |          | PORTING S | <del> </del>  |                    | DEET         |                              | 790NE 00#          | loi ficel          | <del></del> |
| VIES UND COME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                    |                      |          |          |           |               | <u> </u>           |              |                              |                    |                    |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •           | FORG               | ED UMED              |          | WIII     | N WHAT T  | OOL OR W      |                    |              | OTHER ACT                    | d or tradema       |                    | ļ           |
| VERKOLI IRVAL<br>VERKOLI IRVAL<br>VERKOLI IRVAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | ಜನ <b>್ ೯</b> ೯,೦೦ |                      |          |          | VEH, V    |               | WASHINGER.         | 1            | ATM                          | COLOR              |                    | MINIE       |
| CODER 6-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO.         | )-1800             | Appless (            | -LCOT PR | OPERTY T | 2001      | POR           | D MEGNETA.         | [LINEX       | AND MOVEMENT                 | D-DAMAS4           |                    | эпү :       |
| COMM ST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | T           |                    |                      |          |          |           |               | 405/4.0            |              |                              | RE PURGHAN         | -+                 | MGE         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | PLORES I           |                      |          |          |           |               | UNK                |              | LINGK.                       |                    | $\overline{\cdot}$ | NEKOWN      |
| <del>                                    </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RESIDEN     | CR 1715 C          | NOMEST V             | VE       |          |           |               | MONE               |              | CONT                         |                    |                    | MACKEDA     |
| Ý –                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                    |                      |          |          |           |               |                    |              | <del></del>                  |                    | $\rightarrow$      |             |
| § .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                    |                      |          |          |           |               |                    |              |                              |                    |                    |             |
| iΙ <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b></b>     |                    |                      |          | _        |           |               |                    |              |                              |                    |                    |             |
| SHOP CHETICALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                    |                      |          |          |           |               |                    |              |                              | 10174.1            |                    |             |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | •                  |                      |          |          |           |               |                    |              |                              | .41                | <u> </u>           | _           |
| MINISTER (MAI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | ace.               | RACE                 | BEX      | AH       | 70°AN     |               | I CINY THAN DE     |              | TATE                         |                    | _                  | -           |
| MARKET MONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | r           | D)ATE              | RACE                 | 850      | 70       | (FEEE)    |               | a                  |              | STATE                        | 2,0                | _ A                | THE .       |
| ira kola                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | Name               |                      |          |          | Q.B.      |               | ROVELAND:          | PL.          | DESCRIPTION                  |                    |                    |             |
| KONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                    |                      |          |          |           | -             |                    |              |                              |                    |                    |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                    |                      |          |          | ·         |               |                    | •            |                              |                    |                    |             |
| DETAILS OF SA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             | AT 1910 FR         | i i <b>Krapci</b> no | to TC    |          |           | TIN 690       | WILLIAMO FILIN     | CHECK        | NCE TO A FIER                | COMPLAINT, C       | ,<br>IPON A        | ERIVAL.     |
| MY KEE YE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DOTTEM.     | TRALES.            | ER RESIDEN           | 3 6011   |          |           | LAMES.        |                    |              | AT WITH BY ST                |                    |                    |             |
| THAT THE SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ALUENTE V   | TENE NO LO         | PROPER DESIGN        | L THE N  | HDET:    | Z I THE   | ADVISE        | DESTRUCTED TO      | (ZATA        | T BESTELLER A                |                    |                    |             |
| I MADE CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Miles wi    | 13.                | MEC                  | <b>地</b> | E W12/   | AT HUR E  |               | e approxifu        | له کیور د    | O SONDADORO<br>OUT DESCRIPTO | ER ALEXES GE       | KEN D              | ATROF       |
| THE CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OT FUEL CO. | ARAGE WA           | SOUTHE               |          |          |           | •             |                    |              | KORBANI MOMETRI              |                    |                    |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STAT        | (D) (ME 700        | DY CHLABRED          | MELL L   | ALCONO.  | MAYA OF   | TED PLL       | IS OF BUCKE O      | F 80-10-1    | O AND BANKAR<br>BONK         | SCHOOL OF          |                    |             |
| WHITE ST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TELEPIT.    |                    | THE SCIENT           |          |          |           |               | _                  |              |                              | ORD COLUMN TANK OF | - COLON            | T. MOR.     |
| Ţ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AN ATTVE    | ED TO COM          | TACT BE TO           | KIRANC   | E COMP   | ANY.      |               | ATATED B           | a Gebiu      | VINCE COPILATE               |                    |                    |             |
| IMADEO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CHITACT WI  | TE/                | (VID WHE) 87         | ATED 37  | MAT MOL  | ECHE      | T AND R       | S WIFE NO KS       | CHIET        | WAS KNOCKENS                 | ON HER DOO         | <b>E</b> AND       | TOLD STAR   |
| TO CALL MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MICAUSE !   | THE CADAL          | TA HOCKS             | WAB CER  |          |           |               |                    |              |                              |                    |                    |             |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                    | _                    |          |          |           |               |                    |              | سرم                          |                    |                    |             |
| Participanti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | _ OPCI             | MOWERY               |          |          |           |               | PORT MADE AV       | N            | ///                          | >                  | <u> </u>           | 11-04       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                    |                      |          | 48.5     |           |               |                    | /            | 1111                         | STREET, ST.        | <u> </u>           | ,           |
| CAGE FILED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | POT VERE L  | no lon             | CARRED BY AR         |          | - CO-COL |           | POLITIVE      |                    | ~ I          | akt.                         | Z/L                | _                  |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | - 1                |                      |          |          |           |               |                    |              | / -                          | -                  |                    |             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | offense 🛛 continuation 🗔                                                                                                                                                                                  | SUPPLEMENT REPORT                                                                                                                        |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| GAVE NUMBER GOOD-1338                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u> </u>                                                                                                                                                                                                  | PAGE NO. 2 OF                                                                                                                            | 2                        |
| DATE OF CHICANAL REPORT 01-11-04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OATE OF SUPPLEMENTAL R                                                                                                                                                                                    | EPORTTAR RECEIVED                                                                                                                        |                          |
| CREATING REPORT RESPOND BY WILLIAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OFFICER ASSIGNED MOWSRY                                                                                                                                                                                   | OFFICER WARRING SUPPLEMENT NO.                                                                                                           |                          |
| COMPLUM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ACORESIS.                                                                                                                                                                                                 |                                                                                                                                          |                          |
| LOCATION OF OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AND I TYPE OF OWNERS !!                                                                                                                                                                                   | DREONTE OF OFFENSE <sup>©</sup> [-1]-0                                                                                                   | и                        |
| тие от высктрактюм 1910 НЕЗ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DATE OF HAZE ROARDH 01-11-04                                                                                                                                                                              |                                                                                                                                          |                          |
| SUPPLOT OF INCOME. NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u> </u>                                                                                                                                                                                                  |                                                                                                                                          |                          |
| 05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TPLE OF MICHENT (State billy all other champion                                                                                                                                                           | res of this offense and the hater applicati                                                                                              | —-                       |
| I THEN CONTACTED  ADVISED THE GROVELAND FIRE CLUE BARK RESPONDED TO THE LIFE WITH AND THE CARACTERS AND THE GARACTERS AN | PARKED IN THE GARACE WHO STATED THAT THE VERBLE WAS HEP MR. MORGAN OF THE ACCOUNTS. SCENE, LT BARK ISSUED A CASE NUM MG REICHBET WHO STATED THEY WH MG AND SAW FLAMES UNDER THE VEH AND TOLD HER TO GALL. | BER CARD TO MR. CALDWELL.  BE DRIVEN BUT THE SUBJECTION AND NOTICE  BUT ABOUT THE INCIDENT.  DEFIN ON THE DESCRIPT CHEET ACREAM ADDRESS. | DENT. THEN THE YESED THE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           | AND THE PROPERTY OF THE PROPERTY.                                                                                                        |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           | •                                                                                                                                        |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                                                                         |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | POST NACE BY MOVERLY.                                                                                                                                                                                     | DATE 01-11-04                                                                                                                            |                          |

# State Farm Insurance Companies



P.O. Bux 9613 Worder Huyean, Ft. 73.83-9613 (850) 301-7350

February 18, 2004

Attn: Shawn Norton Ford Motor Company Parklane Towers West, Ste 300, Three Parklane Blvd Dearborn, MI 48126-2568

RE: Claim Number Date of Loss

of Loss : January 11 200

Our Insured Your Reference

RECEIVE - 1-18 5 2004

Dear Ms. Norton:

I have enclosed a copy of your February 5th letter along with the information that I have available at this time. We will forward the other information requested once it is available.

If you need further information regarding the claim under their home insurance please contact claim representative claim number

Sincerely,

Jan Allen Claim Representative (800) 301-7350 ext 8693

State Farm Fire and Casualty Company

the de with the part of the land of the la

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-0001





39-YE25-192 IC

# PRIVILEGED & CONFIDENTIAL Office of the General Counts Food Motor Company

Ford Motor Company Parktane Towers West Suits 360 Three Parking Boulgvard Ouarbors, Michigan 48126-2888

February 5, 2004

State Farm Insurance PO BOX 9613 Winter Haven, FL 33883-9613 ATTENTION: JAN ALLEN

| • | ы | _ | ٠. |  |
|---|---|---|----|--|
|   | P | м | -  |  |
|   |   |   |    |  |

Claimant

Your Claim #:

OQL:

01-11-2304.

Dear Ms. Allen:

|         | We acknowledge your recently submitted subrogation claim           | . In order to assist us in evaluating your dain,    |
|---------|--------------------------------------------------------------------|-----------------------------------------------------|
| MB (BQ) | eal that you provide us with the following information; (Flease ri | rate that the information requested is in regard to |
|         | manufactured vehicle.)                                             | • •                                                 |

| the For  | d manud | actured vehicle.)                                                                                                                                 |
|----------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Ø        | 1.      | Altach your insured's statement with a complete description of the incident, including events that occurred prior to and subsequent to the loss.  |
| 150      | 2.      | A copy of the police and/or fire report.                                                                                                          |
| X<br>X   | 3.      | Original color photographs of the vehicle's collisions the damage & the alleged defective parts, from                                             |
| _        |         | several different ancies.                                                                                                                         |
|          | 4.      | Original color photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.                                          |
|          | 5.      | Original color photographs of the accident / fire scene from several different angles.                                                            |
| 쩛        | В.      | Attach a copy of your expert's report and the expert's original photographs.                                                                      |
| X        | 7.      | Attach the repair estimate, repetrorder, or your total loss worksheet for the volticle's damage and any losses associated with this incident, and |
| ⊠        | ß.      | <u>copies of draft payments.</u><br>Affaich the complete service history for the subject vehicle, including any lune-ups or                       |
| <b>—</b> | u.      | of changes.                                                                                                                                       |
| <b></b>  | Pleas   | e answer the following in the space provided. If you need additional space, please use the back of the                                            |
| foret;   |         |                                                                                                                                                   |
|          | 9.      | What was the city and entity of occurrence: Chroveland FL                                                                                         |
|          | 10.     | The 17 digit vehicle identification number: 1 F 12 R U 1 S W 1 U                                                                                  |
|          | 11.     | What was the mileage at time of occurrence:                                                                                                       |
| .•       | 12.     | What is the alleged defect:                                                                                                                       |
|          | 13.     | Has the alleged defective part been repaired or replaced? (office one) Yea o No                                                                   |

| List all after market additions or modifications that were made to the vehicle: |
|---------------------------------------------------------------------------------|
| None.                                                                           |
| Was the engine running? (circle one) Yes of No.                                 |
| and an angular resembly forms and the second                                    |
| Were the leave in the ignition? Jointo and Yea of No :                          |
|                                                                                 |
| Were the leave in the ignition? Jointo and Yea of No :                          |

Once we are in receipt of the exquested information, if wit be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials, we will assume that you are not interested in pursuing a claim and we will close our file. <u>Please note that your vehicle will not be inspected until all the above information has been made as to whether an inapportunities germanized.</u>

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

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

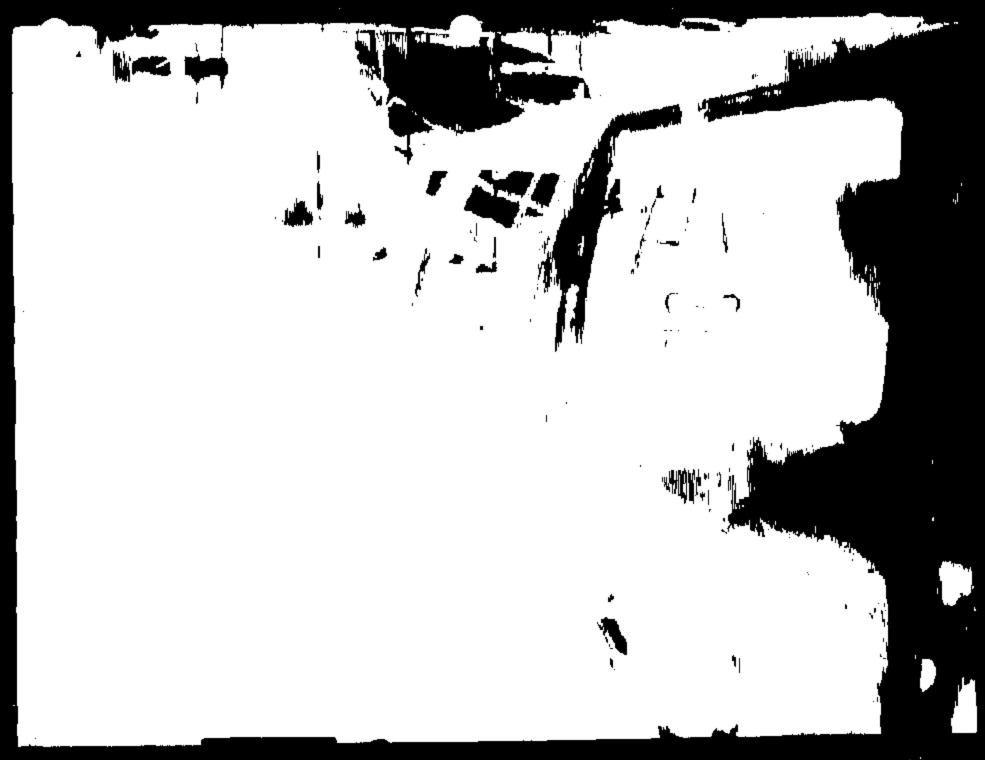
Sincerefy,

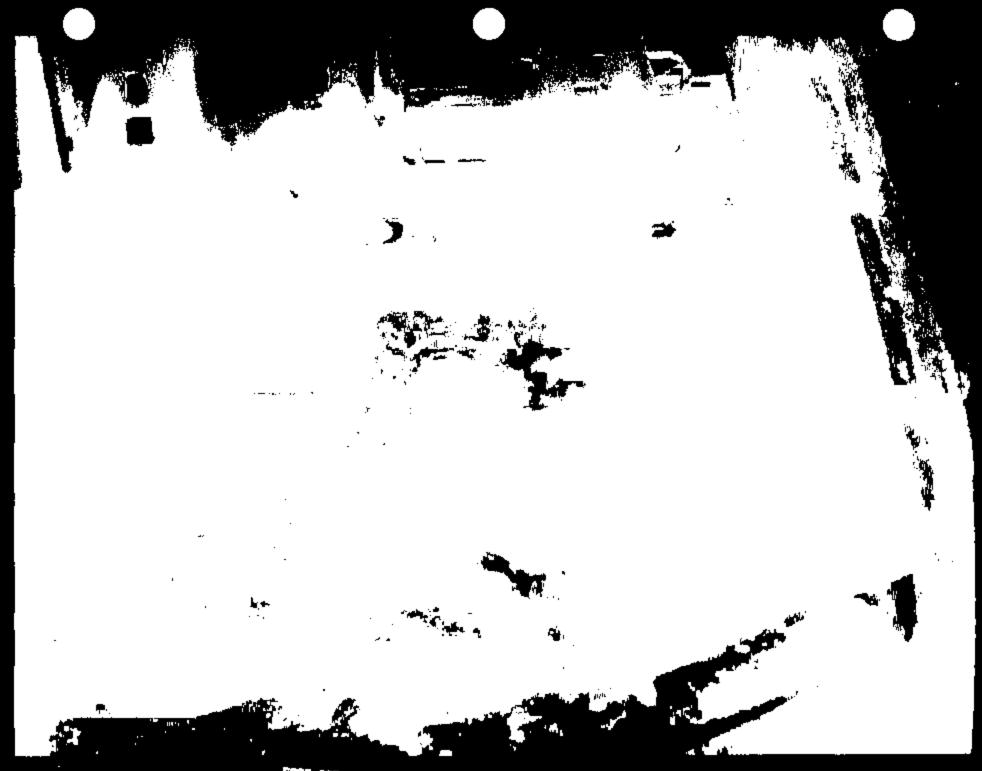
Shaum L. Norton Claims Analyst / Lligation Assistant



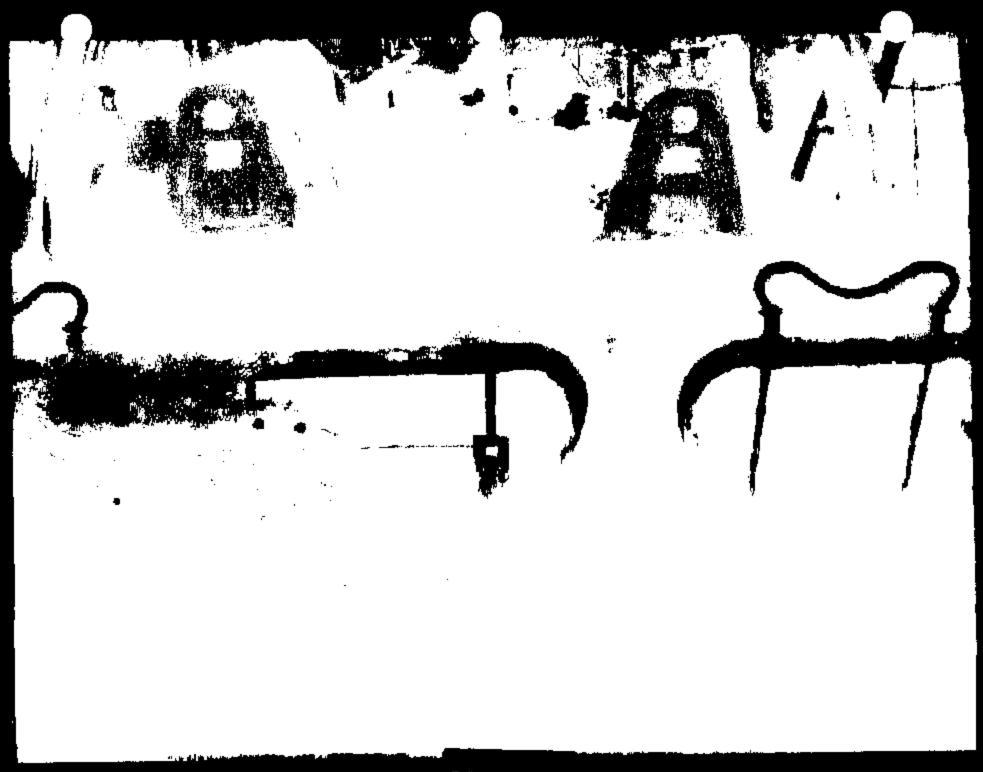












# State Farm Insurance Companies\*



September 24, 2004

SHAWN NORTON FORD MOTOR COMPANY PARKLANE TOWERS WEST STE 300 THREE PARKLANE BLVD **DEARBORN MI 48126-2568** 

492316 O

Florida Regional Office Fire Centralized Subrogation Winter Haven, FL 33863-9606

TESTVED ...

RE:

Our Claim Number:

Date of Loss: Our Insured:

State Farm<sup>®</sup> Auto Claim Number:

lanuary 11 2004

Dear Mr. Norton:

This letter is to provide you with initial notice of a cialm involving damage caused by a potentially defective product. The pertinent information is as follows:

Nature of loss:

Flre

Loss amount

\$116,913.49

Product Type:

2001 Ford Expedition

Vehicle ID Number: 1FMRU15W11

The information in our file indicates that State Farm Auto Representative, Jan Allen, is in the process of arranging a joint examination of the subject vehicle with you.

We will forward our supporting documents to you in the near future. Should you have any questions, please feel free to contact me at 888-756-4449, Ext. 3263.

Sincerely,

Sendy March

Claim Representative

1-888-756-4449, Ext. 3283

gady Warter

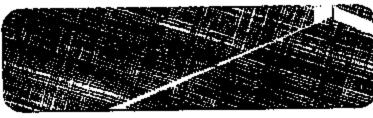
State Farm Florida Insurance Company

SM/065/0923030,160,r

STATE FARM INSURANCE COMPANIES Fire Centralized Subrogation F.O. Box 9608 Winter Heven, Florida, \$3883-9606

MEBBRTED MBT GLASS



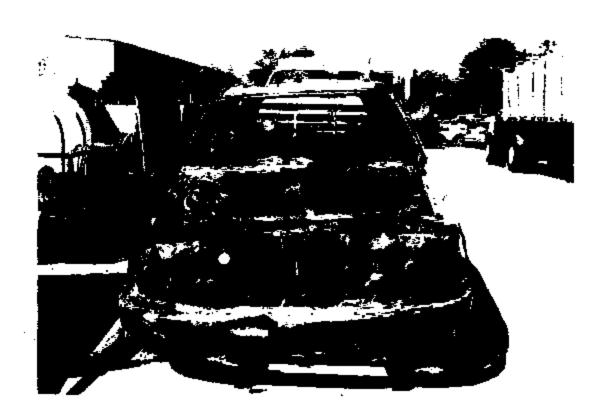


HAPMSM5

48126

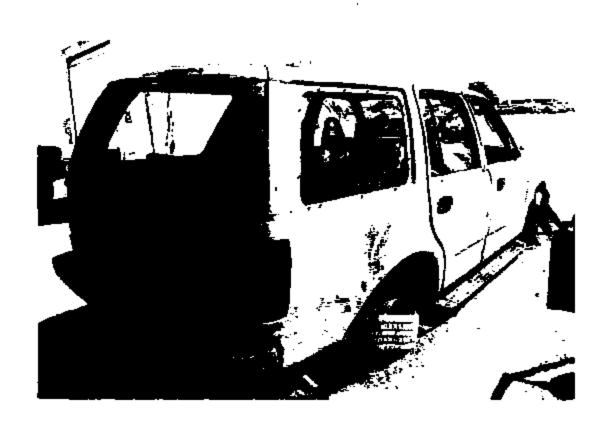
Math dom D ddd Marabilich Marabilich bolick

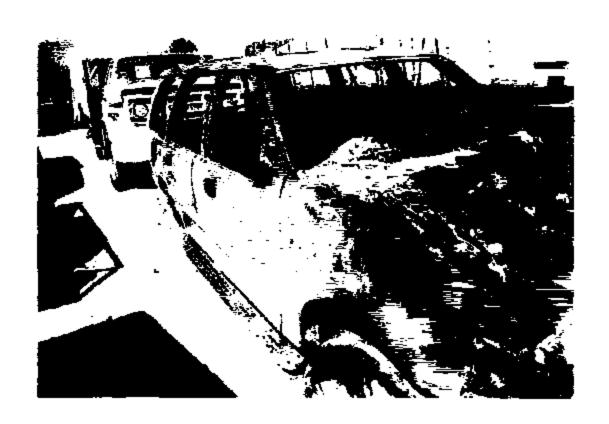






















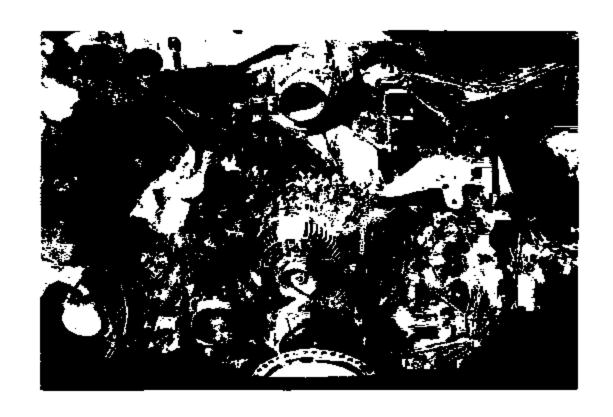


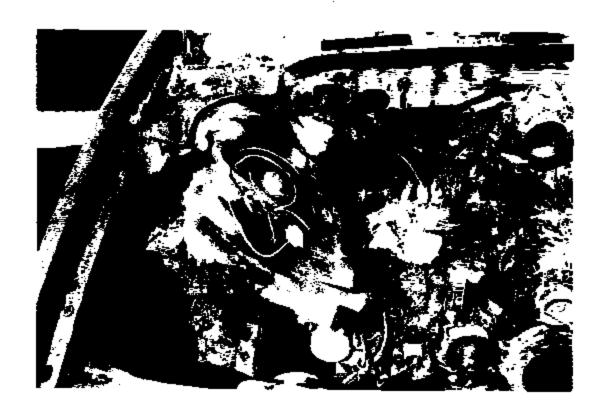




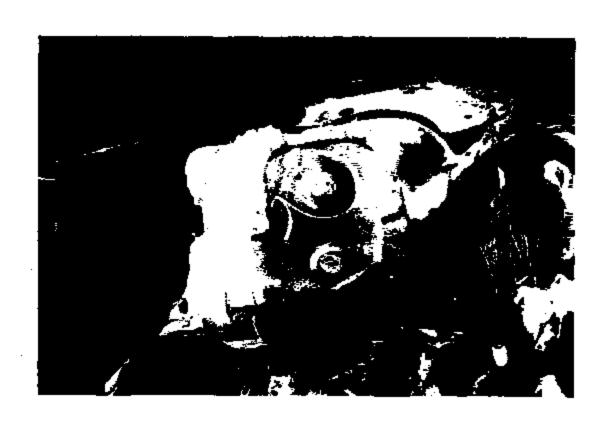


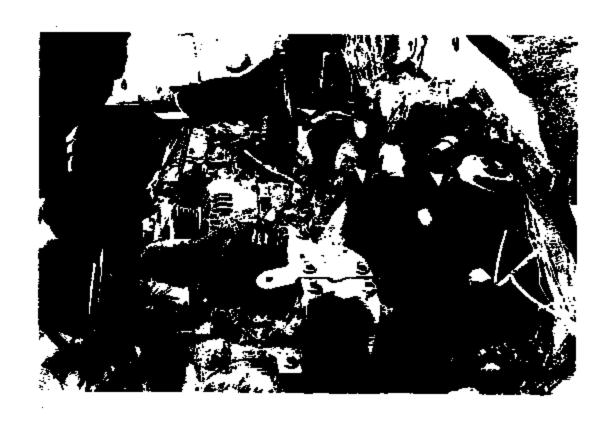


































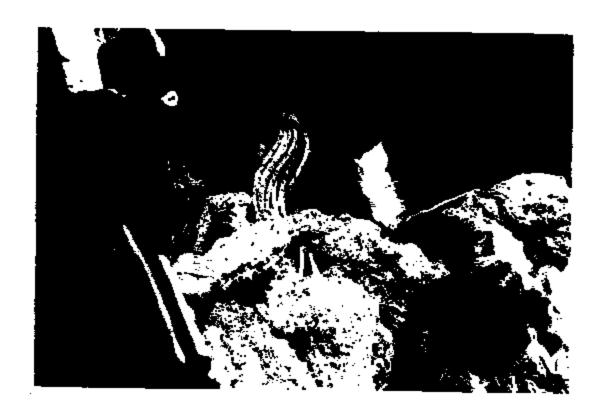








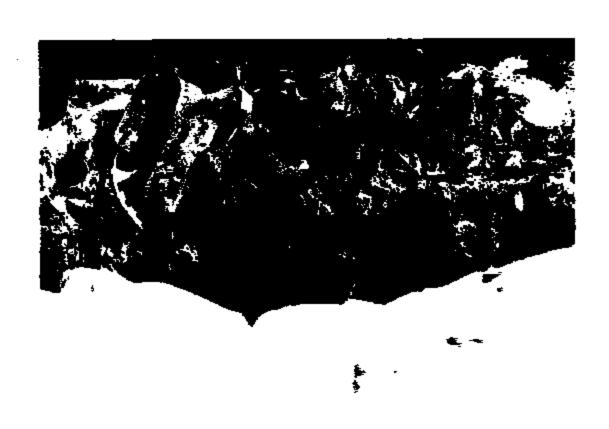














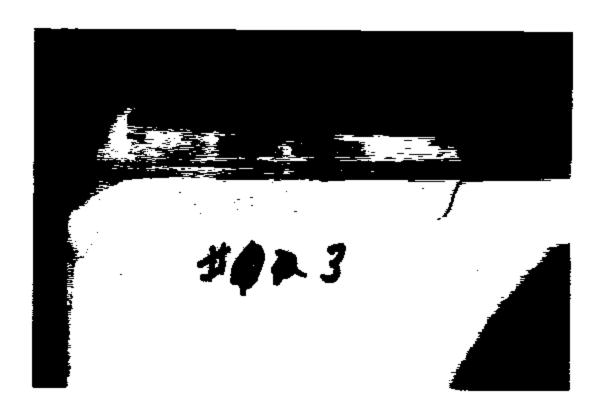


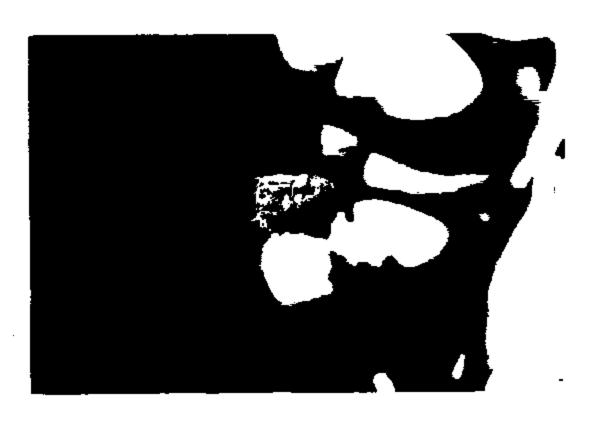


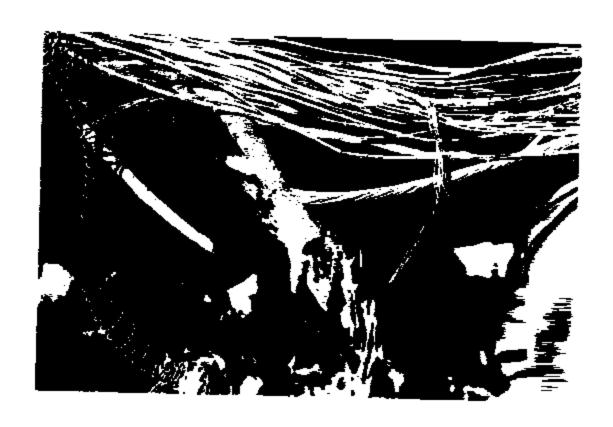


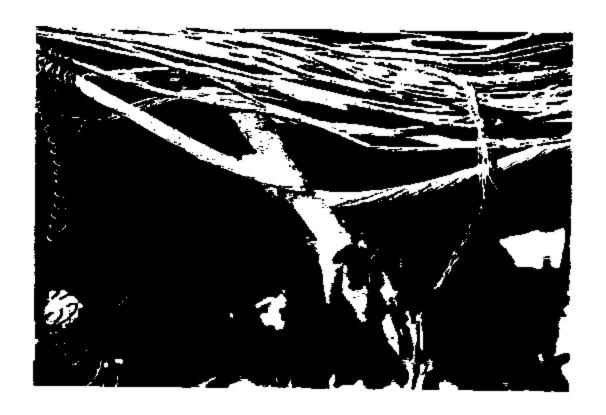






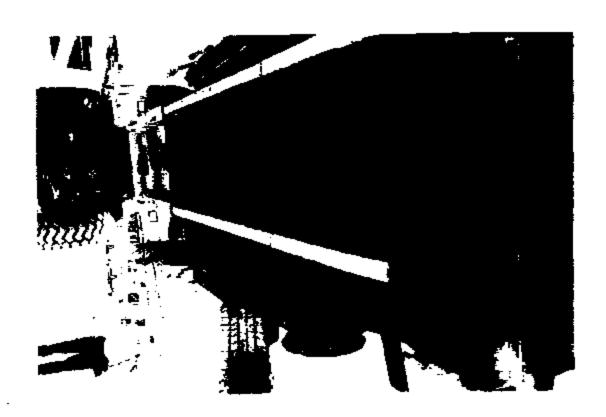


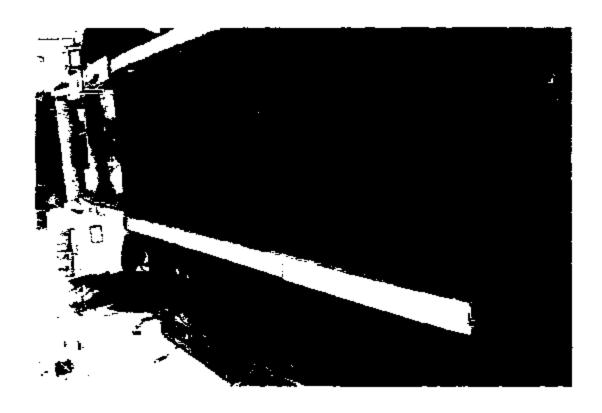






























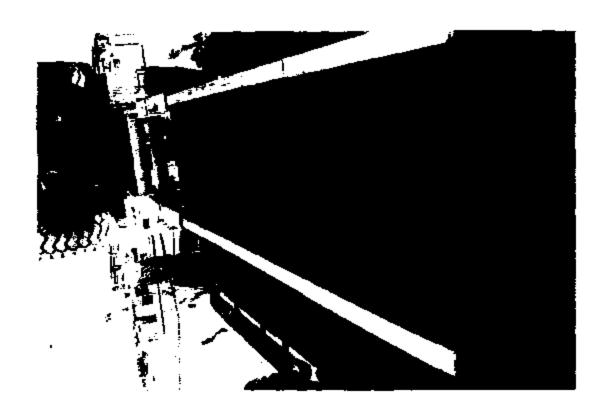




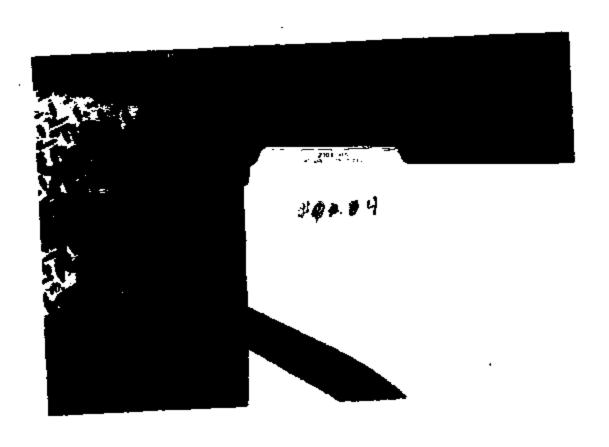




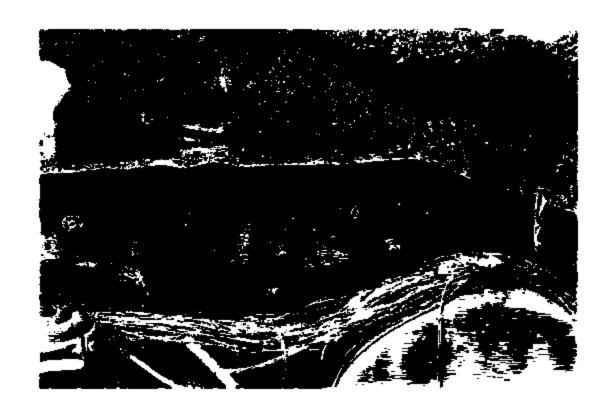






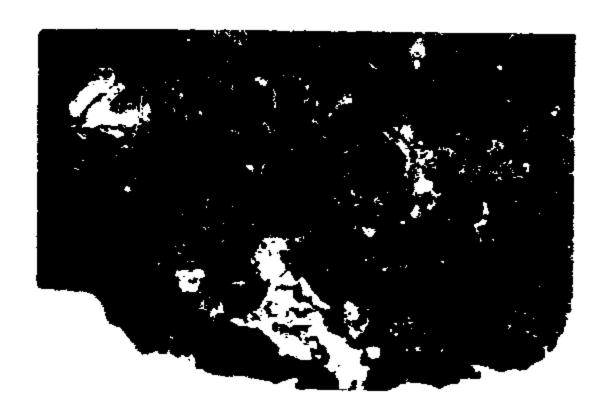


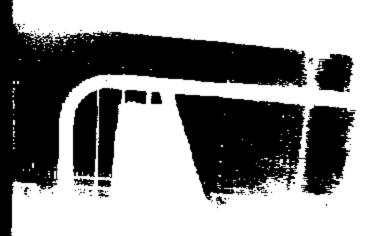


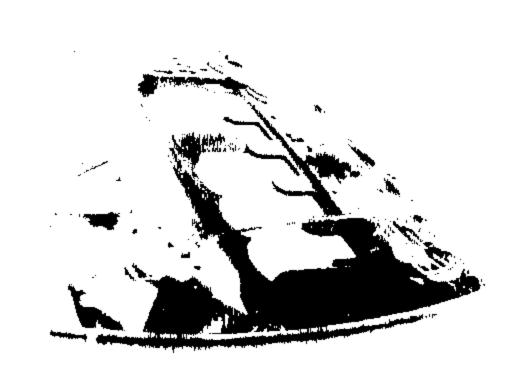




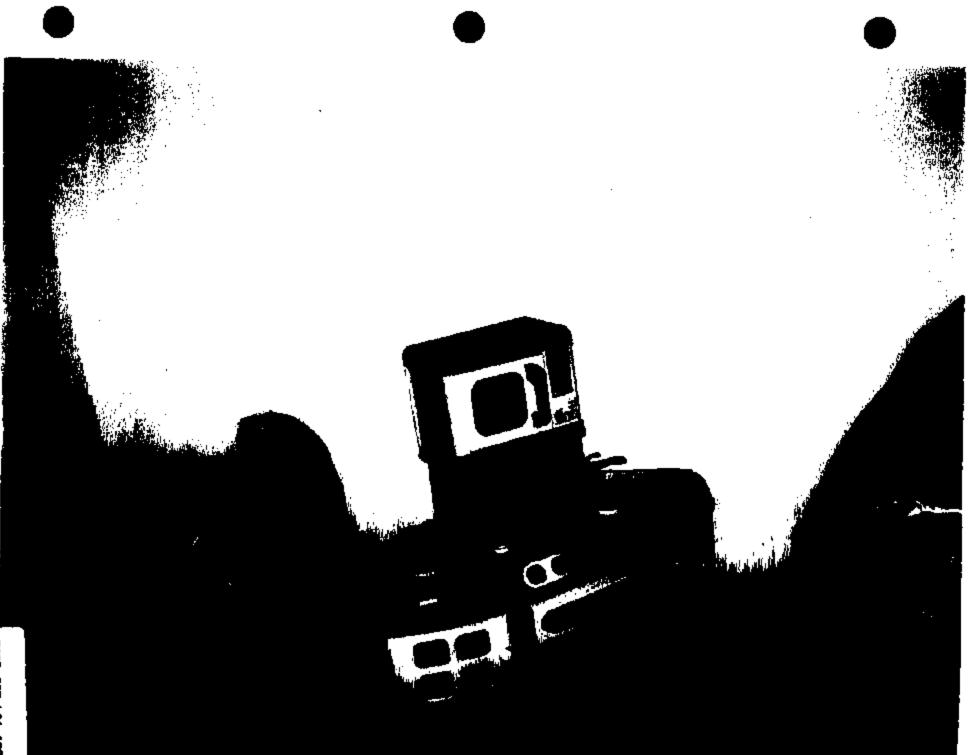








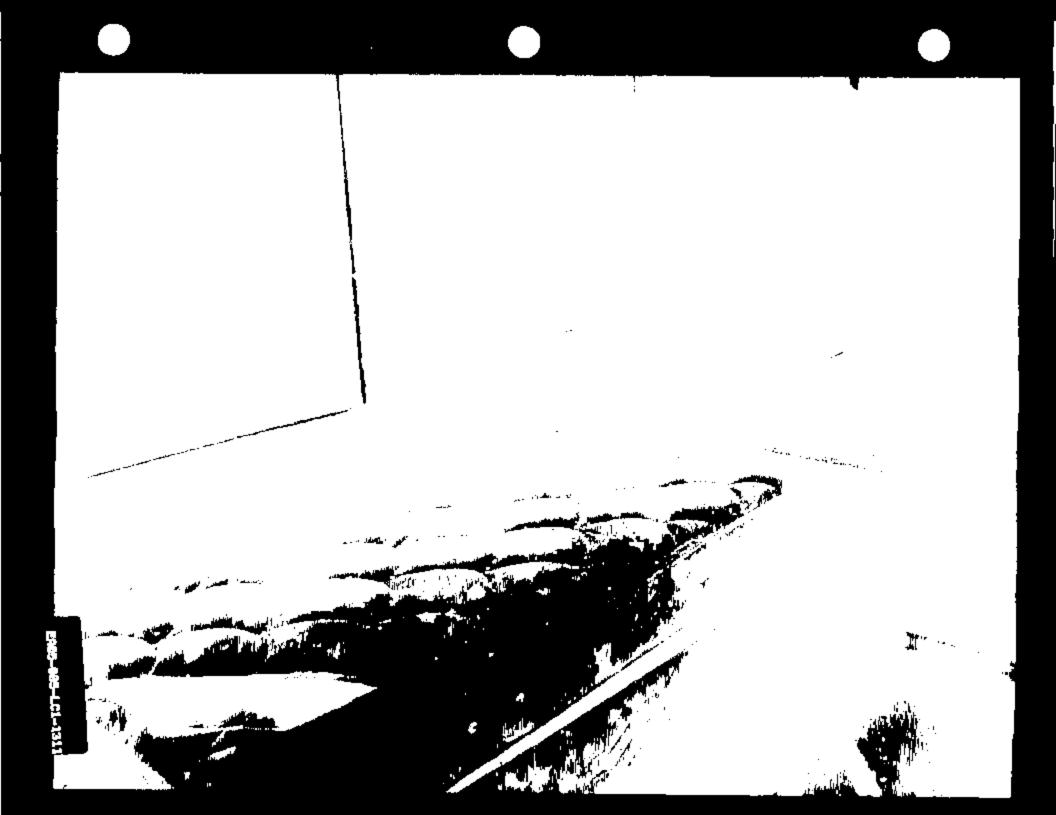
ERGS-603-LC1-1367



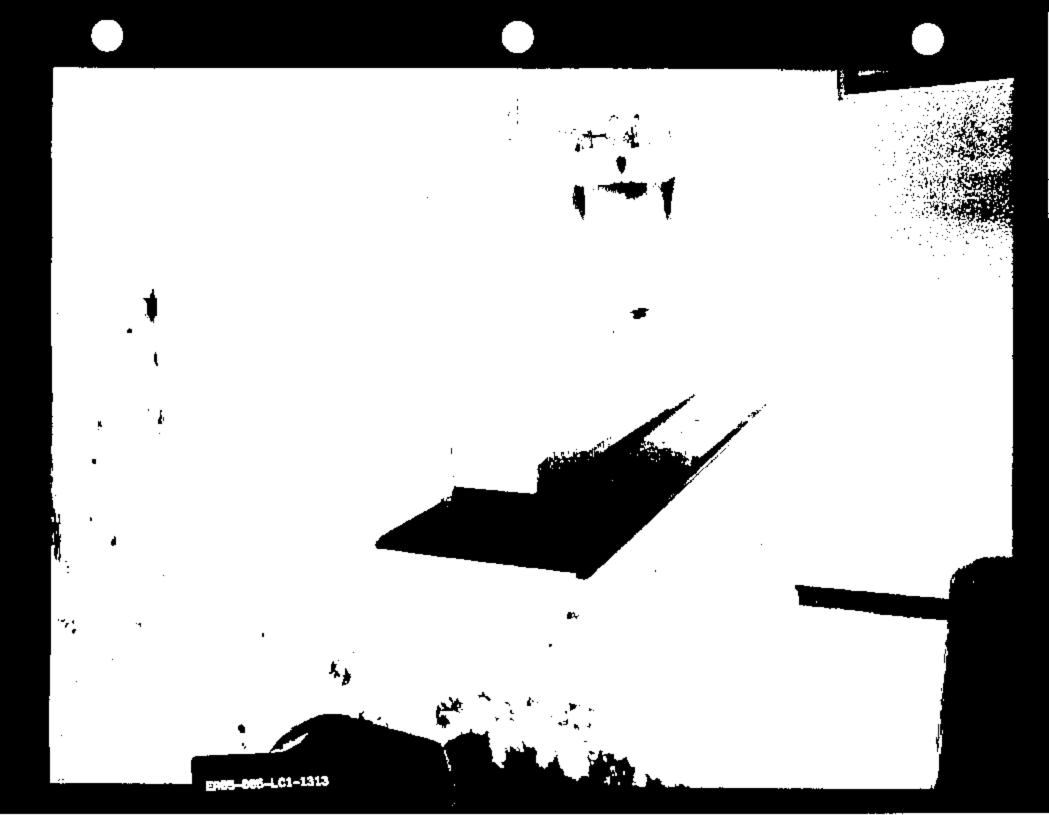
EARS-885-LC1-1388

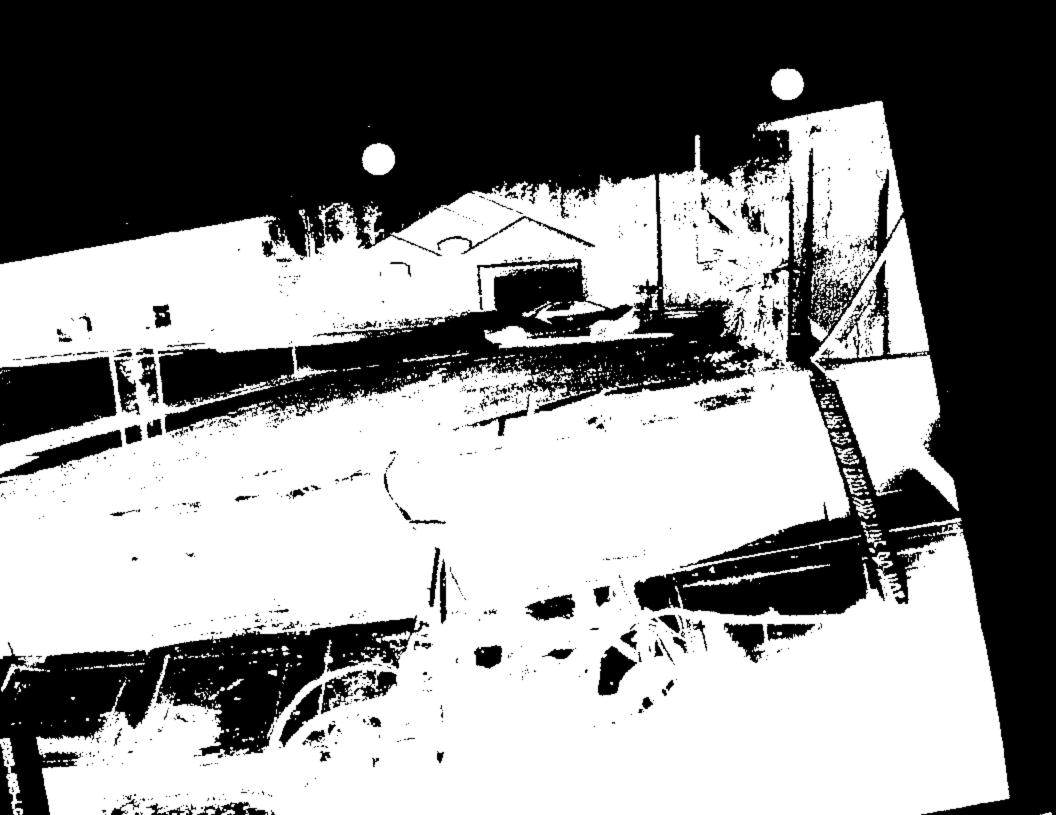




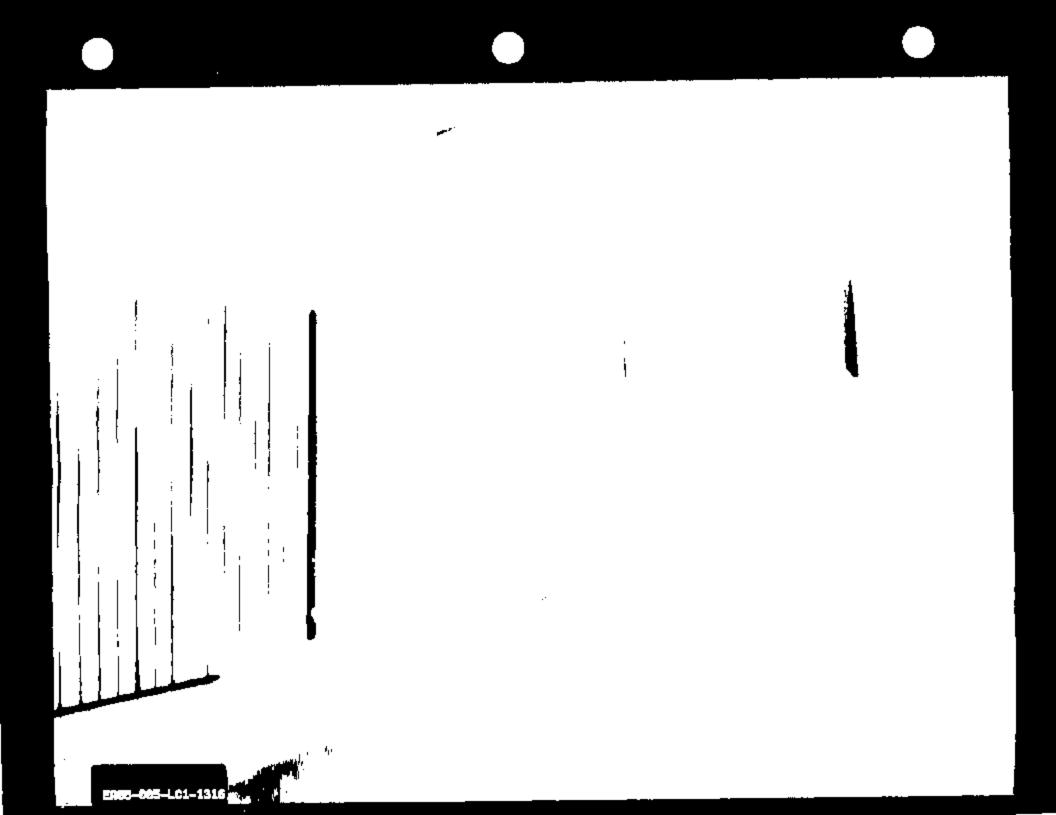




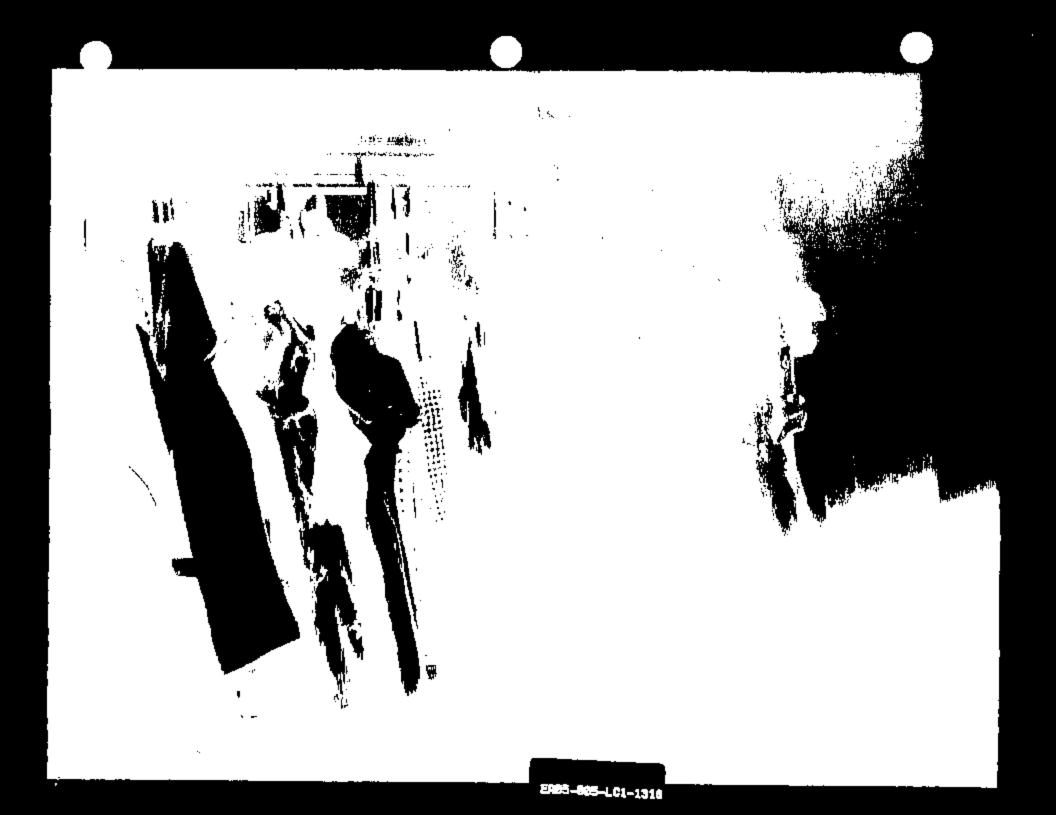




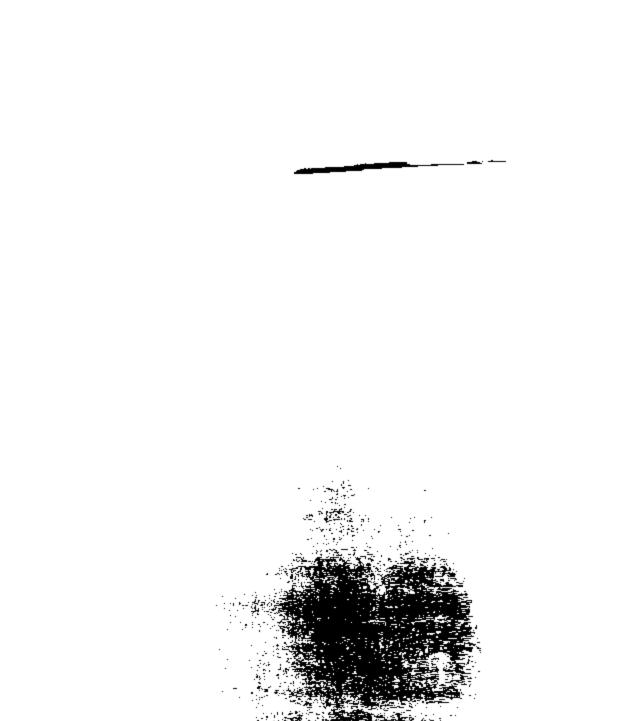






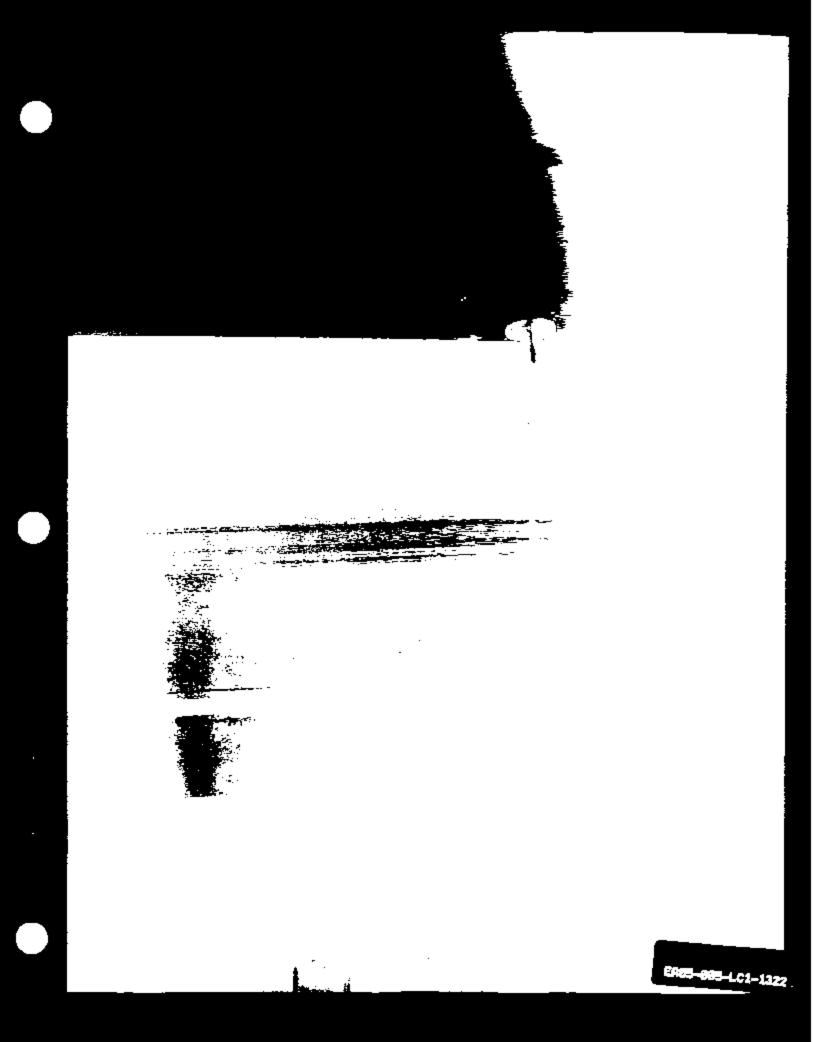


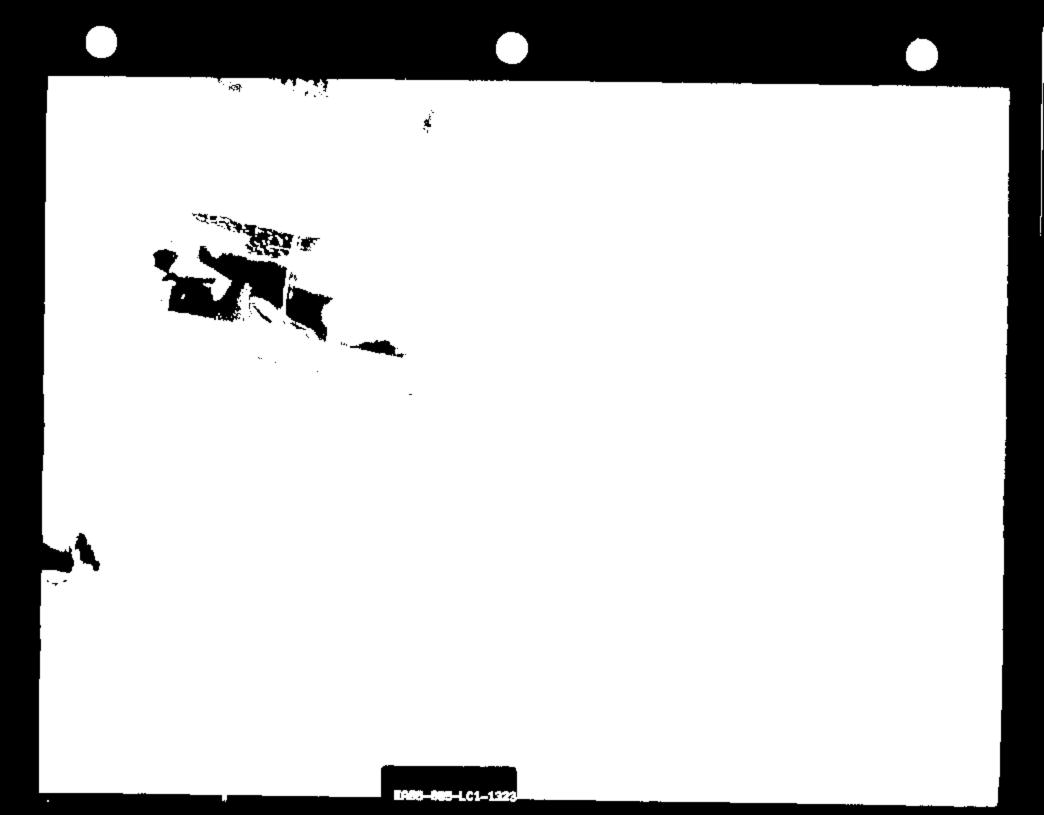




..

. ......

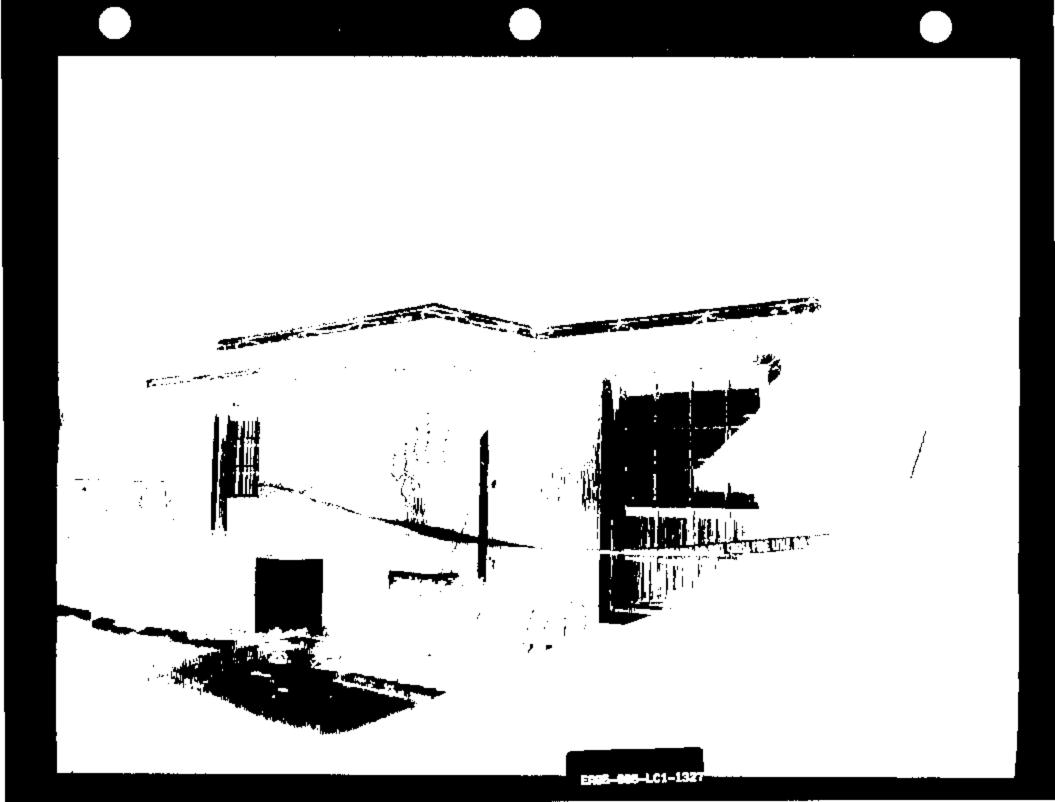




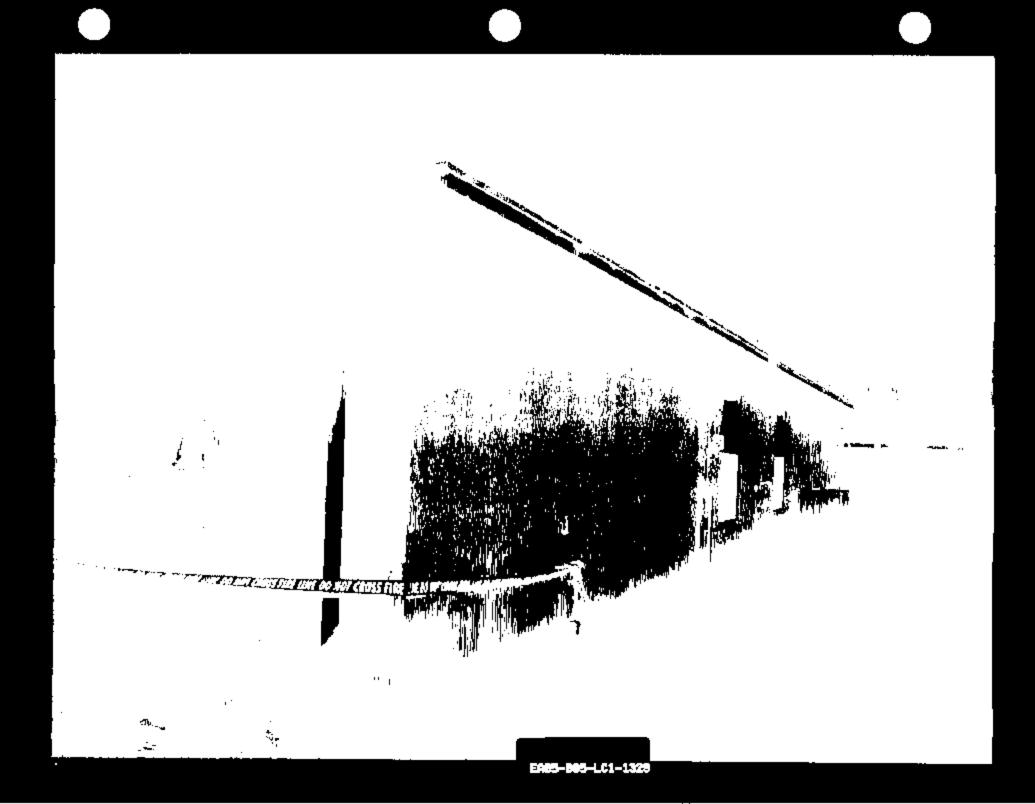




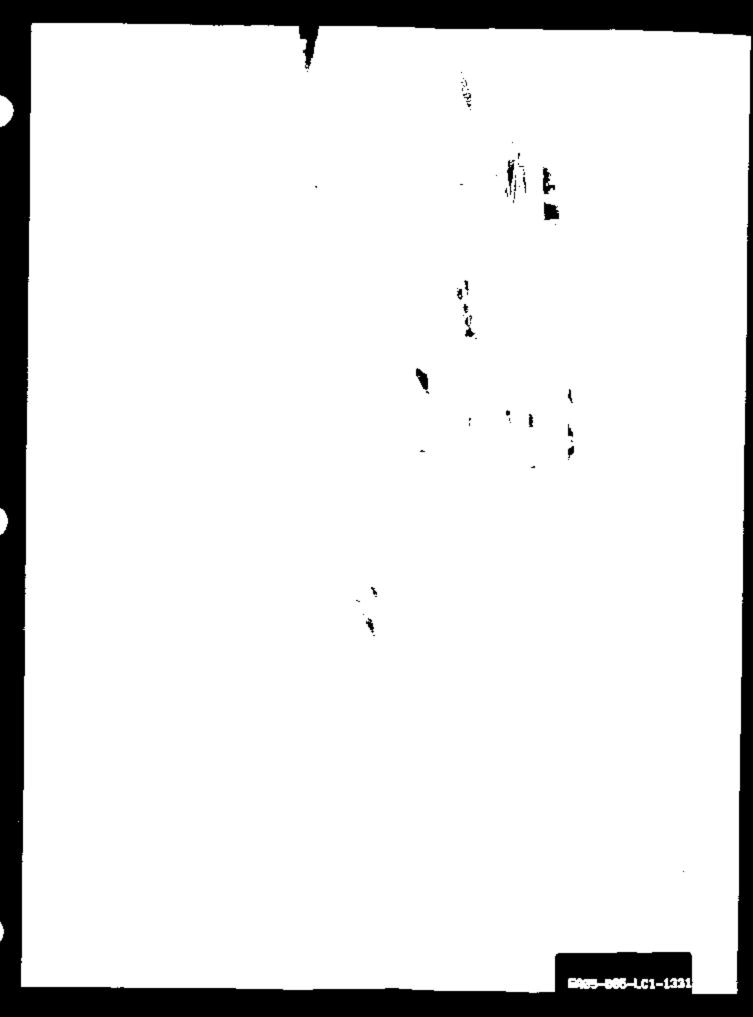


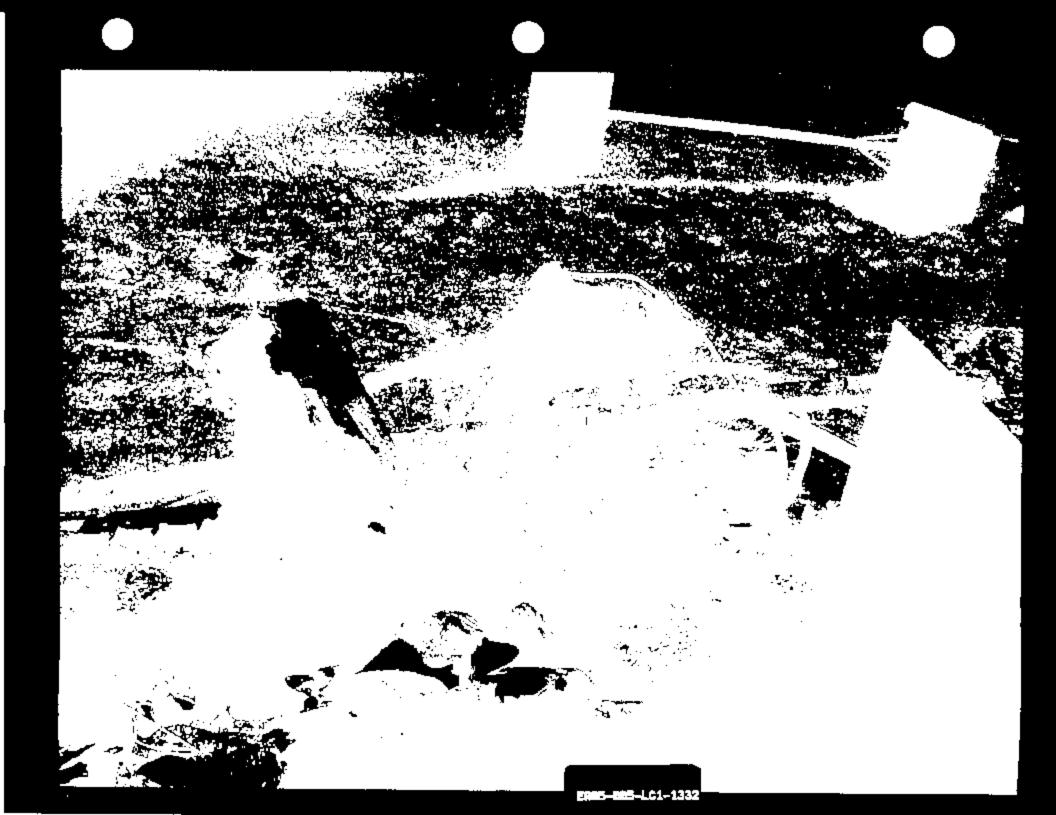












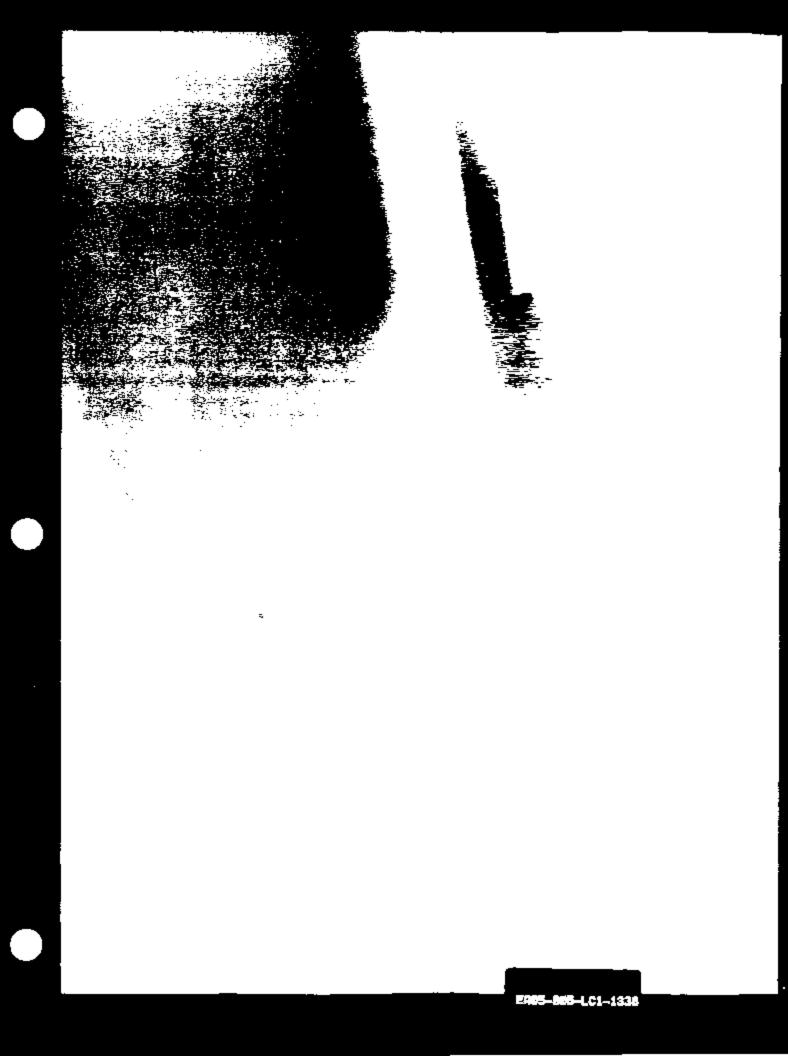




















.

.

.

•

.

.

.

.

.

.

# CONSUMER AFFAIRS



5 FEB -1 A9 59 National Document Center P.O. Box 268992

Oldahoma City, OK 73126-8992

с<u>івтуюющент@</u>Битаетнів митапсе сот

Fax: 877-217-1389

01/20/2005

Ford Motor Company Attr: Shawn Norron P O Box 6248 MD-3NE-B Dearborn, MI 48126 RECEIVED FEB 0 1 2005

Re:

Our Insured: Loss Date:

Claim Number:

Total Amount Owed: \$15,731.33

FED B R 2005

FEA 0 2 2005

Character THE

Dear Ms. Norton:

A review of the facts of the above loss indicates that your product failed and caused damage to our insured for these damages, and now seek reimbursement from you. WE RESPECTFULLY ASK THAT YOU NOT RESPOND TO OUR REQUEST WITH A FORM LETTER.

11/26/2004

You will find this correspondence and its enchantes contain substantive information and support adequate for your firm to make a decision concerning your liability. The vehicle will be auxilable for your inspection for the next 60 days. Aftertoord, we will be required to attempt to sell the salonge.

The entities in the stream of commerce, such as you, a manufacturer, are liable in both negligence and product hability. As you know, your obligation is to properly design and test, manufacture, and give appropriate instructions for installation and use of your product.

Your product did not meet the expectations of my insured, the consumer. Your product failed and caused the loss resulting in damages of 15,731.33. Attached are documents substantisting payment.

It is our desire to settle this claim without existing you the additional time and cost of litigation or arbitration. After reviewing the enclosed, please call me to discuss resolving this matter.

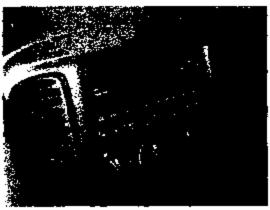
Sincerely, Mid-Century Insurance Company of Texas

Sou SM

Scott Sheffield Auto Subrogation Representative 512-238-5739

**ENCLOSURES** 













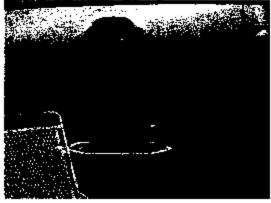
















#### All Action Details for leave

Print

VIN: 1FTRW07L11K8

Year: 2001

Model: F-SERIES

Case: 1419973414

Kayne:

Owner Status: Orlginal

WSD: 2001-03-10

Symptom Desc: FIRE/SMOKE VISIBLE FLAME Resear Described / FIRE

Primary Phone

Secondary Pitone:

lesses Type: 07 LEGAL

lassua Staitus: CLOSED

Action: ACTVISE CUST INFORMATION WILL BE SENT TO CONSUMER AFFAIRS

Dealer: 02405 PARK CITIES FORD

Origin Desc: US CONCERN CASE BASE

Odometer: 45000 MI Analyst Name: RIVERA NORIS

Action Date: 12/21/2004

Comm Type: PHONE Analysi: NRIVERA4

Action Time: 10.27.57.358

**Action Data: Yes** 

COMMISSION OF SAID: SEE HISTORICIAS DATED 12/08/2004 WHILE PARKED VEHICLE CAUGHT FIRE INSURANCE COMPANY WANTS TO GIVE ME \$ 14000 FOR THE TRUCK 4 ALREADY PAID 3 YEARS OF THE VEHICLE 4T IS NOT MY FAULT THAT VEHICLE CAUGHT FIRE -WANTS TO KNOW WHAT FORD CAN DO FOR HIM-LDO NOT WANT TO TAKE THE OFFER FROM THE INSURANCE COMPANY -VEHICLE IS A TOTAL LOSTDEALER SAID: NONEORC ADVISED: - I WILL FORWARD THIS INFORMATION TO OUR CONSUMER AFFAIRS GROUP, SOMEBODY FROM CONSUMER AFFAIRS WILL CONTACT YOU IN 2 BLISINESS DAYS, PLEASE NOTIFY YOUR INSURANCE CARRIER AND REPORT THIS INCIDENT,——PLEASE CONTACT CUST IN SPANISH ---

Cate Element Name

Date Value

FIRE/ACCIDENT

Action: FIEFER TO INSURANCE CARRIER-BEYOND WARRANTY

Dealer: 02406 PARIX CITIES FORD

Origin Desc: CONSUMER AFFAIRS - LITIGATION

PREVENTION

Odometer: 45000 Mi

Comets Type: MAIL.

Analyst Name: PAWELEK, MAUREEN

ML)

Acadyst MPAWELEK

Action Date: 12/22/2004

Action Time: 14,49,40,940

Action Date: No

COMMINISTED SENDING LETTER REFERRING CUSTOMER TO INSURANCE CARRIER AND ADVISING THAT FORD IS LINABLE TO BE OF ASSISTANCE WITH ANY EXPENSES INCURRED BEYOND HIS POLICY COVERAGE.

# All Action Datella for Issue

Print

VIN: 1FTRW07L11 Name

Year: 2001

Model: F-SERIES Case: 1419973414

Symptom Desc: GENERAL INCURRIES REQUESTATION-VEHICLE PELATED

Owner Status: Original

₩6D: 2001-03-<u>10</u> Primary Phone

Reason Desc: TECHNICAL INQUIRY - RESEARCH REQUEST

issee Type: 02 INFORMATION

Jespe Status: CLOSED

Secondary Phone:

Origin Desc: US INQUIRY CASE BASE

Action: CE-ADVISE CUSTOMER OF CLOSING COMMENTS

Declar:

Odometer: 45000 MF

Comm Type: PHONE

Analyst Name: LiNARES ARACELI Action Date: 12/21/2004

Analyst: ALINARE1

Action Time: 15.08.37.733

Action Data: No

Comments CUSTOMER SAID: 4 CALLED EARLIER TODAY DUE TO MY VEHICLE CAUGHT FIRE.- I WAS TOLD SOMEONE. WAS GOING TO CALL ME BACK.- ( WOULD LIKE TO KNOW IF THERE IS A NUMBER WHERE I CAN CALL THAT DEPT DEALER SAID: NONECRIC ADVISED: "IT HAVE REVIEWED YOUR FILE AND I CAN ADVISE YOU OF THE FOLLOWING: (NOTE TO CSR: REVIEW HISTORICAL INFORMATION AND PROVIDE CUSTOMER WITH SUMMARY OF INFORMATION/ACTIONS TAKEN)\*\*\*-ADVISED CUSTOMER THTA HE NEEDS TO WAIT FOR TWO BUSINESS DAYS FOR SOMEONE TO CALL HIM. THERE IS NO NUMBER TO CONTACT HE NEEDS TO WAIT FOR THE CALL BACK.

# All Action Details for Issue

Print

VIN: 1F09W07L118

Year: 2001

Model: F-SERIES WSD: 2001-03-10

Casa: 1419973414

Owner States: Original

Primary Phone: 214-905-9215

Origin Deed: US CONCERN CASE BASE

Symptom Desc: START/CHARGE WIRING - BASIC Resear Desc: LEGAL - REFER TO INSURANCE COMPANY

Issue Type: 02 INFORMATION

lecue Statue: CLOSED

Secondary Phone:

Action: ADVISE CUSTOMER TO CONTACT THEIR INSURANCE COMPANY FOR ASSISTANCE

Dealer:

Comm Type: PHONE

Odometar: 45000 Mi

Analyst: KTHOMASL

Analyst Name: THOMAS-LYTTLE, KAREN Action Date: 12/08/2004

Aption Time: 11.39,58.443

Action Buts: No

Communic CUSTOMER SAID: VEHICLE WAS PARKED IN THE GARAGE-HEARD A BIG EXPLOSION, WEYT INTO THE GARAGE AND THE VEHICLE WAS ON PIRE-ALL THE PLASTIC WIRING MELTED-INSURANCE STATED THAT THEY WILL HAVE THE VEHICLE TOTALLED-CANNOT TELL WHAT CAUSED THE VEHICLE TO EXPLODE THE WAY IT DID-CALL FMCC REGARDING THE PAYMENTS ON THE VEHICLE, WAS YOLD TO CONTACT THE CAC-FACE ADVISED THAT THEY WILL BE SENDING HIM PAPERWORK TO TAKE TO INSURANCE COMPANY TO CLEAR UP PAYMENT CRC ADVISED: - PLEASE DISCUSS THIS ISSUE WITH YOUR INSURANCE COMPANY, FORD IS UNABLE TO ASSIST IN THIS STUATION.-ADVISE CUSTOMER THAT HIS INFORMATION HAS BEEN DOCUMENTED.



.

•

.

.

. .

.

.

.

.

.

.

#### All Action Details for Issue

Print

VNE IFTEXO7LOVE

Year: 1997

Model: F-SERIES Care: 1829270595

Kerne:

Owner Status: Original Symptom Dent: GENERAL INCUIRIES REQUESTINON-VEHICLE RELATED WSD: 1997-03-21

Primary Phone Secondary Phone:

Reason Desc: LEGAL - ACCIDENT / FIRE

Issue Type: 10 OGC

lescre Status: CLOSED

Action: CONTACT ADVANCED TO OGC

Dealer: 00409 FREEWAY FORD INC

Origin Date: US CONCERN CASE BASE

Odometer: 1 Mil

Comm Type: PHONE

Analyst Name: STEPHEN YOUNG Action Date: 03/10/2005

Analyst SYCUNGRO Action Time: 10.49.12.026

Action Date: No

Comments CUSTOMER SAID: - AS PER HISTORICSON FEB 22, 2006 VEH CAUGHT FIRE IN DRIVEWAY. FIRE STARTED LINDER HOOD, VEH AT CUST HOME, FIRE REPORT FILED AND UNDER INVESTIGATION, FILED IN MUSCOGGEE COUNTY, CLAIM FILED WITH INSURANCE COMPANY BUT INSURANCE HAS NOT INSPECTED VEH. WILL INSPECT VEH TOMORROW, VEH IS NOT REPAIRABLE, VEH WAS NOT RUNNING WHEN FIRE STARTEDFIRE DAMAGED HOUSE, BURNT PART OF CARPORT, ROOF AND ATTIC, TOTALLED CUST OTHER VEH, 1991 BUICK PARK AVE. THE CUST HAS NOT RECEIVED ANY INFO FROM OGC: THE INTIAL CONTACT WAS 02/28/05 CLOSEDDEALER SAID: - NONECRO ADVISED: I WILL FORWARD THIS INFORMATION TO THE FORD OGC DEPARTMENT, YOU WILL BE CONTACTED WITHIN 3-5 BUSINESS DAYS - ADVISED TO RE-OPEN CONTACT BY LCSR JACKIE

## All Action Details for Issue

Print

VIN: 1ETEX07LSVK

Year: 1997

Modet F-SERIES Case: 1629270595

Name:

Owner Status: Original

WSD: 1997-03-21

Symptom Desc: PIRE/SMOKE VISIBLE FLAME UNDERHOOD

Primary Phone:

Respon Desc: LEGAL - CUSTOMER WAITING FOR ACKNOWLEDGEMENT

Secondary Pho

lasue Type: 02 INFORMATION

Issue Status: CLOSED

Action: CB-ADVISE CUST WE WILL NOTIFY THE DEPT SOMEBODY WILL BE IN TOUCH

Dealer: 06409 (FREEWAY FORD INC

Origin Desc: US CONCERN CASE BASE

Odometer: 100000 MB

Comm Type: PHONE Analyst: DCLARK83

Analyst Name: DWAYNE CLARKE Action Date: 03/04/2005

Action Time: 12.11.40.133

Action Date: No

COmments CUSTOMER SAID: - CALLED MONOAY NIGHT TO PIEPORT A VEH FIRE. - WAS TO SUPPOSED TO RECEIVE A CALL IN 3-5 BUSINESS DAYS. - STILL WAITING. - VIN NUMBER IS 1FTEX07LSV -THERE WAS 100000 MILES ON THE VEH. - WHAT IS THE STATUS OF THE CLAMPDEALER SAID: FREEWAY FORD, INC. 2025 BOX INDADCOLLIMBUS, GA 31907TEL: (706) 563-3023FAX: (708) 561-7225CPC ADVISED: THANK YOU FOR PROVIDING US WITH THIS INFORMATION IN RELATION TO YOUR CASE, I WILL FORWARD THIS TO OUR CONSUMER AFFAIRS DEPARTMENT, AND I HAVE REQUESTED THAT THEY CONTACT YOU WITHIN 5-10 BUSINESS DAYS.- STAY IN TOUCH WITH YOUR INSURANCE ADJUSTER. • KEEP ALL OF THE INSURANCE RECORDS.

## AP Action Details for issue

Print

VINE 1FTEX07L9VI Name:

Year: 1997 Owner Status: Original

Issue Statue: CLOSED

Model: F-SERIES WSD: 1997-03-21

Case: 1629270585

Symptom Desc: FIRE/SMOKE VISIBLE FLAME LINDERHOOD Reason Desc: LEGAL - ACCIDENT / FIRE

terms Type: 10 OGC

Primary Phone: Secondary Phoe

Origin Deep: US CONCERN CASE BASE

Action: CONTACT ADVANCED TO OGC

Dealer: 00409 FREEWAY FORD INC

Comm Type: PHONE

Odometer: 100000 MI Analyst Name: MARGARET ARSENAULT Action Date: 02/28/2005

Adalyst MARSENAU

Action Time: (7.28.47.328) Action Data: No

Comments CUSTOMER SAID: ON FEB 22, 2005 VEH CAUGHT FIRE IN DRIVEWAY, FIRE STARTED UNDER HIDDO. VEH AT CUST HOME, FIRE REPORT FILED AND LINDER INVESTIGATION, FILED IN MUSCOGGEE COUNTY. CLAIM FILED WITH INSURANCE COMPANY BUT INSURANCE HAS NOT INSPECTED VEH, WILL INSPECT VEH TOMORROW. VEH IS NOT REPAIRABLE. VEH WAS NOT HUNNING WHEN FIRE STARTEDFIRE DAMAGED HOUSE, BURNT PART OF CARPORT, ROOF AND ATTIC. TOTALLED CUST OTHER VEH, 1901 BUICK PARK AVE.CRC ADVISED: I WILL FORWARD THIS INFORMATION TO THE FORD OGC DEPARTMENT, YOU WILL BE CONTACTED WITHIN 3-5 BUSINESS DAYS.