

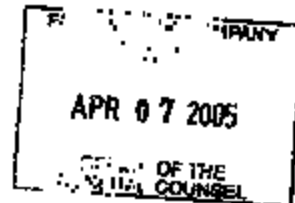
TRAVELERS

THE STANDARD FIRE INSURANCE COMPANY
TRACY PATTON
PO BOX 3022
FALL RIVER MA 02722-3022
(508) 324-8279 X 8279
(508) 324-8279

March 31, 2005

FORD MOTOR COMPANY
3 PARKLANE BLVD., STE. 300
DEARBORN MI 48126

Our Client: [REDACTED]
Claim/File #: [REDACTED]
Date of Loss: 02/06/2005
Reference: Subrogation Claim



Dear FORD MOTOR CREDIT

We are handling a claim for [REDACTED] who sustained a loss on 02/06/2005.

Our investigation reveals that you may be legally responsible for this claim, and we look to you to satisfy this obligation. We are requesting reimbursement of the amount of \$8,826.11. This represents our payment of \$8,576.11, and [REDACTED] deductible of \$250.

We expect payment from you directly. Please contact me to discuss repayment options.

Please call me with any questions.

Sincerely,
TRACY PATTON
CL REP
(508) 324-8279
Fax: 866-304-7031
Email:

-2/6/05
- \$ 8,826.11
-197 F-150
-VIN
-132,350 (M)
-1250 3/30/06
-ESP - 22/75,000 (M)

DESCRIPTION: UNKNOWN IMPORTED: 2/14/2005 7:22:32 PM BY: smamone FILE SIZE: 158153 WIDTH: 640 HEIGHT: 480



 **ST PAUL
TRAVELERS**



3/15/2005

ERBS-005-LC1-2101

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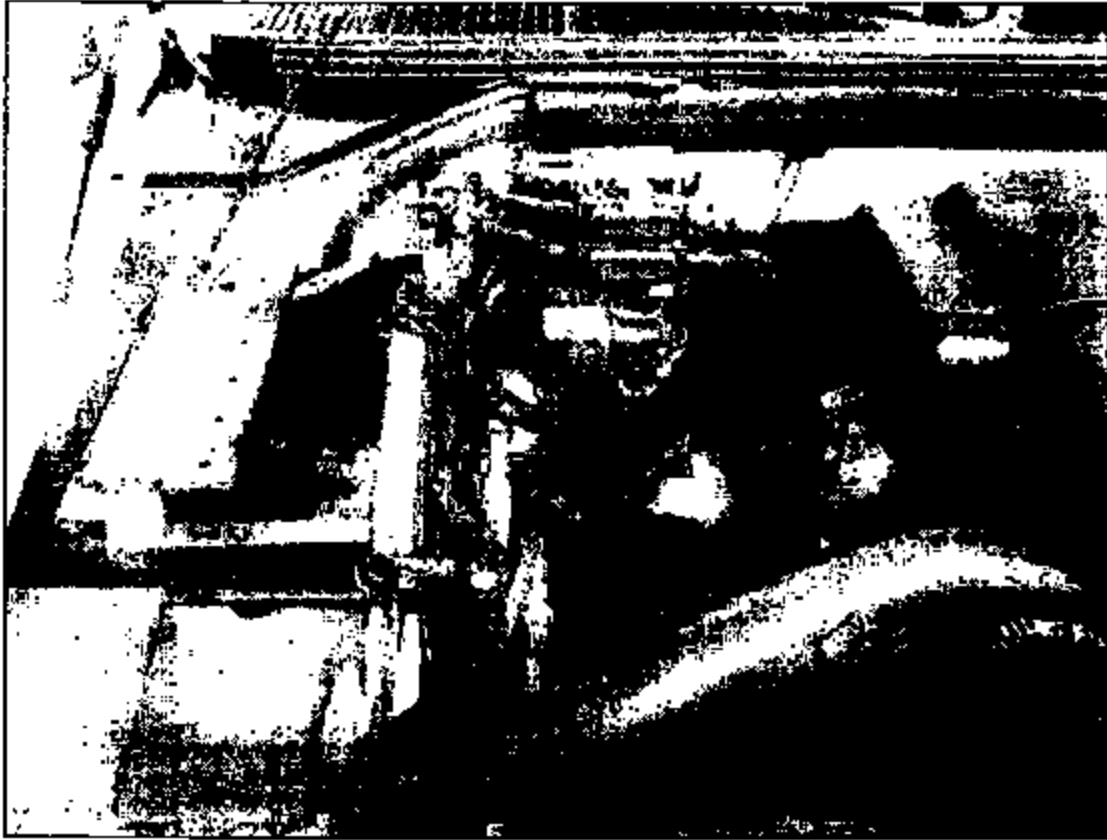


 **ST PAUL
TRAVELERS**


... 3/15/2005

EP05-005-LC1-2102

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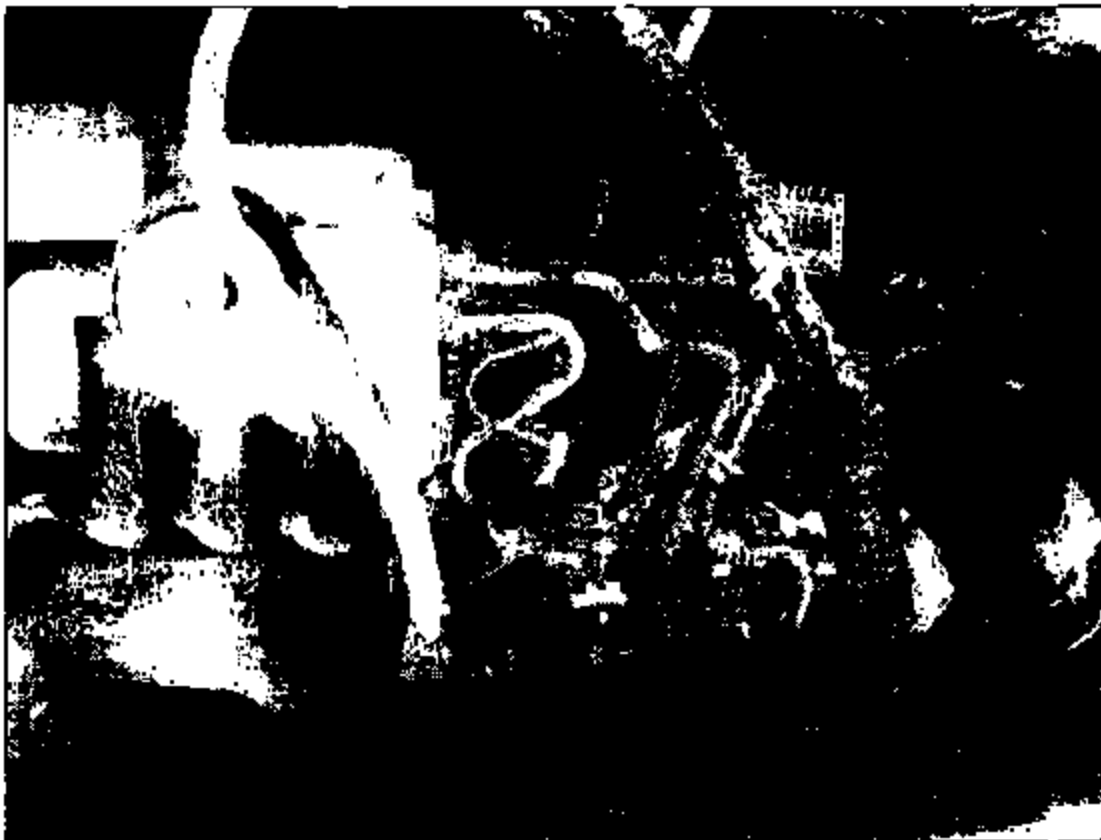


 **ST PAUL
TRAVELERS**

 3/15/2005

E085-085-LC1-2163

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 **ST PAUL
TRAVELERS**

 3/15/2005

EP05-885-LC1-2104

DESCRIPTION: UNKNOWN IMPORTED; 2/14/2005 7:22:18 PM BY: amamone FILE SIZE: 100016 WIDTH: 640 HEIGHT: 480



 **ST PAUL
TRAVELERS**




3/15/2005

BR05-025-LG1-2185

DESCRIPTION: UNKNOWN IMPORTED: 3/14/2005 7:22:10 PM BY: smajone FILE SIZE: 119993 WIDTH: 640 HEIGHT: 480



 **ST PAUL
TRAVELERS**

 3/15/2005

ER05-000-LC1-2109

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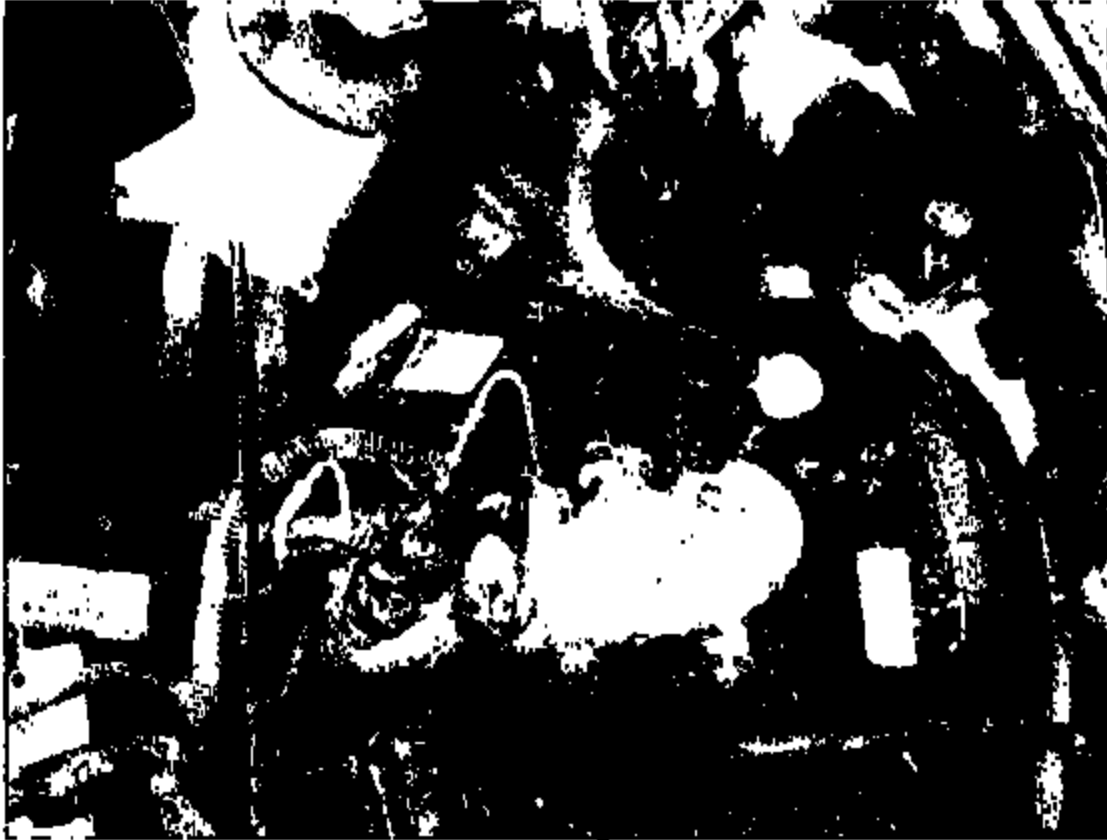
 ST PAUL
TRAVELERS




3/15/2005

EP05-009-LC1-2187

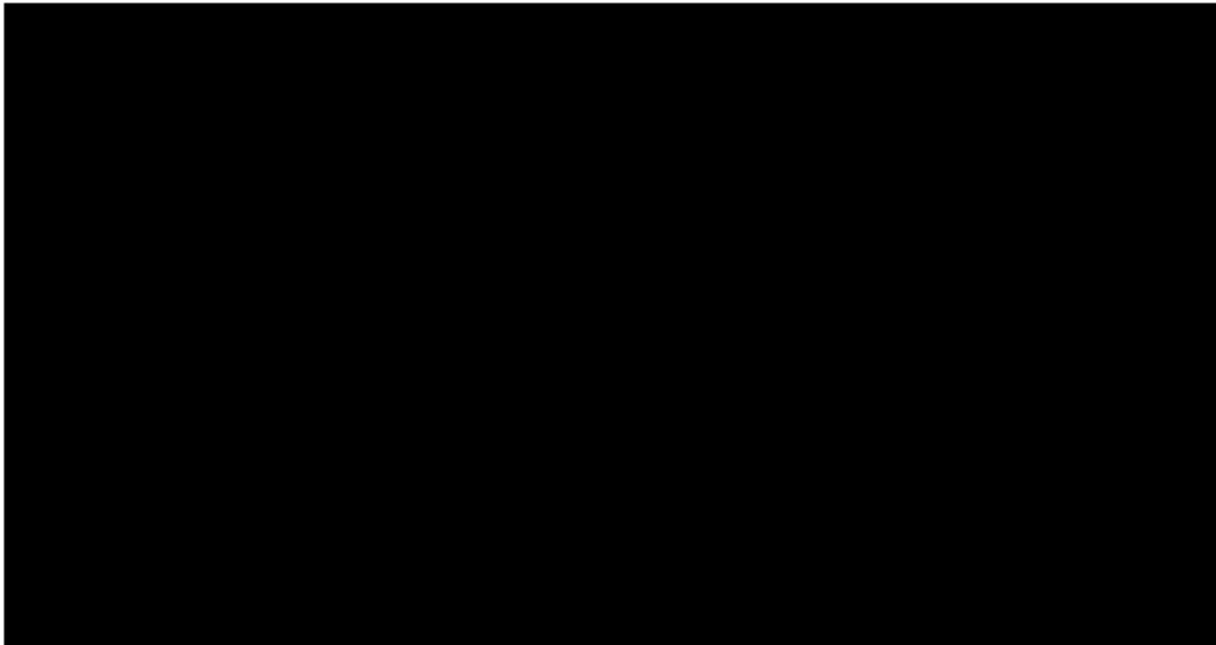
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 **ST PAUL
TRAVELERS**

 3/15/2005

EP05-005-LC1-2188





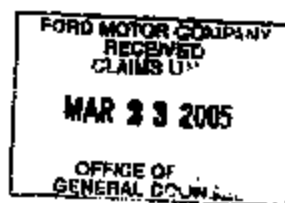
FARMERS

National Document Center
P.O. Box 268992
Oklahoma City, OK 73126-8992
claimsdocument@farmersinsurance.com
Fax : 877-217-1389

03/15/2005

Ford Motor Company
Attn: Shawn Norton
P O Box 6248 MD-3NE-B
Dearborn, MI 48126

MAR 22 2005



Re: Our Insured: [REDACTED]
Loss Date: 02/28/2005
Claim Number: [REDACTED]
Total Amount Owed: \$16,954.38

Dear Ms. Norton,

A review of the facts of the above loss indicates that your product failed and caused damage to our insured's property. We have made payment 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.**

You will find this correspondence and its enclosures contain substantive information and support adequate for your firm to make a decision concerning your liability. *The vehicle will be available for your inspection during the next 60 days. Afterwards, we will be required to attempt to sell the salvage.*

The entities in the stream of commerce, such as you, a manufacturer, are liable in both negligence and product liability. 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 16,954.38. Attached are documents substantiating payment.

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

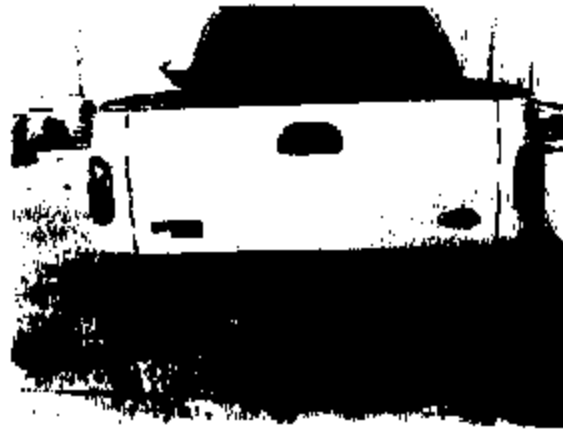
- 3/22/05
- \$16,954.38
- 16,954.38
- Dealer Repair 2-2-05
- WSD 3/24/05
- WSP 60/100,000

Sincerely,
Mid-Century Insurance Company of Texas

Scott Sheffield

Scott Sheffield
Auto Subrogation Representative
512-238-5739

ENCLOSURES



rear



R rear

8905-089-1C1-2111



Rt side



Rt front

CRMS-009-101-2112



front



rt front

ENR-005-1-01-2113



rt side



rt rear

DN05-005-L01-2114





damage to the rt door



damage to the rt fender

EMD-008-LC1-2115



damage to the core support and front bumper



engine burned

EM00-005-LC1-2118



damage to the Rt fender

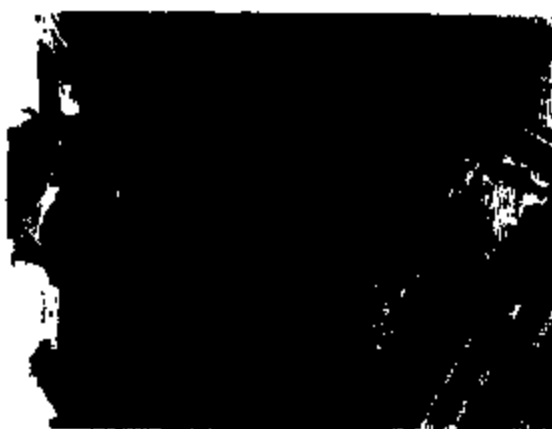


interior burned

ENR-005-LC1-2117



dash burned



rear seat burned

DMS-003-LO1-211A



vin



varnyng boards

EPSS-000-L01-2119



tire box



two tone paint

ENR06-095-LC1-2128

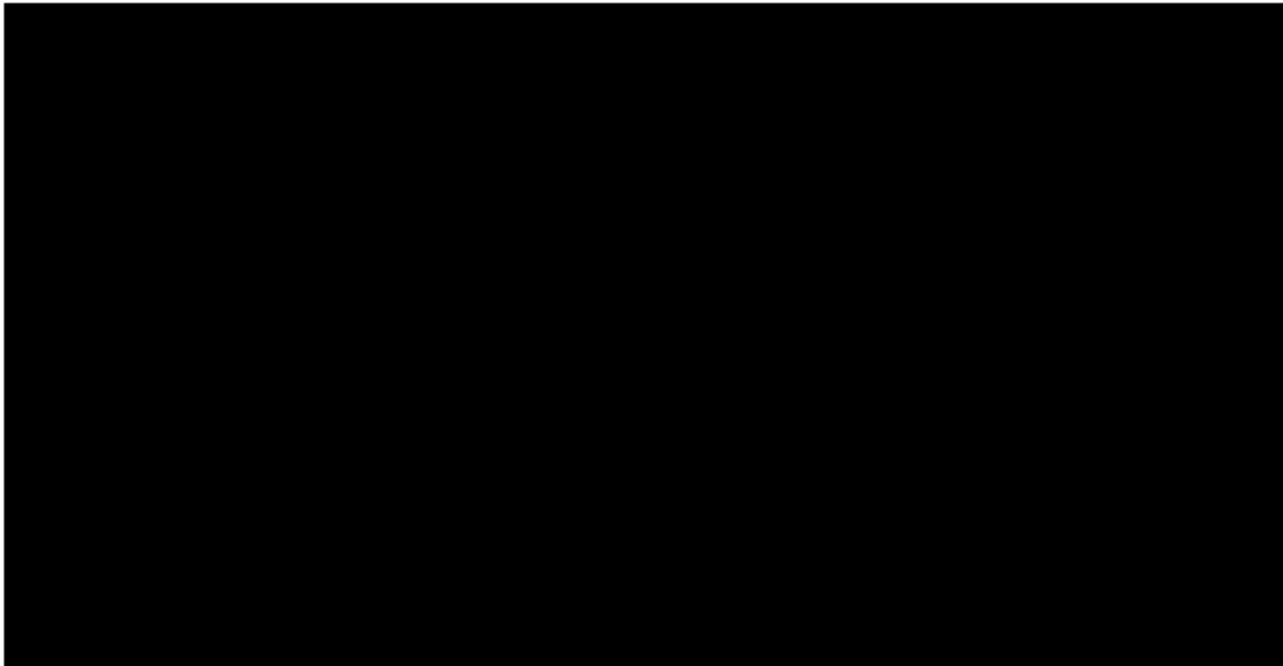


interior burned



Rc plate

EQ05-000-LG1-2121





**Georgia Farm Bureau Mutual Insurance Company
Georgia Farm Bureau Casualty Insurance Company**

TIMOTHY G. ROLFE
Special Investigator
P.O. Box 4852
Canton, Georgia 30114

Office: 770-886-2438 • Fax: 770-844-8513

January 10, 2005

Ms. Shawn L. Norton
Claims Analyst/ Litigation Assistant
Ford Motor Company
300 Parklane Towers West
Three Parklane Boulevard
Dearborn Michigan 48126

Via Fax 313-845-4089
Regular Mail

RE: Our Insured: [REDACTED]
Policy Number: [REDACTED]
Date of Loss: 11/26/2004
Location of Loss: [REDACTED]
Cedartown GA [REDACTED]

Dear Ms. Norton,

Please accept this letter as notification of possible Subrogation for damages to the Dwelling at the above listed location. The potential exposure is \$70,000 plus to the dwelling under our policy. We have determined the fire started in the engine compartment of a 2002 F-150 extended cab, V-8, Automatic and bearing VIN # 1FTRW08L08L021 [REDACTED]

The vehicle is registered to [REDACTED] who is the tenant at the above listed address. We also have the insurance on this vehicle under policy number [REDACTED]

We also have a 1998 Honda Accord LX, bearing VIN# 1HGCG5649V [REDACTED], damaged by exposure heat and fire and was a total loss. This vehicle is also insured with Georgia Farm Bureau Insurance under policy number [REDACTED]

We have retained Keme Investigation for our expert. We have left the scene intact for your investigator to inspect.

11/26/04
Cedartown, GA
'02 F 150
VIN

JAN 10 2005 12:18

2005-085-LC1-2122

Page 2
FFP 0189403
11/26/04

Please contact me at your earliest convenience, regarding any inspection of the scene as our insured would like to tear the building down, as it is a total loss. [REDACTED] did not have any contents coverage with us and as per his statement to us, not with any other company.

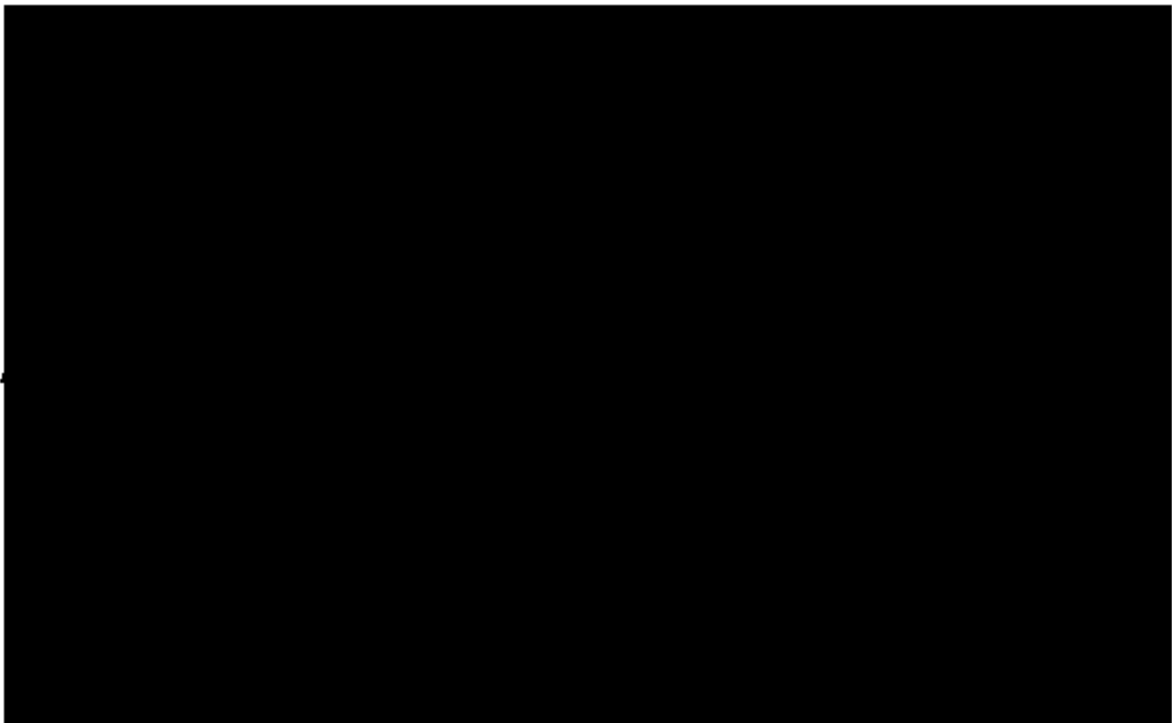
Please accept this notice that in two weeks, unless other arrangements are made, we will move the vehicles and ok the insured to tear down the building.

I look forward to hearing from you in a timely matter.

Sincerely,


Tim Rolfe
Special Investigator

CC: Files FFP 0189403
APV0120802
APV1071385



Home Office Subrogation Department Tel 800-523-6344
355 Maple Avenue, C-2 Fax 215-356-5347
Harleysville, PA 19438
www.harleysvillegroup.com

Harleysville

February 9, 2005

RECEIVED
FEB 23 2005

FORD MOTOR COMPANY
CONSUMER AFFAIRS
POB 6248
DEARBORN MI 48121

Our Claim No:
Our Insured:



Date of Loss: 1/10/05
Insureds Ded: \$500.00
Our Payment: \$3925.07
Total Claim: \$4425.07

FORD MOTOR COMPANY
RECEIVED
BY SHARILYNN
FEB 23 2005
OFFICE OF THE
GENERAL COUNSEL

Your Claim No: UNKNOWN
Your Insured: FORD MOTOR COMPANY
Address:

We have been informed that you are the insurance carrier for the individual listed above.

Our investigation discloses that your insured is legally liable for the amount of the loss indicated above.

Please acknowledge receipt of our subrogation claim.

Very truly yours,

CHRISTA CONRAD
CLAIMS RECOVERY SPECIALIST
EXTENSION 8307
CCONRAD@HARLEYSVILLEGROUP.COM

- 1/10/05
- \$4425.07
- WSO 4/13/01
- ESP - MD

ENCLOSURES

State law requires us to include the following statement - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.



RECEIVED

BEGINNING OF CONTACT
02/01/2005

VOICE OF THE CUSTOMER TRACKING SYSTEM

FEB 01 2005
08.50.08

REGION: 24 ORLANDO	OGC ISSUE	CASE NBR:	0321780315	
VIN: 1FMRU17L4W1	ZONE: AS	OPENED:	01/31/2005	
	ENGINE: L	VEH TYPE: T	CLOSED:	01/31/2006

LAST NAME:		FIRST NAME:		STATUS:	CLOSED
TITLE:				MR:	
ADDRESS:		STATE:	FL	ZIP:	
CITY:	MIAMI	MODEL:	EXPEDITION WAGON 4X2		
HOME PHONE:		SALES CODE:	F24003	P & A:	04871
MODEL YEAR:	1999				
MILEAGE:	78000				
DEALER NAME:	METRO FORD INC				
REASON CODE:	0792 LEGAL - ACCIDENT / FIRE				
SYMPTOMS:	704145 FIRE/SMOKE VISIBLE FLAME UNDERHOOD				

ORIGIN: CAC138 - US CONCERN CASE BASE COMMUNICATION: PHONE
 ACTION: 705 - CONTACT ADVANCED TO OGC
 DOCUMENT: ANALYST: ASIBBLIE ALICIA SIBBLIES

DATE: 01/31/2005 TIME: 08.56.15:
ACTION DATA/COMMENTS:

CUSTOMER SAID: CUST IS CALLING TO VERIFY IF HER VEH IS INVOLVED IN RECALL THE VEH CAUGHT FIRE AND BLEW UP 6 DAYS AFTER THE VEH WAS BURNT SHE SAW ON THE NEWS THAT THERE WAS A RECALL FOR THIS CONCERN VEH BURNT ANOTHER VEH AND BURST IN FLAMES AND THE SIDE OF THE BUILDING IS BURNT CUST SAID THERE WAS NO PRIOR WARNING THE VEH WAS FINE THE FIRE OCCURED 1/11/05 THIS OCCURED [REDACTED] AND MIAMI THE FIRE ORIGINATED FROM THE ENGINE PROGRESSIVE INSURANCE CO. TOOK THE VEH ..CUST IS UNWARE OF IT'S CURRENT LOCATION FIRE DEPT WAS NOTIFIED (SHE DID NOT GET A REPORT FROM THEM) REPORT WAS FILED IN MIAMI AND DADE COUNTY INSURANCE CO WAS NOTIFIED SHE HAVE NOT YET HEARD FROM THE INSURANCE COVER IS TOTALLY BURNT CUST SAID HER COATS ...CDS AND EVERYTHING IS COMPLETELY BURNT UP DEALER SAID: METRO FORD INC. 9000 NW 7TH AVE. MIAMI, FL 33150 DISTANCE: 2.46 MILES TEL: (800) 793-6178 CRC ADVISED: I WILL FORWARD THE INFORMATION TO THE FORD OGC DEPARTMENT. YOU WILL BE CONTACTED WITHIN 3-5 BUSINESS DAYS. CSR INFORM CUST THAT VEH WAS NOT INVOLVED THE RECALL RECALLS ARE ON VEH SPEC BASED ON THE VIN # AND WHEN AND WHERE THE VEH WAS MANUFACTURED

FORD MOTOR COMPANY
 RECEIVED
 CREDIT UNIT
 FEB 02 2005
 OFFICE OF THE
 GENERAL COUNSEL

CONSUMER AFFAIRS

02/01/2005 FAXOIN

ERR-895-LC1-2125





Allstate
You're in good hands.

ORLANDO
485 NORTH KELLER ROAD, SUITE 200
MAITLAND FL 32751-7537

MAR 16 2005

██
Ford motor company
P.O. BOX 6248
DEARBORN MI 48121-6248

March 08, 2005

INSURED: ██
DATE OF LOSS: MAR 1 07 2005
CLAIM NUMBER: ██

PHONE NUMBER: ██
FAX NUMBER: ██
OFFICE HOURS: MON - FRI 9:00am - 5:30pm

We are investigating a fire loss to our Insured's 1998 Ford Expedition, vin # 1FMRU17L8W ██
A fire started under the hood which resulted in a total loss.
As Ford Motor Company has an interest in this matter, due to a possible subrogation claim, you are invited to have an expert inspect this vehicle.
Please call me at 407-919-1731.
Thank you for your assistance and cooperation.

Sincerely,
MARILY BUNDREN

MARILY BUNDREN
407-919-1731
Allstate Insurance Company

FOR FORD MOTOR COMPANY
MAR 16 2005
COUNSEL

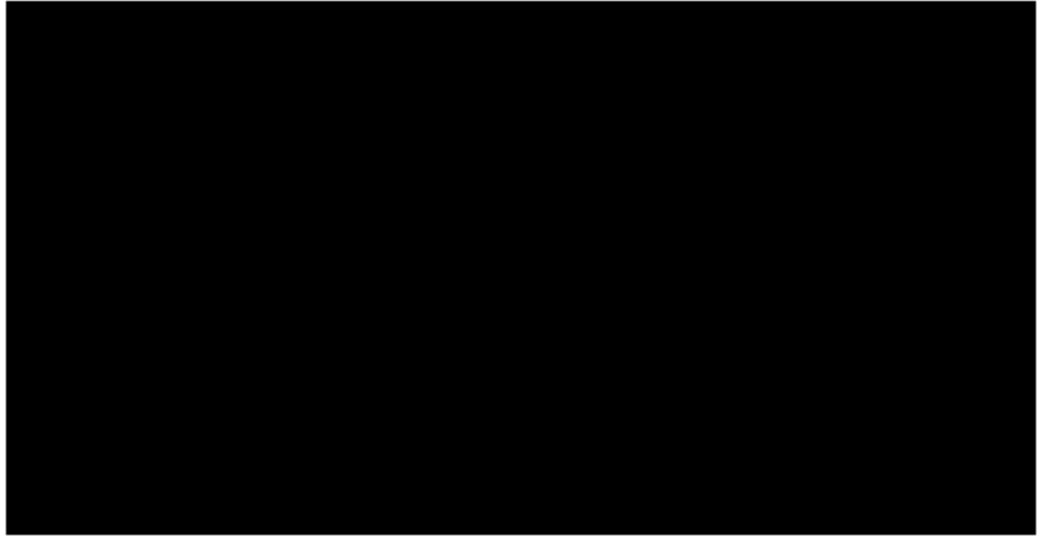
ENGINEER AFFAIRS
SECTION
5 MAR 16 08:40

GRN101

1259140356 BMA



ERS-885-LC1-2126

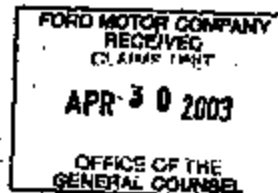


State Farm Insurance Companies



April 22, 2002

Ford Motor Company
Parklane Towers West
Suite 400
3 Parklane Blvd
Dearborn, MI 48126-2568



Claim Office
304 S. Perimeter Park
Nashville, TN 37211-4182
Phone: 615-781-0100

****Certified Mail—Return Receipt Requested****

RE: Claim Number [REDACTED]
Our Insured [REDACTED]
Date of Loss : April 15, 2003
Make, Model and Year of Product: 1997 Ford F150 Pickup
Vehicle Identification Number : 1FTDX1766VN [REDACTED]

Dear Ford Motor Company:

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

State Farm would like to give you an opportunity to inspect the vehicle and give you advance notice of our potential subrogation claim.

Please contact me at (615) 781-5122 to set up a time for your inspection.

Sincerely,

Tom Harvey

Tim Harvey
Claim Representative
State Farm Mutual Automobile Insurance Company

TH/db

4/15/03
- 97 F-158
- VIN

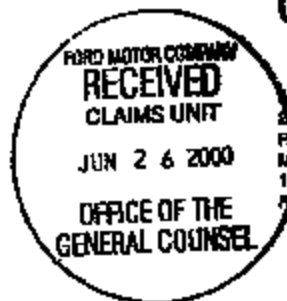


State Farm Insurance Companies



June 21, 2000

Ford Motor Company
Parklane Tower W., Ste 300
Dearborn, MI 48126



Main Subrogation Unit
20 State Farm Drive
P.O. Box 11930
Metairie, Louisiana 71211-1930
1-888-242-6470
TOLL 1-318-582-7813

RE: Our Claim Number: [REDACTED]
Our Insured: [REDACTED]
Date of Loss: March 19, 2000
Amt. State Farm Paid: \$22,938.42
Insured's Deductible: \$250.00

Your Insured: 27 18447
Ford Motor Company
Address: 3 Parklane Blvd, Ste 300
Dearborn, MI 48126

Claim Number:
Policy Number:

Dear Ford Motor Company:

We have been informed that you are the insurance carrier for the party designated as your insured in the above caption.

Our investigation indicates that your insured is responsible for this loss.

Please accept this letter as a notice of our subrogation rights and communicate with us in regard to your position in this matter.

Sincerely,

Linda Foster
Senior Claim Representative
(318) 362-6759

State Farm Mutual Automobile Insurance Company

Enclosure

06.1

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-0001

ENR5-925-LC1-2128

1212-780
Am

MISSISSIPPI COURT REPORTERS DEPT.
OFFICE REPORT

NO. 10-100
DATE: 03/19/00
PAGE: 11

OFFENSE # 02-0271	CLASSIFICATION VIO FIRE	FM AREA/0800 03/19/00	DEPT 30	U.C.R. DESCRIPTION 26 / ALL OTHER-GENERAL INFORMATION
LOCATION OF INCIDENT BLYTHEVILLE, COUNTY BENTON MISS		ZONE D-12	DATE/TIME OCCURRED 03/19/00/09:28	DATE/TIME ARRIVED 03/19/00/09:30
VICTIM [REDACTED]		SEX M	RACE W	HOME ADDRESS [REDACTED]
WITNESS' NAME [REDACTED]		SEX M	RACE W	HOME ADDRESS [REDACTED]
WITNESS' NAME [REDACTED]		SEX M	RACE W	HOME ADDRESS [REDACTED]
VEHICLE [REDACTED]		LICENSE NO. (LIC) [REDACTED]	STATE AR	YEAR 97
TYPE TRUCK		COLOR TAN	OTHER DESCRIPTION OR DAMAGE 485	VEHICLE IDENTIFICATION NO (VIN) [REDACTED]
YEAR 1997		MAKE FORD	MODEL F350	WEIGHT [REDACTED]
SEARCH	GENERAL DESCRIPTION	SERIAL # (SN)	GAUGE	CALIBER
PROPERTY	DESCRIPTION 1997 FORD F350 485	TOTAL VALUE 2800.00		
REPORTING OFFICER 368 - [REDACTED]	RANGE 122	UNIT 122	APPROVING SUPERVISOR 301 - [REDACTED]	
DESCRIPTION GENERAL INFO REPORTS	CHARGE [REDACTED]	COURT	DATE	DISPOSITION
DESCRIPTION	CHARGE	COURT	DATE	DISPOSITION
DESCRIPTION	CHARGE	COURT	DATE	DISPOSITION
DESCRIPTION	CHARGE	COURT	DATE	DISPOSITION
DESCRIPTION	CHARGE	COURT	DATE	DISPOSITION
DESCRIPTION	CHARGE	COURT	DATE	DISPOSITION
DESCRIPTION	CHARGE	COURT	DATE	DISPOSITION
DESCRIPTION	CHARGE	COURT	DATE	DISPOSITION
DESCRIPTION	CHARGE	COURT	DATE	DISPOSITION
DESCRIPTION	CHARGE	COURT	DATE	DISPOSITION
NARRATIVE:				
<p>368 -> DATE: 03/20/2000 TIME: 00:12: ON 03/19/00, WITNESS STATED THAT HE SAW A HOUSE ON FIRE APPROX. ONE (1) MILE FROM THE RESIDENCE HE WAS AT. WITNESS STATED THAT HE TOOK THE VICTIM'S TRUCK TO GO OVER TO THE HOUSE FIRE. AS THE WITNESS ROLLED UP AT THE RESIDENCE THAT WAS ON FIRE, HE GOT OUT OF THE TRUCK AND NOTICED FIRE COMING FROM THE RIGHT BACK PART OF THE HOOD NEXT TO THE WINDSHIELD. THE WITNESS CALLED THE FIRE DEPARTMENT. THE FIRE DEPARTMENT RESPONDED TO THE VEHICLE FIRE. THE TRUCK WAS A TOTAL LOSS BY THE TIME THE FIRE TRUCK GOT THERE. THE WITNESS STATED THAT THEY WERE HAVING NO TROUBLE WITH THE TRUCK. THE VICTIM STATED THAT HE HAS INSURANCE WITH STATE FARM INSURANCE IN BLYTHEVILLE, AR. THE VEHICLE WAS NOT BROKE ANY MORE PRIOR TO BEING DRIVEN APPROX. 1.5 MILES TO THE HOUSE FIRE.</p>				
STATUS	ACTIVE	PENDING	INACTIVE	CLOSED
ASSIGNED TO				DATE
RECORDS ENTRIES HAVE BEEN MADE BY	DATE	ALL ITEMS HAVE BEEN CLEARED FROM RECORDS BY		DATE
OFFICER SIGNATURE				

MAR 20 2000

NARRATIVE, ADDITIONAL PAGE(S): 80-0271 - VICTIM: NIXE, CLAYTON

TYPE: WITNESS
NAME: [REDACTED] S.S.N.#: [REDACTED]
ADDRESS: [REDACTED] DATE OF BIRTH: [REDACTED]
CITY/STATE/ZIPCODE: BLYTHEVILLE, AR. (PHONE:
RACE: C SEX: M HEIGHT: WEIGHT: EYES: HAIR: BRN
FEATURES:
CLOTHING:
EMPLOYER/JOB: MISSISSIPPI CO SO / JAILOR
WORK PHONE: D.L. NUMBER / STATE: /

OFFICER SIGNATURE

Photo for: 04-1212-730



8005-005-101-2131

A 1673001 11/18 10-5 1-5 949 1991 100N, 0, 107 1009 Police Sheriff No Agency WFRS-1 State

B Location Check this box to indicate that the address for this incident is provided on the Incident File Worksheet in Section II "Alternative Location Specifications". Use only for Wildland fires.

Street address: _____
 Intersection: _____
 In front of: _____
 Rear of: _____
 Adjacent to: _____
 Directions: _____

City: Bly + Louisville State: 11/18

C Incident Type 150 Auto Fire

D Aid Given or Received

1 Mutual aid received
 2 Automatic aid received
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 6 None

E1 Dates & Times

Month Day Year Hour Min
 Alarm 10 15 2100N 19 35
 Arrival 19 35
 Control _____
 Last Unit Cleared _____

E2 Shifts & Alarms

Shift or Alarm 10 15 19 35

E3 Special Studies

F Actions Taken 111 Extinguish

G1 Resources

Apparatus Personnel _____
 Suppression 19 35 10 35
 EMS _____
 Other _____

G2 Estimated Dollar Damages & Values

LOST: _____
 Property \$ _____
 Contents \$ _____
 PRE-INCIDENT VALUE: _____
 Property \$ _____
 Contents \$ _____

Completed Modules

Fire-1
 Fire-2
 Fire-3
 Fire-4
 Fire-5
 Fire-6
 Fire-7
 Fire-8
 Fire-9
 Fire-10
 Fire-11

H1 Casualties None

Deaths _____ Injuries _____
 Fire Service _____
 Civilian _____

H2 Detector

Detector started operating
 Detector did not start
 Detector _____

H3 Hazardous Materials Release

None
 1 Natural gas: odor leak, no venting or health actions
 2 Propane gas: <21 lb. tank (as in home GSO g#8)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel heating equipment or portable storage
 5 Oil: household oil: vehicle fuel tank or portable storage
 6 Household solvents: household use, mostly dry
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling <50 gallons
 9 Other: Special HazMat action required or spill > 50 gal.
 Please specify the HazMat type: _____

Mixed Use Property

Not relevant
 Assembly use
 Educational use
 Medical use
 Residential use
 Day of care
 Religious use
 Schools & residential
 Office use
 Industrial use
 Military use
 Farm use
 Other mixed use

I Property Use

Structures

131 Church, place of worship
 164 Entertainment establishment
 167 Bar/ Tavern or nightclub
 213 Elementary school or kindergarten
 235 High school or junior high
 241 College, adult ed.
 311 Care facility for the aged
 331 Hospital

Other

126 Playground for park
 653 Open land/field
 689 Forest (timberland)
 807 Outdoor storage area
 819 Dump or sanitary landfill
 831 Open land or field

341 Clinic, clinic-type infirmary
 342 Doctor/dentist office
 381 Prison or jail, not juvenile
 418 1 or 2 family dwelling
 428 Multi-family dwelling
 433 Rooming/borndling house
 445 Commercial hotel or motel
 488 Residential, board and care
 489 Dormitory/boarding
 519 Food and beverage sales

538 Vacant lot
 548 Graded land for plot of land
 549 Lawn, river, stream
 604 Railroad right of way
 606 Other utility
 607 Highway/interstate highway
 608 Residential street/utility

539 Household goods, sales, repairs
 578 Motor vehicle/body sales/repairs
 571 Gas or service station
 599 Business office
 615 Electric generating plant
 626 Laboratory/science lab
 700 Manufacturing plant
 618 Livestock/poultry storage (farm)
 602 Non-maintenance parking garage
 681 Warehouse

664 Construction site
 666 Industrial plant yard

Lock up and return to Property Use code only if you have NOT checked a Property Use box.

Property Use _____

Complete this slide for all fires

A ZIP 43103 State OH Incident Date 10/3/09 Station 10000102 Incident Number 443 Expires 10/3/09 Date Change MPF07-2 Fire

B Property Details

B1 1 Not Residential
 Scheduled number of residential buildings with building of construction or not at all, based on report

B2 1 Multiple residential
 Number of buildings involved

B3 1 None Less than one acre
 Acres involved (outside fire)

C On-Site Materials or Products None
 Enter up to three codes. Check one box for each code entered.

1 Bulk storage or manufacturing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

1 Bulk storage or manufacturing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

1 Bulk storage or manufacturing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

D Ignition

D1 831 Engine BNA
 Area of the site

D2 64 unknown
 Heat source

D3 1041 unknown
 Area first struck

D4 1
 Type of material involved

Check box if fire caused via spark to object of sight

E1 Cause of Ignition Check box if fire is an arson report

1 Intentional
 2 Unintentional
 3 Failure of equipment or heat source
 4 Act of nature
 5 Cause under investigation
 U Cause undetermined after investigation

E2 Factors Contributing To Ignition None

1 Factor contributing to ignition (1)
 2 Factor contributing to ignition (2)

E3 Human Factors Contributing To Ignition None

Check all applicable events

1 Asleep
 2 Possibly impaired by alcohol or drugs
 3 Unattended person
 4 Possibly mentally disabled
 5 Physically disabled
 6 Multiple persons involved
 7 Age was a factor

Estimated age of person involved 1

1 Male 2 Female

F1 Equipment Involved in Ignition None → If equipment was not involved, skip to Section G

F2 Equipment Power
 Equipment Power Source

F3 Equipment Portability

1 Portable
 2 Stationary

Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.

G Fire Suppression Factors None

Enter up to three codes.

1 Fire suppression factor (1)
 2 Fire suppression factor (2)
 3 Fire suppression factor (3)

H1 Mobile Property Involved None

1 Not involved in ignition, but involved
 2 Involved in ignition, but did not burn
 3 Involved in ignition and burned

H2 Mobile Property Type & Make

331 Truck
 Mobile property type

101 Ford
 Make of property make

F150 1699
 Vehicle property number Year

Local Use: Pre-Fire Plan Available

None of the information presented in this report may be used upon request from other agencies.

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached

MPF07-2 Station provided

K1 Person/Entity Involved
 Last Name: [Redacted] First Name: [Redacted]
 Title: [Redacted]
 Address: [Redacted]
 City: [Redacted] State: [Redacted] Zip: [Redacted]
 Phone: [Redacted]
 Fax: [Redacted]
 E-mail: [Redacted]

Check this box if you are address of incident location. If not, check the box and provide address from.

More people involved? Check this box and attach Supplemental Forms (SFPS-18) as necessary.

K2 Owner
 Last Name: [Redacted] First Name: [Redacted]
 Title: [Redacted]
 Address: [Redacted]
 City: [Redacted] State: [Redacted] Zip: [Redacted]
 Phone: [Redacted]
 Fax: [Redacted]
 E-mail: [Redacted]

Check this box if you are address of incident location. If not, check the box and provide address from.

Business or government? When checked, the incident type is that of this location.

L Receiver
 Last Name: [Redacted] First Name: [Redacted]
 Title: [Redacted]
 Address: [Redacted]
 City: [Redacted] State: [Redacted] Zip: [Redacted]
 Phone: [Redacted]
 Fax: [Redacted]
 E-mail: [Redacted]

Fire Module Required
 Check the box that applies and then complete the additional Fire mod. based on incident type as follows:

<input type="checkbox"/> Building 111	Complete Fire & Structure
<input type="checkbox"/> Special structure 112	Complete Fire Mod. & the 1
<input type="checkbox"/> Confined 113-115	Complete Fire Mod. & the 1
<input type="checkbox"/> Mobile Property 120-122	Complete Fire Mod. & the 1
<input type="checkbox"/> Vehicle 123-125	Complete Fire Mod. & the 1
<input type="checkbox"/> Warehouse 140-143	Complete Fire Mod. & the 1
<input type="checkbox"/> Outside building 144-155	Complete Fire Mod. & the 1
<input type="checkbox"/> Special structure 156-158	Complete Fire Mod. & the 1
<input type="checkbox"/> Drop Box 170-173	Complete Fire Mod. & the 1

ITEMS WITH A ★ MUST ALWAYS BE COMPLETED

More records? Check this box and attach Supplemental Forms (SFPS-18) as necessary.

M Authorization
 Name: [Redacted] Title: [Redacted]
 Address: [Redacted] City: [Redacted] State: [Redacted] Zip: [Redacted]
 Phone: [Redacted] Fax: [Redacted] E-mail: [Redacted]





Randy S. Young
Claims Representative

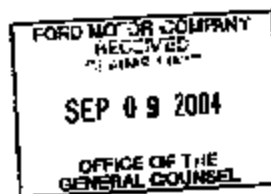
August 31, 2004

P.O. Box 070480
Milwaukee, WI 53207
Office: 414-451-1470
Toll Free: 800-801-9580
FAX: 414-451-1488
E-mail: ryoung@ruralins.com

4 SEP-7 11:12

FORD MOTOR CO.
ATTN: CONSUMER AFFAIRS
PO BOX 6248MD-3NE-B
DEARBORN MI 48126

Our Insured [REDACTED]
Our Claim No. [REDACTED]
VIN No. : 1FTRW08DXX2 [REDACTED]
Mileage : 35,357
Date of Incident : August 18, 2004



Dear Consumer Affairs:

Our insured has made a claim for damages resulting from the above-captioned matter. Our investigation shows that our insured vehicle had an engine fire and that the cause and origin appears to be a warranty issue.

Once we have settled our insured's claim for damages we will be looking to for reimbursement under our insured's policy subrogation provision.

Please contact me as soon as possible at (800) 801-9580. I will be holding the vehicle in a secure lot so that it may be inspected by your company.

Sincerely,

Randy Young
Field Claim Representative





ENCOMPASS.
INSURANCE

Formerly known as CNA Personal Services

encompassinsurance.com

P.O. Box 916, Brick, NJ 08723

Victoria A. Twidale

Claims Specialist

Telephone

(864) 328-6361

Facsimile

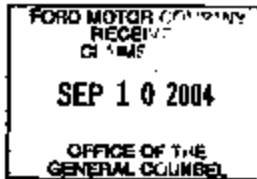
(372) 310-1887

Internet

Victoria.Twidale@encompassins.com

September 3, 2004

FORD MOTOR COMPANY
PARK LANE TOWERS WEST, SUITE 3
3 PARK LANE BOULEVARD
DEARBORNE MI 48128-2568



Claim Number: [REDACTED]
Date of Loss: 08/19/2004
Location of Loss: New Brunswick, NJ
Involved Party: Ford Motor Company
Our Insured: [REDACTED]
Insuring Company: Commercial-Newark, NJ

To whom it may concern:

We represent Commercial-Newark, NJ and have been presented with a claim from our policyholder as a result of the above referenced loss.

Our investigation indicates that you may be responsible for the loss.

If we are called upon to make payment on this claim we will look to you or your insurance company for reimbursement of our damages. If you are insured, we suggest you immediately inform your insurance company about this letter and send a copy to them so that you don't jeopardize any coverage you might have. In addition, please complete the attached form and forward it to us in the enclosed, postage-paid envelope

If you are not insured, please sign the attached form and call our office immediately to discuss this loss.

Thank you for your attention to this request.

Sincerely,

Victoria A. Twidale

CC:

Enc: Coverage Questionnaire

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.



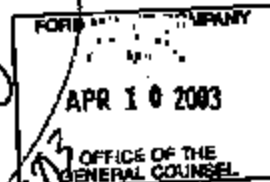
Allstate Insurance Company
Roanoke National Subrogation Claims Center
PO Box 21158
3600 Electric Road, Suite 301
Roanoke, VA 24019
Bus: 540-969-2800



April 7, 2003

Ford Motor Company
3 Parklane Blvd., Ste. 309
Dearborn, MI 48126

Frank
(570) 989-2680
776-3803



RE: Claim # [REDACTED]
Date of Loss: 8/13/02
Our Insured: [REDACTED]
Amt. of Loss: \$17548.70

Dear Claims Department:

On the above date of loss, our insured sustained a loss as a result of a defective product. Your company has been identified as the manufacturer of that product. Please review the information below and report this to your insurance carrier, unless you are self-insured. Our insured suffered damage to their home due to a vehicle fire at their neighbor's home. You have already been put on notice of the neighbor's claim. The neighbor is Francisco Trejo. I am forwarding this claim also for your review.

We have paid our insured for their loss and are looking to you for reimbursement. Should you or your carrier need more information, please call or write me. Inspection of the product may be done where the product is currently located, unless other arrangements are made. Please remit payment to: Allstate Payment Processing Center, P.O. Box 227257, Dallas, TX 75222-7257. Please include our claim number on the check for proper processing.

Product Failure/Loss Description:

Product Type: 1967 Ford F150
Model #: F150

Enclosed Information:

- | | |
|--|---|
| <input type="checkbox"/> Purchase Receipt | <input type="checkbox"/> Service/Installation Orders |
| <input type="checkbox"/> Photos of Damages | <input checked="" type="checkbox"/> Damages Estimates |
| <input type="checkbox"/> Photos of Product | <input checked="" type="checkbox"/> Copies of Allstate Checks |
| <input type="checkbox"/> Proof of Loss | <input checked="" type="checkbox"/> Fire report |

Thank you,
Judy Weddle
Judith M. Weddle, SCLA
Allstate Insurance Company
800-776-2615 X818

#17,548.70 - Dwelling damaged
Trejo
L-related

FIRE INVESTIGATION REPORT

DALLAS FIRE DEPARTMENT
Arise and Fire Investigation

1014 Main Street, Room 904
Dallas, Texas 75201

Phone Number: (214) 670-1311
Fax Number: (214) 670-1650

2-11

Date: 8-12-2002 Title of Alarm: 23:45 District/Shift: 3-B Map/Sec: 46F

Incident Number: 071925 Investigator/Employee Number: Baker 07057

Address: [REDACTED]

Apartment / Suite Number: _____ Exposure: _____ Same Building: _____

Business Name: [REDACTED]

Property Owner: [REDACTED] Rep: TREJO, OFELIA

Occupant: N/A Rep: _____

Type of Incident		Description of Incident	
Structure <input type="checkbox"/>			
Non-Structure <input type="checkbox"/>			
Criminal Attempt <input type="checkbox"/>		Terroristic Threat <input type="checkbox"/>	
		False Alarm <input type="checkbox"/>	
Injury <input type="checkbox"/>		Death <input type="checkbox"/>	
Multiple Alarm	3-11 <u>23:54</u> 3-11 4-11 5-11 6-11 7-11 8-11 9-11 10-11 11-11 12-11	On Top <u>0119</u>	
Vehicle <input type="checkbox"/>	Year <u>1997</u> Make <u>FORD</u> Model <u>F150</u> VIN <u>1FTDX766NR</u>		
Cause: <u>ELECTRICAL MALFUNCTION - ENGINE COMPARTMENT</u>			

Fire Loss Information

	Building (Vehicle)	Contents
Loss Estimate	*7750	800
Estimated Value	7800	800
Insurance Coverage	} ALLSTATE	}
Insurance Company		
Policy Number / Date		
Adjuster's Loss Estimate		
Company Adjuster		
Public Adjuster		
Insurance Agent		

Assigned DFD 304 Reviewed Entered Completed Sup Review JLJ 9-2-02

DFD 304 (Revised 1/99)

FIRE INVESTIGATION REPORT

DALLAS FIRE DEPARTMENT Arson and Fire Investigation

2014 Main Street, Room 904
Dallas, Texas 75201

2-11

Phone Number: (214) 670-4312
Fax Number: (214) 670-4650

Date: 8-12-2002 Time of Alarm: 23:45 District/Shift: 3-B Mapco: 46F

Incident Number: 071925 Investigator/Employee Number: _____

Address: _____

Apartment / Suite Number: _____ Exposure: 04 Same Building: _____

Business Name: _____

Property Owner: _____ Rep: COMPAGNA ASSOC.

Occupant: _____ Rep: _____

Type of Incidence	Description of Incidence
Structure <input checked="" type="checkbox"/>	<u>1-0-BE-DWL</u>
Non-Structure <input type="checkbox"/>	
Criminal Attempt <input type="checkbox"/>	Terroristic Threat <input type="checkbox"/> False Alarm <input type="checkbox"/>
Injury <input type="checkbox"/>	Death <input type="checkbox"/>
Multiple Alarm	1-11 3-11 4-11 5-11 6-11 7-11 Out Top
Vehicle <input type="checkbox"/>	Year Make Model Street Name Number Vin
Cause	<u>EXPOSURE</u>

Fire Loss Information

	(Building / Vehicle)	Contents
Loss Estimate	<u>59,000</u>	<u>5000</u>
Estimated Value	<u>80,000</u>	<u>15000</u>
Insurance Coverage	<u>87,900</u>	
Insurance Company	<u>REPUBLIC</u>	<u>ALLSTATE</u>
Policy Number / Date	<u>3469114</u>	
Adjuster's Loss Estimate	<u>59,000</u>	
Company Adjuster		
Public Adjuster		
Insurance Agent		

Assigned DFD 300 Reviewed Entered Completed Sup. Review JLJC

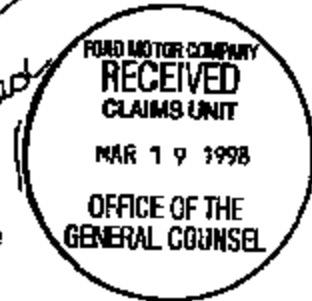
DFD 300 (Revised 6/97)

E905-008-1C1-2138



March 10, 1998

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Blvd.
Dearborn, Michigan 48126-2568



RE: Total Loss of 1997 Ford F150 Pickup Due to Fire
Date of Loss - November 21, 1997

TO WHOM IT MAY CONCERN:

The events surrounding the fire of my vehicle were that I had driven the pickup from my residence at [REDACTED] Cloudcroft, New Mexico, to my brother-in-law's residence on Kiata Road, Tularosa, New Mexico, a distance of approximately 25 miles. I had parked the pickup next to my brother-in-law's house, went inside to visit, and approximately 15 minutes later, my nephew came running into the house declaring that my pickup was on fire.

No tune-up had been done on the vehicle as the pickup was under warranty and the suggested mileage for a tune-up had not been reached. An oil change had been done in July, 1997, at a Walmart in Corpus Christi, Texas.

No modifications or after market additions had been made to the vehicle.

Sincerely,

Virgil Wilkins

Virgil Wilkins

31-1236-895

TUE JAN 27-88 7:09AM

LA LUZ FIRE DEPARTMENT

585 434 2300

P. 02

ALERT AL NOV 97 TYPE ALARM RECEIVED: 1410 ESTIMATED BURNED LOSS: \$26,000

DECK: Fire NO. FIRE

TURNED TO HEAVEN: 1530 LOCATED/NUMBER: 100

CITY: Channahon COUNTY: DeWitt

TYPE OF LOSS: OTHER

CONNECTIONS: NO CLEAN CLOSET HIBBY D-DRY OTHER - SPECIFY:

TYPE OF LOSS: OTHER

1 DAMAGE: 2-5 94 AUTOMOBILE 01 OTHER 23 OTHER 23 HAZARDOUS MATERIAL

2 TRASH: 03 STRUCTURE 04 FALSE ALARM 11 FIRE/FLAME 24 GOVERNMENT

3 LOSS: 04 CONTROLLED BURN 07 WORK 12 INHABIT PUBLIC 24 COMMERCIAL

DATE: 1997 Ford E-150 Van # 125-2 JHR MATERIAL INVOLVED: Vehicle and

TYPE OF IGNITION: 26 IGNITION DEFENSE

1 Cigar, Cigarette, Pipe

2 Other Smoking Material

3 Holding/Hot Torch

4 Candle

5 Match

6 Lighter

7 Backfire from Engine

8 Other open flame

9 Burning without source

10 HOT OBJECT

11 Friction

12 Hot ember or ash

13 Molting

14 Other heat source

15 SPONTANEOUS

16 Explosive

17 Pyrotech

18 INCENDIARY DEVICE

19 OTHER SOURCE

20 Lightning Strike

21 Spontaneous Combustion

22 Direct flame or connection currents

23 Radiated heat

24 Flying brands

25 Contacted heat

26 Control Unit

27 Motor Master

28 Hot stove

29 Fireplace

30 Glass Lines/Heat Pipe

31 Stove top

32 Area

33 Access Road or Deck

34 CONTAMINATED EQUIPMENT

35 Control Unit

36 Window Unit

37 Auto Cooling Device

38 Refrigeration Unit

39 Cord/Plug

40 Fixtures/Switch

41 Flame Wiring

42 TV, Radio, Telephone

43 Iron

44 Other Appliances

45 Fan Box

46 Other Electrical

47 POWER TO CONTROL OPEN FINE

48 FUEL SPILLED ACCIDENTALLY

49 FLAMMABLE LIQUIDS USED TO START FIRE

50 CHILDREN PLAYING

51 CLOSET PLACED TOO CLOSE TO HEAT

52 CLOSET STORAGE OF

53 GENERAL STORAGE

54 CLOSET

55 GARAGE (resale)

56 TRUCK

57 GAS STATION

58 FUEL INSTITUTION

59 MOBILE HOME

60 RESTAURANT

61 ELEMENTARY SCHOOL

62 HIGH SCHOOL

63 HIGH SCHOOL

64 OTHER SCHOOL

65 BARN

66 OTHER

67 OTHER

68 OTHER

69 OTHER

01 SWIRLCL. SYSTEM 03 EXTENSIBLES 05 SMOKE DETECTOR
 02 STAIRWYE 04 ALARM SYSTEM 06 HEAT DETECTOR
 07 OTHER

- AREA OF ORIGIN
 01 KITCHEN 04 HED 07 LAUNDRY ROOM 10 ATTIC
 02 SITTING ROOM 05 BATHROOM 08 CLOSET 11 PORCH/PORCH
 03 LIVING ROOM 06 BATHROOM 09 GARAGE 12 UNIDENTIFIED

- TYPE OF MATERIAL INVOLVED
 01 CARPETING 03 CHEMICALS 07 RUBBER, LEATHER, ETC. 13 PAPER, CARDBOARD
 02 LIQUID FLAMMABLES 04 PAINT, VARNISH 08 RUBBER 14 OTHER
 03 FAT OR OIL 05 PLASTIC 09 FIBER 15 FIBER
 04 METAL 06 WOOD 12 FABRIC, FUR, ETC.

- EXTENT OF FLAME DAMAGE
 01 CONFINED TO OBJECT OF ORIGIN 03 CONFINED TO ROOM OF ORIGIN 05 EXTENDED BEYOND WALLS OF ROOM
 02 CONFINED TO AREA OF ORIGIN 04 CONFINED TO DISTANCE OF ORIGIN

- NUMBER OF INJURED - NUMBER OF DEATHS
 01 FRAIGHTENED 02 CIVILIAN 01 PERSONS INJURED 02 CIVILIAN

- IMP. COMMENTS: *Damage to part of a mobile home where the vehicle is parked.*

- EQUIPMENT USED TO RESPOND TO INCIDENT: 411 412 430 431 439

- NAME RESPONDING TO INCIDENT:

EX. CARL ARNOLD MILTON CHRISTNUT BECKY BRIDGEMAN WAYNE GLEDDEN CHRIS GLEDDEN RYAN GLEDDEN FRED HILBERT MIKE HILBERT	ATT.	EX. WAYNE LEWIS ERIC SATTELBERG LAVONN SATTELBERG CAROLYN MARSHALL RONNIE MARSHALL MATT HIX TIM SCOTT	ATT.	EX. JASON BOSSER RICK PETTYBONE <i>Bill Abernethy</i> <i>Ray Silva</i> <i>Dick Smith</i>
--	------	---	------	--

- WHEN FROM COMPLETE BY: *Silva*

TOTAL P. 02

01/27/98 08:13 TX/RX NO. 3009 P. 002



VEHICLE INSPECTION REPORT / TOTAL LOSS SETTLEMENT REPORT

Claim #	Claim Representative	Claim Unit
Owner	Phone Number	FAX Number
Insured	Loss Code	Date of Loss
Location	Phone Number	Towing \$
Cause of Loss	Storage \$	Per Day

VEHICLE DESCRIPTION

Year	Make	Model	Series	Bodystyle	License Plate Number	Expiration Date	State
97	Ford	F150	P10	Xcab		1/1	NY
VIN	1FTDX1862VK				Color	Exterior	Interior
					Green		White

Engines: Gas Diesel Turbo Trans: Auto (3-4) STD. (3-4-5-6) 4 WD

EQUIPMENT/ACCESSORIES

SEATS	STEERING	BRAKES	ROOF	GLASS	WHEELS
<input type="checkbox"/> Power	<input checked="" type="checkbox"/> Power	<input checked="" type="checkbox"/> Power	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Tinted (OEM/Non-OEM)	<input type="checkbox"/> Standard
<input type="checkbox"/> Split	<input checked="" type="checkbox"/> Tilt	<input type="checkbox"/> 4 Wheel Disc	<input type="checkbox"/> Sun (Power/Manual)	<input type="checkbox"/> Shaded	<input checked="" type="checkbox"/> Aluminum Alloy (OEM/Non-OEM)
<input type="checkbox"/> Bucket	<input type="checkbox"/> 4 Wheel Steering	<input type="checkbox"/> ABS	<input type="checkbox"/> T-Top	<input type="checkbox"/> Heated (Frt./Rear)	<input type="checkbox"/> Chrome
<input checked="" type="checkbox"/> Cloth	<input type="checkbox"/> Telescoping		<input type="checkbox"/> Convertible (Power/Manual)	<input type="checkbox"/> Heads-Up Display	<input type="checkbox"/> Wire
<input type="checkbox"/> Vinyl			<input type="checkbox"/> Luggage Rack	<input type="checkbox"/> Power Windows	<input type="checkbox"/> Full Wheel Cover (Wire)
<input type="checkbox"/> Leather				<input type="checkbox"/> Rear Glass Wiper	<input type="checkbox"/> Hub Caps
<input type="checkbox"/> Heated					
<input type="checkbox"/> Lumber Adj.					

Req 2011550 -REV-

RADIO: OEM Non-OEM Brand AM-FM Stereo Tape Deck Amplifier Equalizer CD Player Power Antenna

CD: OEM Non-OEM Brand

CELLULAR PHONE: OEM Non-OEM Brand

OTHER INTERIOR	OTHER EXTERIOR	PERSONAL - EQUIPMENT/ACCESSORIES
<input checked="" type="checkbox"/> Power Lock	<input checked="" type="checkbox"/> Power Mirrors (OEM/Non-OEM)	<input type="checkbox"/> Wheel
<input type="checkbox"/> Trunk Release	<input type="checkbox"/> Special Mtds.	<input type="checkbox"/> Tool Box
<input type="checkbox"/> Air Bag	<input type="checkbox"/> Ground Effects	<input type="checkbox"/> Bed Liner
<input type="checkbox"/> Floor AC	<input type="checkbox"/> Luggage Rack	<input type="checkbox"/> Roll Bar
<input type="checkbox"/> Digital Dash	<input type="checkbox"/> Spoiler	<input type="checkbox"/> Light Bar
<input type="checkbox"/> Driver Seat	<input type="checkbox"/> Trailer Hitch	<input type="checkbox"/> Grille Guards
<input type="checkbox"/> Pass. Seat	<input type="checkbox"/> Theft Alarm	<input type="checkbox"/> Backup Cam
<input type="checkbox"/> Captain Chairs		<input type="checkbox"/> Fog Lights
<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6		<input type="checkbox"/> Trailer Tow Pkg
		<input checked="" type="checkbox"/> Camperv Shell

Paint: Original Repaint (++) \$ Pinstripes/Graphics 2-Tone Custom Wood Grain

Motorcycles: Fairing (Full) Fairing (Handle Bar) Luggage Carrier Saddle Bags Handbars Side Car Crash Bars

Use this space to explain or describe Equipment/Accessories listed above and/or list and describe additional Equipment/Accessories.

Aftermarket installation of auxiliary electrical No how long to install

PRE-LOSS CONDITION

INTERIOR:	<i>(Explain if other than average condition for year, make and model vehicle)</i>	Above Avg.	Avg.	Below Avg.
Seats:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carpets:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dash:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Headliner:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXTERIOR:	<i>(Explain if other than average condition for year, make and model vehicle)</i>			
Sheet Metal:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Paint:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trim:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MECHANICAL:	<i>(Explain if other than average condition for year, make and model vehicle)</i>			
Engine:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PRIOR DAMAGE: Yes No Prior Damage Estimate Written: Yes No Amount \$ _____ Damage Location: F - S - R - A

OVERALL CONDITION: Above Avg. Avg. Below Avg. Inspected by: Pat Green DATE: 11-25-97

Salvage will use: Refinish Sell for parts Scraped

TOTAL LOSS SETTLEMENT

Method used to determine base price: (Check one) Computerized Evaluation Comparable Vehicles Book Value

Name of Vendor: Outsource Evaluation Amount \$ 21800

Did you pay the computerized evaluation amount? Yes No If No, explain: removed deduction for no sliding rear window - 3/4 had 22385 the sliding window - 1400 allowance on shell + \$100 on running boards Adjusted Amount \$ 20985

1.	Source & Telephone Number	Quote By	Date	Make & Model	Available		Selling/Sold Price
					YES	NO	
<input checked="" type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Circle vehicle number(s) used to determine base price: (1. 2. 3.) Explain any adjustments for difference in mileage, equipment, condition, prior damage, etc.: _____

Adjusted Amount \$ _____

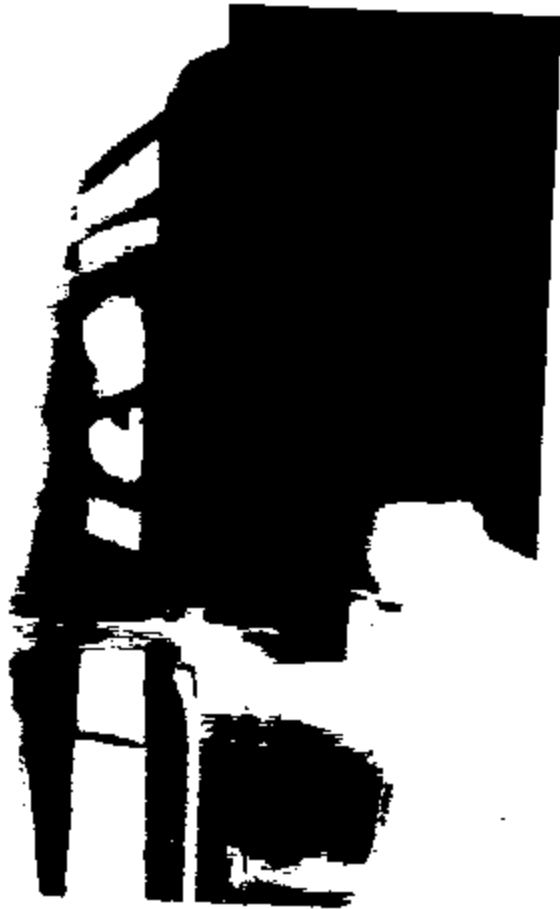
Book(s) used: _____ Base Book Price \$ _____

List additions or deductions for equipment, mileage, etc. and prior damage: _____

Adjusted Amount \$ _____

Did you pay this amount? Yes No If No, explain: _____

Base Price	\$ 22,385	SALVAGE DISPOSITION	Name of Purchaser <u>DULANEY'S</u>
Tax	+ 671.53		
Fees	+ 32.00	Date Sold	Result:
Actual Cash Value	= 23,089.00	Date Possession Received	
Owner Retained Salvage	-	High Salvage Bid	\$ _____
Deductible	- 50	Towing Expense	
Insider Payoff	- 0 -	Storage Expense	
Amount Paid Owner	\$ 23,039.00	Miscellaneous Expense	
Date Settled	11/26/97	Net Salvage Return	\$ _____
CLAIMANT SIGNATURE		Date	



EA95-085-LC1-2145







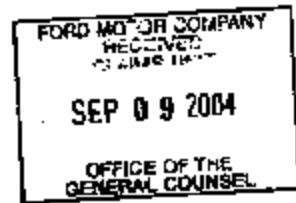
Randy S. Young
Claims Representative

August 31, 2004

P.O. Box 070460
Milwaukee, WI 53207
Office: 414-481-1470
Toll Free: 800-601-9580
FAX: 414-481-1458
E-mail: ryoung@ruralins.com

4 SEP -7 P1:12

FORD MOTOR CO.
ATTN: CONSUMER AFFAIRS
PO BOX 6248MD-3NE-B
DEERBORN MI 48126



Our Insured [REDACTED]
Our Claim No. [REDACTED]
VIN No. : 1FTRW08LX2 [REDACTED]
Mileage : 35,357
Date of Incident : August 18, 2004

Dear Consumer Affairs:

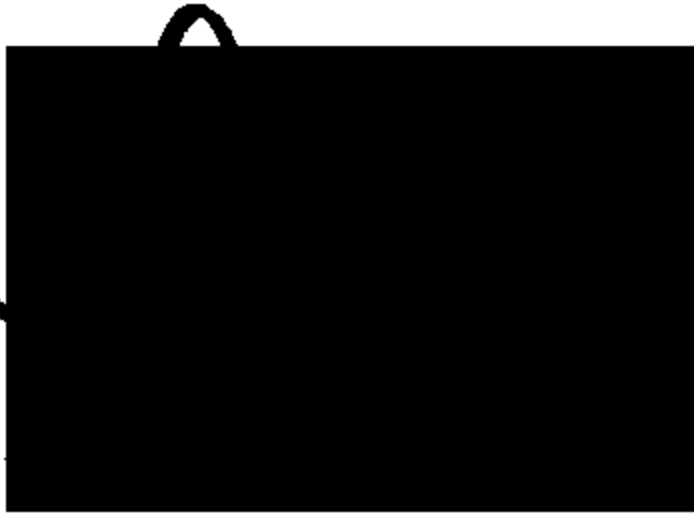
Our insured has made a claim for damages resulting from the above-captioned matter. Our investigation shows that our insured vehicle had an engine fire and that the cause and origin appears to be a warranty issue.

Once we have settled our insured's claim for damages we will be looking to for reimbursement under our insured's policy subrogation provision.

Please contact me as soon as possible at (800) 801-9580. I will be holding the vehicle in a secure lot so that it may be inspected by your company.

Sincerely,

Randy Young
Field Claim Representative



2004 JUN 8 10:00 AM
LAW OFFICES OF
**SHUMSKY
AND
BACKMAN**

MAILING ADDRESS - PO BOX 34021 - PORTLAND - OREGON - 97231-0211
EMAIL - GEORGE@SHUMSKY-BACKMAN.COM
WWW.SHUMSKY-BACKMAN.COM

Oregon Office
1601 SW Fifth Ave - Suite 2100
Portland - OR - 97264
Phone - (503) 231-4329
Toll Free Fax - (877) 221-2171

Washington Office
St. Johns Professional Center
3611 St. Johns Blvd
Vancouver - WA - 98661
Phone - (360) 891-8441
Fax - (360) 891-1114

George M. Shumsky
Licensed in Oregon and Washington

June 4, 2004

Legal Department
Purrfect Auto Service
5140 South Maryland Parkway
Las Vegas, NV 89119

Shawn L. Norton
Claims Analyst
Ford Motor Company
Parklane Towers West, Suite 300
Three Parklane Blvd.
Dearborn, MI 48126-2568



Re: Insured : [REDACTED]
Claim No. : [REDACTED]
Date of Loss : 05/26/04
Our File No. : 282-47

Dear Interested Parties:

Our office has been retained by Encompass Insurance to evaluate subrogation relative to the above claim. The above claim occurred as a result of a fire, which originated in the driver's side engine compartment of the Port's 1997 Ford Expedition, VIN #1FMEU1765V1 [REDACTED]. The vehicle fire also caused damage to the Port residence.

An initial examination by Encompass Insurance's fire investigator suggests that the fire may have been caused by an electrical failure. The investigation into the cause of the fire is continuing, and Encompass Insurance plans to perform an invasive examination of the vehicle, which will likely be destructive. The purpose of the invasive examination will be to assist in the determination of the cause of the fire. This examination has been scheduled for June 23, 2004 at 10:00 a.m. at the Copart Salvage Yard, 4810 North Lamb, Las Vegas, Nevada. Your company, and/or designated representative are invited to attend and participate in the examination. If you want to attend the examination, please advise the undersigned of your intention to do so.

- 1997 EXP
- VIN

- WBS - 10/6/96
- NO ESP

Purfect Auto Service
Ford Motor Company
June 4, 2004
Page 2

Purfect Auto Service has been invited to attend the examination as a result of service work, which was performed on the vehicle, thirteen days prior to the fire. At the present time, our fire investigator is unable to rule out the service work as a potential cause of the fire. I have enclosed the invoice for the service work.

Thank you, and I look forward to hearing from each of you regarding your attendance at the vehicle examination.

Very Truly Yours,


George M. Shumsky

GMS:ks
Enclosure

cc: Encompass Insurance Company
Attn: Steve Potter
cc: Associated Fire Consultants
Attn: Robert Dwyer

EMC-008-LC1-2140



State Farm Insurance Companies

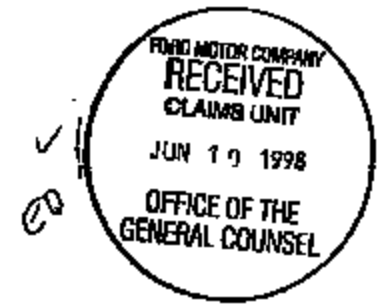


P. O. Box 789019
Dallas, TX 75278-9019

May 30, 1998

FORD MOTOR CO.
DOUGLASS LAMPE
PARKLANE TOWERS WEST SUITE 400
DEARBORN, MI 48126

RE: Claim Number: [REDACTED]
Date of Loss: March 13, 1998
Our Insured: [REDACTED]
Make/Model/Year: FORD F150 BU 1997
VIN: 1FTDX1724V [REDACTED]



Dear MR. LAMPE:

This vehicle was insured by State Farm and involved in a engine fire loss. The claim settled for \$19,470.93, which includes our insured's deductible.

Our investigation reveals the cause of loss was due to engine fire.

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.

We look forward to hearing from you.

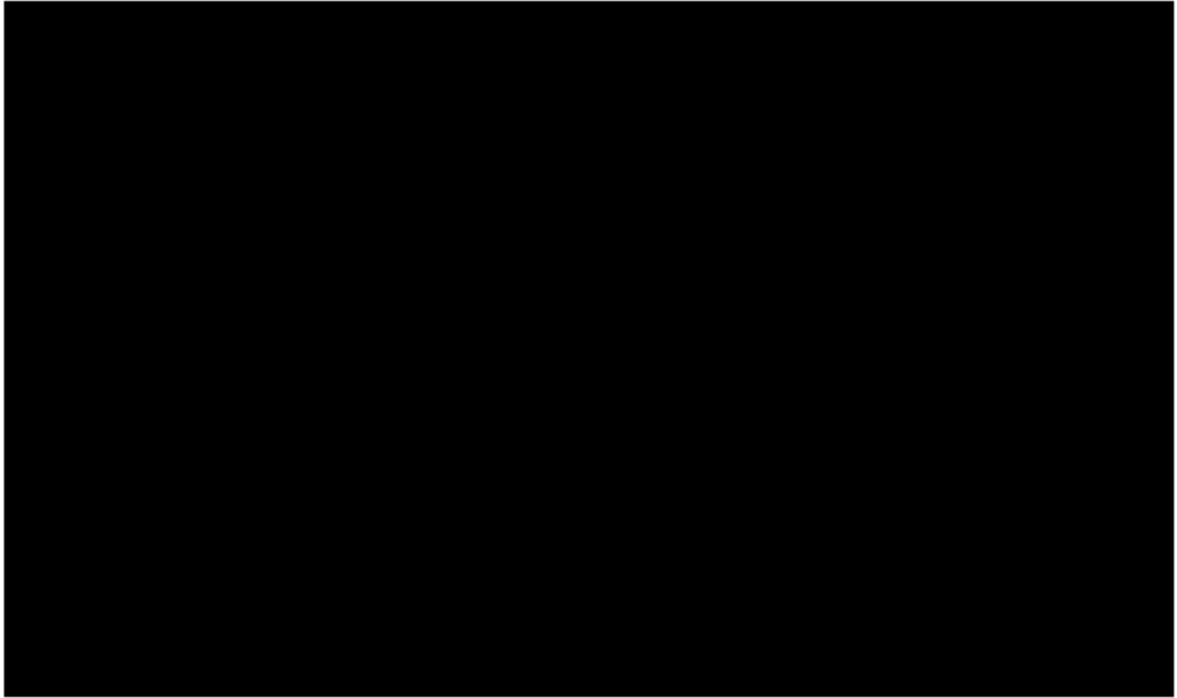
Sincerely,

Pamela S. Davis
Claim Specialist
Subrogation Unit/Team 40
(972) 732-4714

State Farm Mutual Automobile Insurance Company

HOME OFFICES: BLDGINGTON, ILLINOIS 61710-0001

ENR5-885-LC1-2138





5255 Commerce Parkway West • Parma • OH • 44130
Phone: (440)887-0645 • Fax: (216)398-7202

June 25, 2003

State Farm Insurance Company
4291 West 3rd Street
Dayton, Ohio 45417

ATT: Mr. Howard Titus

RE:	INSURED:	[REDACTED]
	TYPE OF VEHICLE:	1997 Ford Expedition
	DATE OF LOSS:	June 14, 2003
	CLAIM NO:	[REDACTED]
	OUR FILE NO:	OR336

Dear Mr. Titus:

This report is in regard to the fire origin and cause evaluation of a 1997 Ford Expedition bearing short VIN [REDACTED]. I was asked by your office to inspect this vehicle and determine the origin and cause of the engine compartment fire.

I was informed of the details of the loss and fire incident. The vehicle was driven for a time frame, at which time the insured traveled to Home Depot. The vehicle was parked and several minutes later an announcement was made over the speaker that a vehicle was on fire in the parking lot. I was further informed that the insured has had no recent maintenance work performed on the vehicle, nor has he been experiencing any difficulties with any of the components in the vehicle.

Examination of the vehicle took place on June 16, 2003, at Warden's Towing situated at 555 Sports Street in Fairborn, Ohio.

Examination of the vehicle began with an exterior viewing and photo documentation. Figure No. 1 shows a forward view of the subject vehicle. I did not find any evidence of collision damage that may have caused or contributed to the vehicle fire. Directional burn patterns found on the vehicle indicated that an engine compartment fire had taken place, progressing into the passenger compartment of the vehicle. The patterns found in the engine compartment indicated a right rear engine compartment fire.

FIGURE #1



Figure No. 2 shows a left side view of the subject vehicle. During the evaluation of the vehicle, I found no collision damage on the left side of the vehicle that may have caused or contributed to the fire. Extension of the fire spread to the left side tire, left side fender as well as breaching into the passenger compartment. Minimal extension rearward of this point was found.

FIGURE #2



Figure No. 3 shows a closer view of the forward portion of the vehicle. The right sides of the radiator and condenser were burned away. Much heavier fire damage was present on the right side of the engine compartment compared to the left. Portions of the aluminum intake manifold on the right side of the vehicle were burned away, while the left side still remained intact. Soft metal components were all sagging toward the right. The valve cover was consumed on the right side. The directional burn found on the battery indicated that the fire erupted between the battery and the engine.



FIGURE #3

Figure No. 4 shows a view of the right side of the subject vehicle as seen from the front fender area. The body components showed only signs of fire damage and no collision damage.

FIGURE #4



Figure No. 5 shows a view of the right side of the vehicle as seen from the rear. The extension of fire minimized at the front door of the subject vehicle. During the evaluation, I did perform an inspection of the undercarriage. I found no evidence of significant fluid leaks that may have caused the vehicle fire.

FIGURE #5



Figure No. 6 shows the rear of the subject vehicle, exhibiting no evidence of fire damage. No evidence of fluid sprayback patterns was present on the rear of the subject vehicle. Once again, I found no evidence of fluid leakage to the undercarriage of the subject vehicle.



FIGURE #6

Figure No. 7 shows a view of the exterior of the vehicle as seen from the left rear quarter panel area. I found no evidence of fire extension toward the rear of the vehicle past the forward passenger compartment.



FIGURE #7

Figure No. 8 shows the mid section seating area, exhibiting minimal fire damage. Some faldown debris damage was present in the mid section of the vehicle, although no evidence of a fire erupting within the passenger compartment, causing the vehicle fire, was found.

FIGURE #8



Figure No. 9 shows a view of the forward passenger compartment. During the evaluation, I found that fire breached the bulkhead and traveled into the passenger compartment. Various road debris from the fire scene was also found in the forward passenger compartment. Examination of this area revealed that the fire did not start within the compartment itself. The fire erupted in the engine compartment, traveling into the passenger compartment.

FIGURE #9



At this time I began an evaluation of the engine compartment of the vehicle. Figure No. 10 shows a view of the compartment as seen from the left side. During my evaluation, I found directional burn patterns emitting from the right side toward the left side, as well as from the right rear toward the front. The damage to the left side engine compartment was predominantly on the upper surfaces of components, indicating that fire was rolling across the hood during its progression. I did not find any evidence of significant fluid leaks on the left side of the engine that may have resulted in the vehicle fire.

FIGURE #10



Figure No. 11 shows a view of the left side engine compartment as seen from the forward portion of the vehicle. As previously mentioned, the damage was predominantly to the upper surfaces of the components. The soft metal intake manifold was still in place on the left side, while it was destroyed on the right. The air filter housing was consumed, as was the master cylinder, adding to the fuel load on the left side of the engine compartment. The alternator showed signs of damage to its front face, although this was secondary to the area of origination in the right rear quadrant of the engine compartment.

FIGURE #11



Figure No. 12 shows a view of the right side engine compartment. Heavy fire damage was present in the rear portion of the compartment. There are several electrical components located in this area as well as numerous wires routed at and around the right rear compartment. The fire originated at and around this area. The directional burn patterns found on the battery as well as the soft metal components in the engine compartment all indicate that the fire erupted at and around the right rear quadrant of the engine compartment.

FIGURE #12



Figure No. 13 shows a view of the engine compartment as seen from the right side fender. Please note the soft metal radiator and condenser were burned nearly completely away on the right side of the vehicle with damage mitigating toward the left side of the vehicle. The valve cover was nearly completely consumed on the right side of the vehicle while still partially intact on the left. The soft metal intake manifold was also partially consumed on the right side of the vehicle while it still remained intact on the left. The directional burn patterns found on the battery were predominantly to the upper face and the inside face, indicating that the fire was traveling directionally from at and around the engine toward the battery. The directional burn patterns found on the engine indicated that the fire was traveling toward the right side of the engine. The wiring harnesses at and around this area were examined, although they were not disturbed due to the fact that a third party evaluation is anticipated. With no evidence of fluid leaks at and around the exhaust manifolds or the exhaust system, it is unlikely that a fluid related fire had taken place. Once a vehicle is shut off, a gasoline fire will in all likelihood not take place due to the fact that a spark is needed for ignition. The transmission fluid level was full, which will be depicted later in this report. There was no evidence of engine oil leaks at and around this area that may have caused the fire.



FIGURE #13

Figure No. 14 shows a view of the radiator and condenser area. The upper radiator hose was completely consumed. The right sides of the radiator and condenser were also completely consumed. Patterns found on the components in the forward portion of the engine compartment indicated a rear to front spread of fire.

FIGURE #14



EMMS-005-L-01-2169

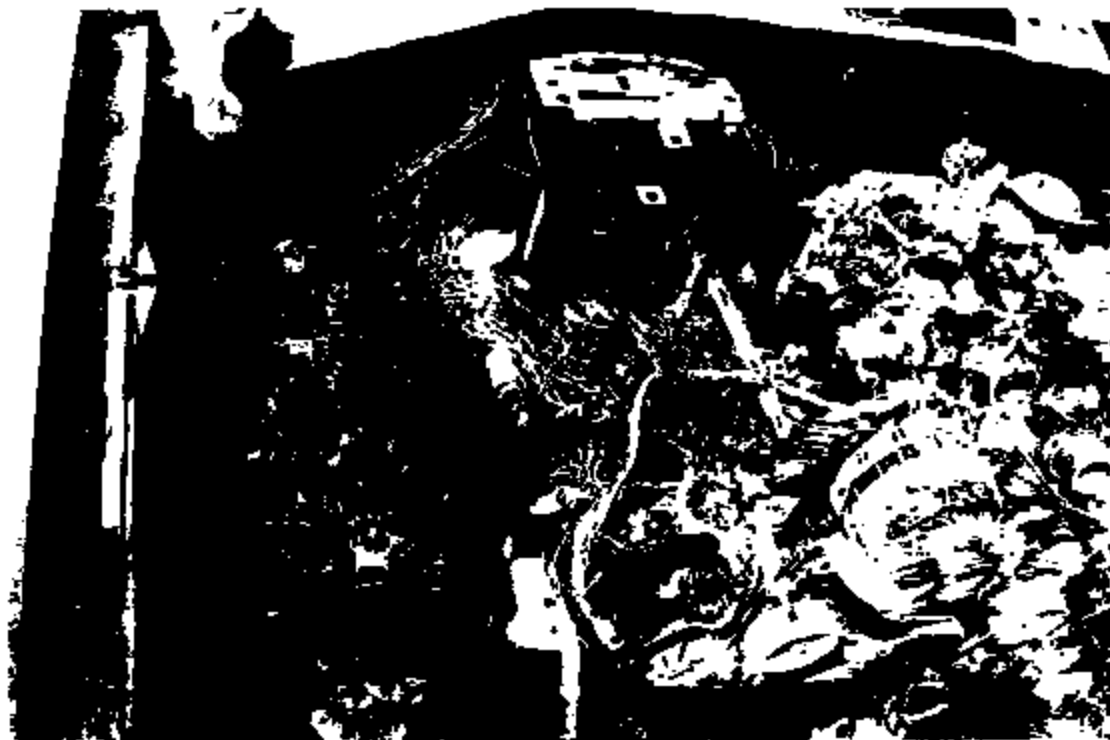
Figure No. 15 shows a view of the transmission fluid dipstick. The transmission fluid was at normal level for a vehicle that was not running.

FIGURE #15



Figure No. 16 shows a view of the wiring harnesses, battery and the right rear quadrant of the engine compartment. The electrical junction block and distribution center normally located in this area was completely consumed by the fire. The fusible elements that are normally located in this area were also destroyed. The wiring harnesses were badly damaged, showing signs of separation and fracture as a result of extreme heating, either from the fire or from electrical activity. Since the electrical distribution center was destroyed in this area, it cannot be eliminated that a failure took place within the distribution center to cause the fire. During the evaluation of the wiring harnesses, I found no evidence of beading or arcing that was taking place between any of the wires or any grounded surface on the vehicle, although the wires were not heavily disturbed during the evaluation pending a third party examination of the vehicle.

FIGURE #16



Following a thorough and complete evaluation of all remaining evidence in this case, and based on my knowledge, training and years of experience as a Forensic Mechanic and Vehicle Fire Investigator, it is my professional opinion that the fire originated in the right rear quadrant of the engine compartment. Many of the electrical components were completely consumed in the fire. This makes determination of the exact circuit that failed inconclusive. Taking into consideration that I found no evidence of fluid leakage throughout the undercarriage of the vehicle or in the engine compartment and that the vehicle was shut off for a short time frame, the possibility of a fluid related fire was eliminated. It is my opinion that an electrical fire took place in the subject vehicle, although the exact circuit cannot be determined at this time. I did not find any obvious signs of arcing or electrical activity in the wiring harnesses, although many of the components found in this area have been destroyed and will not be able to be evaluated. It is further my opinion that the electrical fire in this vehicle was sudden. According to the insured's statement, no problems were taking place with the vehicle, nor did he notice drivability problems, intermittent lighting problems or any other intermittent electrical problems. It is my opinion that the insured in all likelihood had no knowledge of a failure that may have been taking place in the subject vehicle.

If I can be of any further assistance in this matter, please feel free to contact me at any time.

Respectfully Submitted,



Mark Sargent
Forensic Mechanic
Licensed Investigator
Ohio License No. 6868
ASE Recertified Master Technician

MS/sk



BEAVERCREEK FIRE DEPARTMENT FIRE PREVENTION BUREAU

Beavercreek Fire Department
Fire Prevention Bureau
851 Orchard Lane
Beavercreek, OH 45434
Phone: 937-426-1627
Fax: 937-427-6574

FAX TRANSMITTAL FORM

To Cindy
of State Farm

From Rochelle

Phone number: 263-4287
Fax number: 263-4988

Phone: 937-426-1627
Fax: 937-427-6574

- Urgent
 For Review
 Please Comment
 Please Reply

Date sent: 6-16-03
Time sent:
Number of pages including cover page: 10

Message:

Reports for vehicle fire on 6-14-03 in
Home Depot Parking Lot. The first report
is 3 pages long & is for the Ford Expedition
and also gives the general details for
the entire incident. The other three
reports are only 2 pages long. They
are specific to the vehicles that were
parked around the Expedition at the
time of the fire. If you have any
questions give me a call. Rochelle

The information contained in this facsimile message is private and/or confidential information intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this fax in error, please immediately notify us by telephone, and return the original message to us at the above address via the U.S. Postal Service.

A 29103 MN 2001 03-0002L 000

B Location: Street address [redacted] City: Beaver Creek

C Incident Type: 130 Mobile property (vehicle) fire

D Aid Given or Received: 1 Actual aid received

E1 Date & Times: Alarm 08/14/2003 13:29:00

E2 Shift & Alarms: 01 3A

F Actions Taken: 11 Extinguish

G1 Resources: Apparatus 0003 Personnel 0005

G2 Estimated Dollar Losses & Values: Property \$ 018,000

H1 Hazardous Materials Release: 1 Natural gas

I Mixed Use Property: 10 Not Aloned

J Property Use: 141 Church, place of worship

K Structures: 341 Clinic, slide type infirmary

L Outside: 124 Playground or park

NRKS-1 Revised 01/17/99

K1 Person/Entity Involved

Local option

Vehicle name / Is applicant

Area Code

Phone Number

Check this box if you address is incorrect location. You skip the three replicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Office

Number Public Street or Highway Jurisdiction Office

Post Office Box Apt./Suite/Room City

State Zip Code

More people involved? Check this box and attach Supplemental Forms (SF135-18) as necessary

K2 Owner

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

Vehicle name / Is applicant

Area Code

Phone Number

Check this box if you address is incorrect location. You skip the three replicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Office

Number Public Street or Highway Jurisdiction Office

Post Office Box Apt./Suite/Room City

State Zip Code

L Remarks

Local option

Vehicle fire to 1997 Ford Expedition. Engine compartment was fully involved in parking lot of Home Depot. Fire did extend past fire wall into passenger area. Heavy damage to engine compartment and dashboard inside passenger area. Heavy smoke damage to noted to passenger area.

Prior to our arrival, attempts to extinguish fire was done with dry chemical fire extinguisher. Dry chem. was ineffective. No injuries were reported.

Three vehicles were exposed to heat and soot from expedition. One vehicle (2003 Impala) did sustain moderate damage to the proximity of the driver side rear quarter panel and tail light. Other vehicles may have sustained light damage, superficial to the paint surface. See exposure reports made for all three vehicles.

Fire attack was made with 1 3/4" hand line. Fire brought under control in short duration. Overhaul and investigation initiated.

Cause of fire undetermined due to the amount of fire damage. Owner of expedition did not report any significant problems or recent repairs to vehicle. Total fire loss, estimated value of car placed by owner is \$18,000.

Vehicle owner is Angeli Hawkins. Address: 5023 Gross Dr. Dayton OH. 45431. Insurance company is State Farm.
6/14/2008 2:53:01 PM BSeibold

I. Authorization

SW-8207

Officer in charge ID

Weimer, Steve

Signature

11

Position or rank

Assignment

06

Month

14

Day

2008

Year

Check box if you are adding number which report is to charge.

BE-1051

Officer in charge ID

Seibold, Brian

Signature

15

Position or rank

Assignment

06

Month

14

Day

2008

Year

A 29103 06 1883 03-00020 000 <small>FD00 # FD02 # Incident No # Station Incident Number # Exposure #</small>		<small>Print</small> <small>Change</small> <small>No activity</small>	NFIRS - 2 Fire
B Property Details B1 <input checked="" type="checkbox"/> Not Residential <small>Assigned number of residential living units in vicinity or origin whether or not all units become involved</small> B2 <input checked="" type="checkbox"/> Buildings not involved <small>Number of buildings involved</small> B3 <input checked="" type="checkbox"/> None <small>Acres burned (outside flames) <input type="checkbox"/> Less than one acre</small>		C On-Site Materials or Products <small>Complete if there are any significant amounts of commercial, industrial, cargo or agricultural products or materials on the property, whether or not they became involved</small> <small>Enter up to three codes. Check one or more boxes for each code entered.</small> (810) Motor vehicles & <small>On-site material (1)</small> <small>On-site material (2)</small> <small>On-site material (3)</small> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing packaged goods for sale 3 <input type="checkbox"/> Repair or service 4 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing packaged goods for sale 3 <input type="checkbox"/> Repair or service 4 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing packaged goods for sale 3 <input type="checkbox"/> Repair or service	
D Ignition D1 83 Engine area, running <small>Area of fire origin #</small> D2 00 Undetermined <small>Time elapsed #</small> D3 99 Multiple items first <small>Time first ignited # 1 <input type="checkbox"/> was confined to object of origin</small> D4 00 Undetermined <small>Type of material ignited only if item first ignited made to 06 or 07B</small>		E1 Cause of Ignition <input type="checkbox"/> Check box if this is an unusual report. Ship to station # 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation 6 <input checked="" type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing to Ignition <input type="checkbox"/> None <small>Factor contributing to ignition (1)</small> <small>Factor contributing to ignition (2)</small>	
F1 Equipment Involved in Ignition <input type="checkbox"/> None if equipment was not involved. Ship to Section 6 <small>Equipment involved</small> Brand: _____ Model: _____ Serial #: _____ Year: _____		F2 Equipment Power <input type="checkbox"/> None <small>Equipment Power Source</small> F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <small>Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.</small>	
G Fire Suppression Factors <small>Enter up to three codes. <input type="checkbox"/> None</small> Fire suppression factor (1): _____ Fire suppression factor (2): _____ Fire suppression factor (3): _____		H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input checked="" type="checkbox"/> Involved in ignition and burned H2 Mobile Property Type & Make 80 Passenger road vehicle. <small>Mobile property type</small> FD Ford <small>Mobile property make</small> Expedition <small>Mobile property origin</small> _____ 1987 <small>Year</small> _____ 1987 <small>State</small> _____ <small>VIN Number</small> _____	
Local Help <input type="checkbox"/> Fire-Alarm plan available <small>See 04 and information processed in this report may be based upon reports from other agencies</small> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached		NFIRS-2 Revision 01/19/84	

A

FDID: 29103 NR: 06 YYYY: 2003 Station: 3 Incident Number: 03-00826 Expense: 001

Incident Change Not Available

SVRS - 1
Basic

B Location

Street address Intersection In front of Rear of Adjacent to Directional

Address: [Redacted] City: Beaver Creek State: OR

C Incident Type *

100 Fire, Other

E1 Data & Times

Midnight in 8000

Month: 08 Day: 14 Year: 2003 Hr: 13 Min: 29 Sec: 00

E2 Shift & Alarms

Local Option: [C] [01] [3A]

D Aid Given or Received *

1 Mutual aid received 2 Automatic aid req. 3 Mutual aid given 4 Automatic aid given 5 Other aid given 6 None

E3 Special Studies

Arrival #: 08 14 2003 13:29:00

Controlled: 08 14 2003 13:40:00

Last Unit Cleared: 08 14 2003 14:16:00

Special Study Value

F Actions Taken *

90 Information, Primary Action Taken (1)

G1 Resources *

Apparatus: 0002 Personnel: 0004

G2 Estimated Dollar Losses & Values

Property \$ 002,000 Contents \$ 000,000

Completed Modules

1 Size-2 2 Structure-2 3 Civil Fire Eng.-4 4 Fire Serv. Gen.-3 5 EMS-6 6 Hazmat-7 7 Midland Fire-6 8 Apparatus-8 9 Personnel-10 10 Arson-11

H1 Casualties

Deaths: Injuries: Fire Service: Civilian: Detector: 1 Detector alerted occupants 2 Detector did not alert them 3 Other

H2 Hazardous Materials Release

1 Volatile liquid 2 Propellant gas 3 Oxidizer 4 Corrosive 5 Flammable liquid/gas 6 Household solvent 7 High pH 8 Paint 9 Other

I Mixed Use Property

10 Not Mixed 20 Assembly use 30 Education use 40 Medical use 50 Residential use 60 Row of stores 70 Enclosed mall 80 Sup. & Residential 90 Office use 100 Industrial use 110 Military use 120 Farm use 130 Other mixed use

J Property Use Structures

131 Church, place of worship 141 Restaurant or cafeteria 162 Bar/Tavern or nightclub 213 Elementary school or kindergarten 216 High school or junior high 241 College, adult education 311 Care facility for the aged 331 Hospital

Outside

124 Playground or park 693 Crops or orchard 663 Forest (timberland) 807 Outdoor storage area 919 Dump or sanitary landfill 931 Open land or field

141 Clinic, clinic type infirmary 342 Doctor/dentist office 361 Prison or jail, not juvenile 419 1- or 2-family dwelling 429 Multi-family dwelling 439 Rooming/boarding house 449 Commercial hotel or motel 459 Residential, board and care 464 Dormitory/baracks 519 Food and beverage sales

934 Vacant lot 938 Graded/area for plot of land 946 Lake, river, stream 951 Railroad right of way 960 Other street 961 Highway/divided highway 962 Residential street/driveway

539 Household goods, sales, repairs 579 Motor vehicle/boat sales/repair 571 Gas or service station 599 Business office 615 Electronic manufacturing plant 629 Laboratory/science lab 700 Manufacturing plant 819 Livestock/poultry storage (barn) 882 Non-residential parking garage 891 Warehouse 981 Construction site 984 Industrial plant yard

Property Use: 539 Household goods, sales, repairs

K1 Person/Entity Involved

Local Option

Reference your IIS application

Area Code

Phone Number

Check this box if your address is incident location. Then skip the above questions address lines.

Mr., Ms., Mrs. First Name ST Last Name Suffix

Number Prefix Street or Highway Service Type ZIP

Post Office Box Apt./Suite/Room City

State Zip Code

More people involved? Check this box and attach Supplemental Form (NFIRS-16) as necessary

K2 Owner

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

Local Option

Reference your IIS application

Area Code

Phone Number

Check this box if your address is incident location. Then skip the above questions address lines.

Mr., Ms., Mrs. First Name ST Last Name Suffix

Number Prefix Street or Highway Service Type ZIP

Post Office Box Apt./Suite/Room City

State Zip Code

L Remarks

Local Option

Exposure 1 was Chevy Impala parked next to Ford Expedition with engine compartment fire. Radiant heat caused vehicle to sustained moderate damage in proximity to driver side rear quarter panel. Paint was bubble/raised, quarter panel and rear tail light warped from heat. No ignition involved.

Vehicle owner is [redacted] (937-236-3864). Car VIN# 2G1WF52EB43S [redacted]
6/14/2003 3:13:51 PM BSeibold

L Authorization

SM-5207

Officer in charge ID

Weinger, Steve

Signature

11

Position or rank

Assignment

06

Month

14

Day

2003

Year

Check this box if you are calling to report a fire or other emergency.

BS-1051

Officer in charge ID

Seibold, Brian

Signature

15

Position or rank

Assignment

06

Month

14

Day

2003

Year

A 29103 06 14 2003 3 01-00070-4 003 Police Change No Activity **SPINS -1**
 Basic

B Location: State in Section 2 (Microfilm Located Specifically for only on vehicle files)
 Street address [redacted]
 Intersection Number/Highway [redacted] Street or Highway
 In front of [redacted] Other Type Public
 Rear of Apt./Office/Room [redacted] City Beavercreek OR [redacted] Zip Code
 Adjacent to [redacted]
 Direction [redacted]
 Cross street or direction, as applicable

C Incident Type * 100 Fire, other
 Incident Type

D Aid Given or Received:
 1 Mutual aid received
 2 Automatic aid received
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 6 None

E1 Date & Times Midnight in 2400
 Check time if Date use the same as Alarm Month Day Year Hr Min Sec
 Alarm * 06 14 2003 13:29:00
 Arrival * 06 14 2003 13:38:00
 Controlled 06 14 2003 13:40:00
 Last unit Cleared 06 14 2003 14:18:00

E2 Shift & Alarm Local Option
 C 01 1A
 Shift or Alarm Number
 M-Alarm

E3 Special Studies Special Option
 Special Study for Special Study Meter

F Aliens Taken * 10 Fire, Other
 Primary Alien Taken (1)
 Additional Alien Taken (2)
 Additional Alien Taken (3)

G1 Resources * Check this box and skip this section if no apparatus or personnel were in use.
 Apparatus Personnel
 Suppression 0001 0002
 EMS
 Other
 Check box if resources were incident aid received indicated.

G2 Estimated Dollar Losses & Values LOSSES: Reported for all fires if known. Optional for non fires.
 Property \$ 001,000
 Contents \$ 000,000
 Property \$ 017,000
 Contents \$ 000,000
 PAR-DECISION VALUE: Optional

Completed Modules
 Fire-1
 Structure-1
 Civil Fire Cas.-6
 Fire Serv. Cas.-7
 EMS-4
 HAZMAT-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1 Casualties Deaths Injuries
 Fire Service
 Civilian
 Detector
 Required for Confined Fires.
 1 Detector started operations
 2 Detector did not start when required
 3 Ignored

H2 Hazardous Materials Release
 None
 1 Natural Gas: slow leak, no reaction to burner activation
 2 Propane gas: slow leak, no reaction to burner activation
 3 Gasoline: spilled, but not on burner
 4 Kerosene: not burning, spilled, or portable storage
 5 Diesel fuel/fuel oil: spilled, but not on burner
 6 Household solvents: antifreeze spill, storage only
 7 Motor oil: two engine or portable container
 8 PAINT: low volume liquid & no fumes
 9 Others: Special Report Form required or report to Dept. Please complete the Report Form

I Mixed Use Property
 Not Mixed
 10 Assembly use
 20 Education use
 30 Medical use
 40 Residential use
 51 Non-retail stores
 52 Enclosed mall
 58 Bus. & Residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use: Structures
 131 Church, place of worship
 161 Restaurant or cafe/retail
 181 Bar/tavern or nightclub
 213 Elementary school or kindergarten
 215 High school or junior high
 241 College, adult education
 311 Care facility for the aged
 321 Hospital
 341 Clinic, clinic type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 413 1-or 2-family dwelling
 423 Multi-family dwelling
 433 Rooming/boarding house
 443 Commercial hotel or motel
 453 Residential, board and care
 463 Dormitory/boarding
 513 Food and beverage sales
 533 Household goods, sales, repairs
 573 Motor vehicle/boat sales/repair
 571 Gas or service station
 593 Business office
 613 Electric generating plant
 623 Laboratory/science lab
 700 Manufacturing plant
 813 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse
 933 Vacant lot
 938 Graded/care for plot of land
 943 Lake, river, stream
 951 Railroad right of way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway
 981 Construction site
 984 Industrial plant yard

Outside
 124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Swamp or sanitary landfill
 931 Open land or field

Looking and enter a property use code only if you have NOT checked a property use box.
 Property Use 533
Household goods, sales.
 SPINS-1 Revision 02/11/03

K1 Person/Entity Involved

Local Office: _____ (Indicate name (if applicable)) Area Code: _____ Phone Number: _____

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

Mr./Ms./Mrs. First Name: _____ MI: _____ Last Name: _____ Office: _____

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

Room or Suite: _____ Apt./Suite/Room: _____ City: _____

State: _____ Zip Code: _____

Were people involved? Check this box and attach Supplemental Forms (SPDS-1d) as necessary

K1 Owner

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

Local Office: _____ (Indicate name (if applicable)) Area Code: _____ Phone Number: _____

Mr./Ms./Mrs. First Name: _____ MI: _____ Last Name: _____ Office: _____

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

Room or Suite: _____ Apt./Suite/Room: _____ City: _____

State: _____ Zip Code: _____

L Remarks

Local Office: _____

Exposure 3 was a 1997 Honda Civic parked next to Ford expedition with engine compartment fire. Soot from fire appeared to come in contact with Honda possibly causing light superficial damage to the passenger side hood. No ignition involved.

Vehicle owner: [REDACTED] Car VIN# 1HGBJ6678V1 [REDACTED]

6/14/2003 1:53:15 PM BSeibold

L Authorization

8N-5207 [Signature: Weimer, Steve] [11] [06] [14] [2003]
 officer in charge of signature Position or rank Assignment Month Day Year

8S-1051 [Signature: Seibold, Brian] [15] [06] [14] [2003]
 officer making report ID signature Position or rank Assignment Month Day Year

A 29103 05 14 2003 03-0002 003

B Location: Street address [REDACTED] City: Beaver Creek

C Incident Type: 100 Fire, Other

D Aid Given or Received: 1 Mutual aid received, 2 Ambulance aid recov., 3 Mutual aid given, 4 Ambulance aid given, 5 Other aid given, 6 None

E1 Date & Times: Arrival 06 14 2003 13:29:00, Controlled 06 14 2003 13:40:00, Last Unit Cleared 06 14 2003 14:16:00

E2 Shift & Alarms: Local Station C 01 3A

E3 Special Studies: Special Study #1, Special Study Value

F Actions Taken: 10 Fire, Other

G1 Resources: Apparatus 0001, Personnel 0002

G2 Estimated Dollar Losses & Values: Property \$ 000,000, Contents \$ 000,000

H1 Casualties: Deaths, Injuries, Fire Service, Civilian

H2 Hazardous Materials Release: 1 Natural Gas, 2 Propane gas, 3 Gasoline, 4 Aerosols, 5 Diesel fuel, 6 Household solvents, 7 Motor oil, 8 Paint, 9 Other

I Mixed Use Property: 00 Not Mixed, 10 Assembly use, 10 Education use, 10 Medical use, 40 Residential use, 51 Row of stores, 53 Enclosed mall, 58 Bus. & Residential office use, 59 Industrial use, 60 Military use, 63 Farm use, 00 Other mixed use

J Property Use: Structures (131-331), Outside (124-331), 341 Clinic, 342 Doctor/dentist office, 343 Prison or jail, 419 1-or 2-family dwelling, 419 Multi-family dwelling, 419 Rooming/boarding house, 449 Commercial hotel or motel, 459 Residential, board and care, 464 Dormitory/barracks, 519 Food and beverage sales, 526 Vacant lot, 538 Graded/saved for plot of land, 546 Lake, river, stream, 551 Railroad right of way, 560 Other street, 561 Highway/divided highway, 562 Residential street/driveway, 579 Household goods, sales, repairs, 579 Motor vehicle/boat sales/repair, 571 Gas or service station, 599 Business office, 619 Electric generating plant, 629 Laboratory/science lab, 700 Manufacturing plant, 819 Livestock/poultry storage (barn), 882 Non-residential parking garage, 891 Warehouse, 981 Construction site, 984 Industrial plant yard

Property Use: 829 Household goods, sales

K1 Person/Entity Involved

Level Option

Business name (if applicable)

Area Code

Phone Number

Check this box if you address an incident location. Then fill in the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Address Street or Highway City State Zip Code

Have people involved? Check this box and attach Supplemental Forms (SF205-208) as necessary

K1 Owner

Level Option

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

Business name (if applicable)

Area Code

Phone Number

Check this box if you address an incident location. Then fill in the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Address Street or Highway City State Zip Code

L Remarks

Level Option

Exposure 1 was a Ford F-150 truck parked next to Ford Expedition with engine compartment fire. No fire ignition or damage noted. Visible was a thin coat of dry chemical from a fire extinguisher. Damage if any undetermined. Owner instructed to wash vehicle and report any notable damage to insurance company of party involved.

Vehicle owner: [redacted] Truck VIN# 2G1WF52K43 [redacted]

6/14/2003 4:04:54 PM BSeabold

L Authorization

SN-5207

Officer in charge ID

Weiser, Steve

Signature

11

Officer on duty

[redacted]

Assignment

06

Month

14

Day

2003

Year

Check this box if you are officer in charge. Water making report to [redacted]

SN-1051

Officer making report ID

Seabold, Brian

Signature

15

Officer on duty

[redacted]

Assignment

06

Month

14

Day

2003

Year

This transcription was requested by Mike Cornett (Newark NDC).

This is Mike Cornett interviewing [REDACTED] by telephone on July 24, 2003 concerning a fire loss to a 1997 Ford Expedition which occurred June 14, 2003.

Q. Uh, and uh, [REDACTED] um, would you please state your full name and spell your last name please?

A. Owen [REDACTED] uh, [REDACTED]

Q. Okay and is this recording being made with your full knowledge and consent?

A. Yes, sir.

Q. Okay, [REDACTED] are you the titled owner of the vehicle?

A. Yes, sir. Uh, the vehicle was financed through Boeing Employees credit union but I was the registered.

Q. Okay, it was a purchase not a lease?

A. Yes, sir.

Q. Okay and, uh, let's see, did you purchase the vehicle new or used?

A. Used.

Q. You bought it used? When did, what, which month and year did you buy the vehicle?

A. Uh, I believe it was March or early April of 2002.

Q. And how long had you owned the truck before it caught fire before this incident happened?

A. Um, a year and three months, four months.

Q. Okay and do you know what the mileage was on the vehicle when you purchased it, approximately?

A. Uh, 75,000 miles I believe.

Q. Okay and who did you buy the vehicle off of?

A. Tessley Ford.

Q. How do you spell that?

A. TESSLEY

Q. And where are they located?

A. On Main Street in Dayton, Ohio.

Q. Okay, when you bought the vehicle from them, uh, I'm assuming it was out of the factory warranty, uh, did you purchase an extended warranty on the vehicle?

A. No, sir.

Q. Did the vehicle have any warranty at all when you bought it?

A. Not that I'm aware of. Maybe 30 days through the dealership.

Statement of [REDACTED]
Claim: [REDACTED]
Page 1

- Q. Okay and when you bought the vehicle, uh, did the ford dealership make any, uh, statements as to the quality of the vehicle or did they; did they notify you of any defects with the vehicle?
- A. Um, no they did not notify me of any defects or any recalls and, uh, they ran a car check on it and there was no, um, no collisions, no problems and through all the dealership stuff the only thing that was repaired was, um, basic maintenance stuff, uh, oil changes and things like that.
- Q. Okay and after you purchased the vehicle have during the course of the year and a couple of months that you owned it, did you have any accidents with the vehicle?
- A. No, sir.
- Q. Okay, did you have any mechanical problems with the vehicle, anything?
- A. No, sir.
- Q. Okay and have you performed regular maintenance on the vehicle?
- A. Yes, sir.
- Q. Okay, who normally does, did the maintenance on the vehicle?
- A. Um, the only maintenance that was done on the vehicle was oil changes and that was done by myself. Um, an alignment and car rotations was done by Goodyear on Woodland Drive. That was the only maintenance that was ever done on it.
- Q. Okay...
- A. There was no need for anything else.
- Q. Okay, so when you bought the vehicle was it in good operating condition?
- A. Yes, sir.
- Q. And prior to the loss was it in good operating condition?
- A. Yes, sir.
- Q. Okay, um, the, uh, were you driving the vehicle or was it parked at the time of the loss?
- A. Um, it, I had just gotten out of it, um, I live maybe five minutes away from Home Depot. We got in it. We drove to Home Depot, um, we were in the store for maybe five minutes and we got a page over the intercom saying that we need to come out to the parking lot...
- Q. Um-hmm...
- A. And when I walked out to the parking the vehicle was on fire.
- Q. Okay, it, so it caught fire...
- A. It was...
- Q. When it was parked at Home Depot?
- A. Right at Home Depot and there was no smell of smoke or anything like that prior to getting out of the vehicle so.
- Q. Okay, you said you only, you, you live like five miles...
- A. No, five minutes...

Statement of: [REDACTED]
Claim: [REDACTED]
Page 2

Q. Or five minutes? Five minutes from Home Depot?

A. Yeah.

Q. Um, before you drove the vehicle to Home Depot, uh, had it been sitting long or...?

A. It was cool, it was just sitting overnight and I got in it to pick up some hardware.

Q. Okay. And when you drove it up to Home Depot, did you have any, what accessories were turned on in the vehicle? Were you using the air conditioners, a radio, anything like that? Do you recall?

A. Radio is generally always on, I don't believe that I was using the air conditioner. Um, windows were down it was a, it was a nice day.

Q. When you parked at Home Depot, did you leave the windows down or were they rolled up?

A. They were rolled up.

Q. Okay, was the vehicle locked?

A. Yes sir it was.

Q. When you locked the vehicle do you recall if you used the remote control, or did you turn the key?

A. Yes sir I used the key pad.

Q. Okay. And how long had you been inside the store when you were paged?

A. Maybe five minutes.

Q. Okay. And when you came outside to the vehicle, what did you observe?

A. Um, approximately five to eight foot flames shooting out of the hood. Um, there was, um, multiple Home Depot place, or personnel standing around the vehicle, um, two fire extinguishers had already been extinguished on the vehicle.

Q. Okay.

A. Um, because they had tried to put the fire out.

Q. Right.

A. And, um, it was pretty much engulfed and they kept people away from it.

Q. Okay, now when the fire was coming out of the hood, was the hood open?

A. No sir. They didn't open the hood.

Q. Okay, so the aluminum hood had already melted and the fire was coming out where the hood used to be.

A. Yes.

Q. Okay, um, did you at that time I am assuming had somebody already called the fire department?

A. Yes sir.

Q. Was the fire department there when you came out?

A. No sir.

Statement of: [REDACTED]

Claim: [REDACTED]

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Q. How long was it after you came out that the fire department arrived?

A. Probably, uh, anywhere, it was a dramatic situation, it was only five minutes, but it seemed...

Q. Longer?

A. It seemed like half an hour, but I think from the time that they got the call to the time they showed up it was twelve or fifteen minutes or something like that.

Q. Okay alright. And when the fire department did show up, did they put the fire out with extinguishers or did they use a hose, or?

A. They used a hose off the truck.

Q. Okay, so they turned the fire hose on it and put it out? Okay. Um, did the fire department ask you any questions, um when they were there or did they tell you anything about the fire?

A. Um, they asked questions, the same questions that if there was any mechanical problems, if there was any, um, modifications done to the vehicle and there was no mechanical problems, there was no modifications done to the vehicle, it was all stock, um, and the fire marshal that was there stated that the fire looked like it had originated from the battery and which was the same, uh, result which I got back from the forensic expert and there was nothing else that they could determine.

Q. Okay, alright. And the radio in your vehicle, is that the factory or do you have an after market?

A. No it was factory.

Q. Factory radio. And, um, let me see if there is anything else we got here.

A. The only thing that was not factory on that vehicle was the tires and the battery.

Q. The tires and the battery?

A. Right, the battery was, uh, was purchased at auto zone.

Q. And how long ago was the battery purchased?

A. Uh, I want to say in December or January. It's been quite a few months.

Q. Okay, and did you install the battery yourself?

A. It was installed there.

Q. Auto Zone put the battery in?

A. Yes, they install them for free so...

Q. Which Auto Zone was that?

A. On Alway.

Q. And do you have the receipt for that, do you know?

A. Um, I probably don't have the receipt, but that was recorded on file at the, uh, at the store, it is a three year approved replacement battery, uh, eight year total warranty.

Q. Okay. And when the battery had failed, did you have to have the vehicle towed, or...?

A. No it was still starting, it was just, uh, because of the cold weather, it was dying at a rapid pace, so it was on it's last leg.

Statement of [REDACTED]

Claim [REDACTED]

Page 4

Q. So you just went ahead and got that replaced?

A. And it was the original battery in the vehicle from 1997.

Q. So it was due for one?

A. Right.

Q. Is there any, do you recall what the mileage was at the time of the fire?

A. Uh, a little over 90,000 miles.

Q. Okay. And let me see here. Is there anything else that you wish to add to this recording?

A. Uh, the only that I would add is that Ford was very, um, unforthcoming with information and provided no absolutely none assistance at all. They wouldn't send anybody out, they said it was out of its warranty and there was nothing they would do about it and it was kind of on me and my insurance company, and because I had asked if per prior for a history report on the expeditions and they had no information, they had no will at all to send somebody out to look at the vehicle to do any kind of inspection to see if they could determine what the problem was. Um, and have done some research over the internet and that there has been several other vehicles that Ford has produced that just burst into flames for no apparent reason and they get the, those Ford customers get the same response that I did. Well, it is out of its warranty, we are not going to do anything about it.

Q. Alright.

A. And I expect fifty percent of the vehicles that I have ever owned to be Ford products several of them had been new and an average Ford person that would drive a Ford, you know, and then they want to treat a customer like that, a multi-million dollar company that don't want to take care of a, you know, just send somebody out to look at it.

Q. Have you ever had a vehicle fire before?

A. No.

Q. Have you ever had a house or anything catch fire?

A. No.

Q. Uh, the information you said that, uh, you became aware of about Ford or fires, were you aware of any of that before that your vehicle caught fire?

A. No sir, I had no reason to go and dig, this is my second Expedition that I have owned and I had no problems with the first one and then I never done any research on them because I have never known anybody to have a vehicle just burst into flames.

Q. Okay. Good, uh, is there anything else that you would like to add?

A. No sir.

Q. Okay and, uh, Mr. Hawkins was this recording made with your full knowledge and consent?

A. Yes sir.

Q. Okay and with that I am going to go ahead and turn the tape off.

A. Okay.

0729003.JNS

Statement of: [REDACTED]

Claim: [REDACTED]

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ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
6/18/2003 CLOSED	[REDACTED] LEGAL - CUSTOMER UNHAPPY WITH DECISION	1FMFU18L4V[REDACTED] 385001673	1997 EXPEDITION	02
6/18/2003 CLOSED	[REDACTED] LEGAL - ACCIDENT / FIRE	1FMFU18L4V[REDACTED] 385001673	1997 EXPEDITION	07

EMPS-809-1C1-2161

[REDACTED] 7/24/2003

All Action Details for Issue

Print

VIN: 1FMEU18L4V1 [REDACTED] Year: 1997 Model: EXPEDITION Case: 996004673
 Name: [REDACTED] Owner Status: Subsequent WBD: 1997-08-30
 Symptom Desc: FIRE/SMOKE VISIBLE FLAME TRUNK Primary Phone: [REDACTED]
 Reason Desc: LEGAL - CUSTOMER UNHAPPY WITH DECISION Secondary Phone: [REDACTED]
 Issue Type: Q2 INFORMATION Issue Status: CLOSED

Action: CB-ADVISE CUSTOMER CA HAS MADE A DECISION; SUPPORT DECISION
 Dealer: 01850 PEFFLEY FORD INC Origin Desc: US CONCERN CASE BASE
 Odometer: 90000 MI Coman Type: PHONE
 Analyst Name: MARSHA MARSHALL Analyst: MMARSHAL
 Action Date: 06/19/2003 Action Time: 09.00.46.721 Action Data: No

Callor Information if Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
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Comments CUSTOMER SAYS: - VEH CAUGHT ON FIRE ON SUNDAY WHEN IT WAS IN A PARKING LOT , CUST HAS DRIVEN NOTHING BUT FORD VEHICLES AND IS UPSET WITH THE DECISION THAT FORD HAS GIVEN HIM, BY DENYING HIS CLAIM CUST HAS CONTACTED HIS INSURANCE COMPANY, HE FEELS THAT THE ANSWER FROM FORD IS UNEXPECTABLE BECAUSE IF HIS FAMILY WAS IN THE VEH THERE WOULD BE A LAW SUIT, PER CUSTOMER, DEALER SAYS: CAC ADVISED: "THANK YOU FOR CONTACTING FORD MOTOR COMPANY IN RELATION TO THIS ISSUE. TO ENSURE OUR RECORDS ARE COMPLETE, YOUR COMMENTS HAVE BEEN DOCUMENTED. HOWEVER, THE DECISION OF THE CONSUMER AFFAIRS OFFICE IS FINAL. (NOTE TO CSR: SUPPORT CONSUMER AFFAIRS DECISION.)" INFERENCE CASE ID: 1568

ERR-009-LC1-2182

[REDACTED] 7/24/2003

All Action Details for Issue

[Print](#)

VIN: 1FMEU11A4V [REDACTED] Year: 1997 Model: EXPEDITION Case: 395001673
 Name: [REDACTED] Owner Status: Subsequent WSD: 1997-06-30
 Symptom Desc: FIRE/SMOKE VISIBLE FLAME TRUNK Primary Phone: [REDACTED]
 Reason Desc: LEGAL - ACCIDENT / FIRE Secondary Phone: [REDACTED]
 Issue Type: 07 LEGAL Issue Status: CLOSED

Action: ADVISE CUST INFORMATION WILL BE SENT TO CONSUMER AFFAIRS
 Dealer: 01950 PEFFLEY FORD INC Origin Desc: LIS CONCERN CASE BASE
 Odometer: 90000 MI Comm Type: PHONE
 Analyst Name: PHLOMENA GREEN Analyst: FGREEN
 Action Date: 06/16/2003 Action Time: 10.58.25.549 Action Date: Yes

Caller Information if Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
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Comments CUSTOMER SAYS: -1997 EXPEDITION VEH BURST INTO FLAMES, I PARK AND WHILE DOING MY SHOPPING I WAS CALLED OUT -VEH IS IN A TOWING LOT. -I THINK THAT THE FIRE STARTED ON THE PASSENGER SIDE AREA UNDER THE HOOD. -INTAKE, VALE COVER AND ALL THE ELECTRICAL COMPONENTS PLASTIC AND FIREGLASS WAS MELTED. -THE FLAMES WAS ABOUT 10 FEET HI, 2 OTHER VEH WAS DAMAGED. -I WOULD LIKE TO GET SOME QUESTIONS ANSWERS. -THERE A OTHER FORD VEH THAT BURST INTO FLAMES. -FIRE DEPT WAS NOTIFIED TO PUT OUT THE FIRE PER CUSTOMER, DEALER SAYS: -NONE CAC 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.
 INFERENCE CASE ID: 5349

Data Element Name	Data Value
FIREACCIDENT	F

Action: MAKE OUTBOUND CALL TO CUSTOMER
 Dealer: 01950 PEFFLEY FORD INC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
 Odometer: 90000 MI Comm Type: PHONE
 Analyst Name: TURNER,LATISIA Analyst: LTURNES2
 Action Date: 06/16/2003 Action Time: 10.18.40.175 Action Date: Yes

Comments ***LPA CALLED AND LEFT A MESSAGE FOR THE CUSTOMER TO CONTACT ME AT 313-845-4637

Data Element Name	Data Value
CONTACT PERSON	VOICEMAIL

Action: DENY ASSISTANCE - REFER TO INSURANCE CARRIER
 Dealer: 01950 PEFFLEY FORD INC Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
 Odometer: 90000 MI Comm Type: MAIL
 Analyst Name: TURNER,LATISIA Analyst: LTURNES2
 Action Date: 09/18/2003 Action Time: 15.23.11.286 Action Date: No

E003-905-1C1-2193



ST:7/24/2003

Comments **LPA IS DENYING THE CUSTOMER'S REQUEST FOR ASSISTANCE. THE CUSTOMER'S VEHICLE IS OUTSIDE OF WARRANTY PERIMETERS. LPA SENT THE CUSTOMER A CLOSING LETTER DATED 6/18/03 SUGGESTING THAT THE CUSTOMER CONTACT THEIR INSURANCE COMPANY FOR ASSISTANCE.

8000-000-101-2104

[REDACTED]

ST 7/24/2003