

After an investigation of the loss sustained by our insured, we are seeking reimbursement .

We have made settlement with our Insd and Insured's claim is being forwarded to you.

Total amount due \$2,730.80 Included \$500 ded.

Your response is pending regarding this matter. We are pursuing recovery for the damages done to our insured's property. Please find the attached supports for our claim.

All payments should be made to Allstate Payment Processing , 8711 N. Freepport Pkwy, Bldg. A-2 MS#4, Irving, Tx 75063

01/29/2004 04:38 86447 336

RMUSEDARS

PAGE 02

A 42309 [90] 04 16 2004 [00] 04-0116048 [000]		[] Charge [] No Activity
B Location* <input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Miscellaneous		
[] Check this box to indicate that the address has been verified in person by the claims adjuster. (Check the bottom of this page for instructions.)		
[] Street address [] Intersection [] In front of [] Rear of [] Adjacent to [] Miscellaneous		
[] City/State/Zip [] City [] State [] Zip Code		
C Incident Type * [11] Passenger Vehicle Fire		
D Aid Given or Received* <input type="checkbox"/> Medical aid provided <input type="checkbox"/> Automatic aid given <input type="checkbox"/> Manual aid given <input type="checkbox"/> Ambulance aid given <input type="checkbox"/> Other aid given <input checked="" type="checkbox"/> None		
E1 Date & Times Occurrence Date: 04 16 2004 22:55:00 Arrival: 04 16 2004 23:00:00 Departure: 04 16 2004 23:55:00		
E2 Shift & Alarm Shift: 01 Alarm: []		
E3 Special Studies Special Study: []		
F Actions Taken * [11] Springish Additional Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)		
G1 Resources * Apparatus: 0001 0010 Other: []		
G2 Estimated Dollar Losses & Values Property \$ [] [] 000 [] 000 Contents \$ [] [] 003 [] 000 Property \$ [] [] 000 [] 000 Contents \$ [] [] 003 [] 000		
Completed Modules <input checked="" type="checkbox"/> Fire-2 <input type="checkbox"/> Fire-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Cas.-5 <input type="checkbox"/> Fire-6 <input type="checkbox"/> Fire-7 <input type="checkbox"/> Wildland Fire-4 <input checked="" type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Alarm-11		
H1 Casualties/Injuries Name: [] Description: [] Injuries: [] <input type="checkbox"/> Deceased <input type="checkbox"/> Other		
H2 Hazardous Materials Balance <input type="checkbox"/> None <input type="checkbox"/> Flammable Gas <input type="checkbox"/> Explosive Gas <input type="checkbox"/> Corrosive <input type="checkbox"/> Oxidizing <input type="checkbox"/> Flammable Liquid <input type="checkbox"/> Flammable Solid <input type="checkbox"/> Toxic <input type="checkbox"/> Radioactive <input type="checkbox"/> Other		
I Mixed Use Property <input type="checkbox"/> Not Mixed <input type="checkbox"/> Assembly use <input type="checkbox"/> Education use <input type="checkbox"/> Medical use <input type="checkbox"/> Residential use <input type="checkbox"/> Rev of stores <input type="checkbox"/> Unenclosed mall <input type="checkbox"/> Bus. & Residential <input type="checkbox"/> Office use <input type="checkbox"/> Industrial use <input type="checkbox"/> Military use <input type="checkbox"/> Farm use <input type="checkbox"/> Other mixed use		
J Property Use. Structures. 131 Church, place of worship 161 Restaurant or cafeteria 162 Bar/Tavern or nightclub 211 Elementary school or kindergarten 215 High school or junior high 241 College, adult education 311 Care facility for the aged 331 Hospital Outside 124 Playground or park 458 Crops or orchard 688 Fence (timberland) 807 Outdoor storage area 919 Dump or sanitary landfill 931 Open land or field		
341 Clinic, clinic type infirmary 342 Hotel/Resort office 361 Prison or jail, not juvenile 419 1- or 2-family dwelling 429 Multi-family dwelling 439 Dwelling/dwelling house 449 Commercial hotel or motel 459 Residential, board and care 461 Dormitory/baracks 419 Food and beverage sales 936 Vacant lot 938 Graded/clear for plot of land 948 Lake, stream, stream 953 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 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: [952] Residential street, road or driveway 874-1 Revision 03/07/98		

LOWEST RATES

01/29/2004 04-0116048

RMUSED CARS

K1 Person/Entity Involved
Local Office: _____ Business name (if applicable): _____ Area Code: _____ Phone Number: _____

Check this box if your address is incident location. Then skip the three duplicate address lines.

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

Number: _____ Title: _____ Street or Highway: _____ Street Type: _____ Suffix: _____

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

State: _____ Zip Code: _____

More people involved? Check this box and attach Supplemental Form (SF28-18) as necessary

K2 Owner Same as person involved. Then check this box and skip the rest of this section. Different person. Then skip the three duplicate address lines.

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

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

133 Number: _____ Title: _____ Courtney Street or Highway: _____ RD Street Type: _____ Suffix: _____

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

SC State: _____ Zip Code: _____

L Remarks
Local Office: _____

Dispatched to a reported vehicle fire at the above stated address. While fire apparatus was enroute, Chief Caggiano went on scene and confirmed a working fire. Upon arrival of Engine 2, crews found a Ford pickup truck with heavy involvement in the passenger area and in the bed of the truck. Main body of fire was knocked down, and the hood was forced open. The engine compartment was checked for fire, with only little involvement in this area. The bed of the truck had cardboard and other lawn supplies which were further extinguished. Fire crews assisted owner with recovery of several items from truck (see narrative) which were total losses. The cause of the fire is undetermined.

I Authorization

10012 Office in Charge of: _____ Signature: Caggiano, James _____ Title or Rank: EC _____ Assignment: _____ Month: 01 Day: 21 Year: 2004

Check box if 10021 Office of Officer Authorizing Report is in Charge. Signature: Dover, Jeffery A. _____ Title or Rank: IT _____ Assignment: _____ Month: 01 Day: 21 Year: 2004

License Number

0200 01/16/2004 04-011804

REVISED CARS

PAGE 04

A 42903 (SC) 01 14 2004 00 04-0116048 000 <small>NO * Date * Incident date * Station Incident Number * Agency * Change in Activity Firm</small>	
B Property Details B1 <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Not Residential <small>Estimated number of residential living units in vicinity of origin whether or not all units became involved</small> B2 <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small> B3 <input type="checkbox"/> None <small>Area located (within city) Loss from one store</small>	
C On-Site Materials or Products <small>Complete if there were any significant source of structural, mechanical, energy or agricultural products of materials on the property, whether or not they became involved</small> Enter up to three codes. Check one on each line for each code entered. NONE None On-site material (I) On-site material (II) On-site material (III)	
D Ignition D1 80 Vehicle area, Other <small>Area of fire within *</small> D2 00 Undetermined <small>Fire source *</small> D3 00 Undetermined <small>Fire source Ignited? 1 <input type="checkbox"/> Ignited 2 <input type="checkbox"/> Not ignited to extent of origin</small> D4 00 Undetermined <small>Type of material Ignited? Ignited only if plus three Ignited code 00 or 01</small>	
E1 Cause of Ignition <input type="checkbox"/> Check box if this is an expert report. Tick or circle 1 1 <input type="checkbox"/> Electrical 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 type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing To Ignition <input type="checkbox"/> None Factor Contributing To Ignition (I) Factor Contributing To Ignition (II)	
E3 Human Factors Contributing to Ignition Check all applicable boxes 1 <input type="checkbox"/> Acting <input type="checkbox"/> None 2 <input type="checkbox"/> Heavily loaded by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Heavily loaded, overloaded 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person involved 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
F1 Equipment Involved in Ignition <input checked="" type="checkbox"/> Check if equipment was not involved, refer to Section D NONE None <small>Equipment involved</small> Brand Model Serial # Year	
F2 Equipment Power Equipment Power Source 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 Enter up to three codes. <input type="checkbox"/> None Fire suppression factor (I) Fire suppression factor (II) Fire suppression factor (III)	
H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but involved 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 H1 PASSENGER CAR <small>Mobile property type</small> H2 FORD <small>Mobile property make</small> H3 1998 <small>Year</small> H4 FI10 Extended Cab <small>Mobile property model</small> H5 [Redacted] <small>License Plate Number</small> H6 [Redacted] <small>State</small> H7 [Redacted] <small>VIN number</small>	
Local Use <input type="checkbox"/> Use-Plan Plan Available <small>Use of the information provided in this report may be limited upon requests from other agencies</small> <input type="checkbox"/> Access report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Carfax report attached <input type="checkbox"/> Other reports attached	

APR 1 2004 10:21AM
01/29/2004 04:38

ALLSTATE SUBROGATION

NO. 438 P. 15

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ROYLETCARS

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1 **2** **3** **4** **5** **6** **7** **8** **9** **10** **11** **12** **13** **14** **15** **16** **17** **18** **19** **20** **21** **22** **23** **24** **25** **26** **27** **28** **29** **30** **31** **32** **33** **34** **35** **36** **37** **38** **39** **40** **41** **42** **43** **44** **45** **46** **47** **48** **49** **50** **51** **52** **53** **54** **55** **56** **57** **58** **59** **60** **61** **62** **63** **64** **65** **66** **67** **68** **69** **70** **71** **72** **73** **74** **75** **76** **77** **78** **79** **80** **81** **82** **83** **84** **85** **86** **87** **88** **89** **90** **91** **92** **93** **94** **95** **96** **97** **98** **99** **00**

Apparatus or Resource	Date and Time				Sent	Number of People	Type	Actions Taken
	Dispatch	Arrival	Clear	Time				
1 ID E-2 Type 11	Dispatch <input checked="" type="checkbox"/>	Arrival <input checked="" type="checkbox"/>	Clear <input checked="" type="checkbox"/>	1 16 2004 22:53	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> HAZ <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 ID Type	Dispatch <input type="checkbox"/>	Arrival <input type="checkbox"/>	Clear <input type="checkbox"/>				<input type="checkbox"/> Suppression <input type="checkbox"/> HAZ <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3 ID Type	Dispatch <input type="checkbox"/>	Arrival <input type="checkbox"/>	Clear <input type="checkbox"/>				<input type="checkbox"/> Suppression <input type="checkbox"/> HAZ <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4 ID Type	Dispatch <input type="checkbox"/>	Arrival <input type="checkbox"/>	Clear <input type="checkbox"/>				<input type="checkbox"/> Suppression <input type="checkbox"/> HAZ <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5 ID Type	Dispatch <input type="checkbox"/>	Arrival <input type="checkbox"/>	Clear <input type="checkbox"/>				<input type="checkbox"/> Suppression <input type="checkbox"/> HAZ <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6 ID Type	Dispatch <input type="checkbox"/>	Arrival <input type="checkbox"/>	Clear <input type="checkbox"/>				<input type="checkbox"/> Suppression <input type="checkbox"/> HAZ <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7 ID Type	Dispatch <input type="checkbox"/>	Arrival <input type="checkbox"/>	Clear <input type="checkbox"/>				<input type="checkbox"/> Suppression <input type="checkbox"/> HAZ <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8 ID Type	Dispatch <input type="checkbox"/>	Arrival <input type="checkbox"/>	Clear <input type="checkbox"/>				<input type="checkbox"/> Suppression <input type="checkbox"/> HAZ <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9 ID Type	Dispatch <input type="checkbox"/>	Arrival <input type="checkbox"/>	Clear <input type="checkbox"/>				<input type="checkbox"/> Suppression <input type="checkbox"/> HAZ <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Type of Apparatus or Resource

<p>Ground Fire Suppression</p> <ul style="list-style-type: none"> 11 Engine 12 Tank or aerial 13 Pumper 14 Tanker & pump combination 15 Tank truck 17 AFR (Aircraft Rescue and Firefighting) 18 Ground fire suppression, other <p>Heavy Ground Equipment</p> <ul style="list-style-type: none"> 21 Buggy or plov 22 Grader 24 Tractor or loader 28 Heavy equipment, other <p>Aircraft</p> <ul style="list-style-type: none"> 41 Aircraft: fixed wing tanker 42 Helicopter 43 Helicopter 49 Aircraft, other 	<p>Marine Equipment</p> <ul style="list-style-type: none"> 51 Fire boat with pump 52 Boat, no pump 58 Marine apparatus, other <p>Support Equipment</p> <ul style="list-style-type: none"> 61 Breathing apparatus support 62 Light and air unit 69 Support apparatus, other <p>Medical & Rescue</p> <ul style="list-style-type: none"> 71 Rescue unit 72 Urban search & rescue unit 73 High angle rescue unit 75 EMS unit 76 ALS unit 78 Medical and rescue unit, other 	<p>More Apparatus? Use Additional Sheets</p> <p>Other</p> <ul style="list-style-type: none"> 81 mobile command post 82 Chief officer car 83 Command unit 84 Type 1 hand crew 85 Type 2 hand crew 89 Privately owned vehicle 90 Other apparatus/resource 98 None 99 Underserved
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Printer Name:

01/29/2004 04:38

APR 01 2004 10:23

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ROVUSED/CARS

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42309

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04-0116048

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Narrative

Narrative:

Dispatched to a reported vehicle fire at the above stated address. While fire apparatus was enroute, Chief Caggiano went on scene and confirmed a working fire. Upon arrival of Engine 2, crews found a Ford pickup truck with heavy involvement in the passenger area and in the bed of the truck. Main body of fire was knocked down, and the hood was forced open. The engine compartment was checked for fire, with only little involvement in this area. The bed of the truck had cardboard and other lawn supplies which were further extinguished. Fire crews assisted owner with recovery of several items from truck (see below) which were total losses. The cause of the fire is undetermined.

The below listed items were recovered by fire personnel, and all below listed items were of total loss. All estimated values listed have been owner researched.

Golf Clubs:

- Irons - "Titleist D.C.I 3-PW"Valued at \$600
- Sand Wedge - "Calloway"Valued at \$90
- Putter - "Odyssey White Hot".....Valued at \$125
- Driver - "Great Big Bertha".....Valued at \$300
- Driver - "Titleist".....Valued at \$140
- 3 Wood - "Custom".....Valued at \$80
- Bag - "Ping".....Valued at \$125
- Accessories: Balls, Headcovers, etc.....Valued at \$200

Sun Glasses:

- 2 pair "Ray-Ban"Valued at \$200

Cologne:

- 1 bottle "The Good Life".....Valued at \$45
- 1 bottle "Balston".....Valued at \$30
- 1 bottle "Kenneth Cole".....Valued at \$50

Middle Console and Organizer:

- 1 set of Ford Floor Mats.....Valued at \$30
- 2 Umbrellas.....Valued at \$40

Total Estimated Value of CONTENTS lost.....\$2195.00

ALLSTATE SUBROGATION

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RMUSED/CARS

PAGE 07

<input checked="" type="checkbox"/> A		PD# <input type="text" value="42309"/>	Code <input type="text" value="SC"/>	Division <input type="text" value="1"/>	Date <input type="text" value="16"/>	Year <input type="text" value="2004"/>	Office <input type="text" value=""/>	Incident Number <input type="text" value="04-0116040"/>	System <input type="text" value="000"/>	<input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Other	PERSONNEL - 10 <input type="checkbox"/> Personnel		
<input checked="" type="checkbox"/> B Apparatus or Personnel		Date and Times <small>Check if over an alarm call</small> Month Day Year Hours/Min				<input checked="" type="checkbox"/> Sent	Number of People <input type="text" value="10"/>	Use <input type="checkbox"/> Suppressant <input type="checkbox"/> Ice <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>				
<input checked="" type="checkbox"/> 1 ID <input type="text" value="R-3"/>		Dispatch <input checked="" type="checkbox"/>	Arrival <input checked="" type="checkbox"/>	Clear <input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text" value="16"/>	<input type="text" value="2004"/>	<input type="text" value="22:55"/>	<input type="text" value="23:00"/>	<input type="text" value="23:55"/>	<input type="checkbox"/> Suppressant <input type="checkbox"/> Ice <input type="checkbox"/> Other	<input type="text" value=""/>	<input type="text" value=""/>
Personnel ID	Name	Rank or Grade	Attended	Action Taken	Action Taken	Action Taken	Action Taken						
10012	Cagliano, James	PC	<input checked="" type="checkbox"/>										
10016	Lipscomb, Barry	LT	<input checked="" type="checkbox"/>										
10019	Lamb, Christopher	FF	<input checked="" type="checkbox"/>										
10020	Yeaglin, Brandon	FF	<input checked="" type="checkbox"/>										
10031	Wofford, Brian	FF	<input checked="" type="checkbox"/>										
10037	Hurton, Anthony	FF	<input checked="" type="checkbox"/>										
10041	Vernier, Markon	FF	<input checked="" type="checkbox"/>										
10044	Lipscomb, Brandon	FF	<input checked="" type="checkbox"/>										
10046	Baker, Benjamin	PR	<input checked="" type="checkbox"/>										
<input checked="" type="checkbox"/> 2 ID <input type="text" value=""/>		Dispatch <input type="checkbox"/>	Arrival <input type="checkbox"/>	Clear <input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/> Suppressant <input type="checkbox"/> Ice <input type="checkbox"/> Other	<input type="text" value=""/>	<input type="text" value=""/>
Personnel ID	Name	Rank or Grade	Attended	Action Taken	Action Taken	Action Taken	Action Taken						
			<input type="checkbox"/>										
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			<input type="checkbox"/>										
			<input type="checkbox"/>										
			<input type="checkbox"/>										
<input checked="" type="checkbox"/> 3 ID <input type="text" value=""/>		Dispatch <input type="checkbox"/>	Arrival <input type="checkbox"/>	Clear <input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/> Suppressant <input type="checkbox"/> Ice <input type="checkbox"/> Other	<input type="text" value=""/>	<input type="text" value=""/>
Personnel ID	Name	Rank or Grade	Attended	Action Taken	Action Taken	Action Taken	Action Taken						
			<input type="checkbox"/>										
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			<input type="checkbox"/>										

License Manager

PERSONNEL - 10 Revision 11/17/98
42309 01/16/2004 04-0116040





Kentucky Farm Bureau Insurance Companies
 Kentucky Farm Bureau Mutual Insurance Company • The FB Insurance Group

9201 Bursan Parkway • P.O. Box 20700 • Louisville, Kentucky 40250-0700
 Telephone (502) 495-5000 • www.kyfb.com

4 NOV 15 P132

RECEIVED

NOV 16 2004



Tuesday, November 9, 2004

Ford Motor Company
 Attn: Consumer Affairs
 P.O. Box 6248MD-3NEB
 Dearborn, MI 48126

IN REPLY REFER TO:

Our Insured: [REDACTED]
 Our Loss Number: [REDACTED]
 Insured Vehicle: 1997 Ford Pickup F150
 VIN Number: 1FTDF17W3V [REDACTED]
 Claim Total: \$7,006.00
 Date of Loss: July 23, 2004



Dear Sirs:

The above referenced file is now being handled in the Subrogation Unit at Kentucky Farm Bureau. Our company was called to make payment under our insured's vehicle as summarized at the bottom of this letter due to a vehicle fire. We are now pursuing reimbursement you're your company for our damages, as well as our insured's deductible.

Upon receipt of this letter, please acknowledge our subrogation claim within 20 days and send payment. All future correspondence regarding this subrogation file should be made to:

Subrogation Unit
 P.O. Box 20700
 Louisville, KY 40250 - 0700
 (502) 495-7742 or (800) 206-6885

Sincerely,

 Andrea Diebold
 Subrogation Specialist

7/23/04
 \$7,006.
 '97 F-150
 VIN
 WSO 4/18/07
 ESP-NO

Vehicle Loss	Deductible	Salvage Expense	Less Salvage Received	Total Amount
\$8,231.00	\$160.00	\$175.00	-\$1,500.00	\$7,006.00



ESTADO LIBRE ASOCIADO DE PUERTO RICO
 TRIBUNAL DE PRIMERA INSTANCIA
 SUBSECCIÓN DE DISTRITO
 SALA DE BAYAMÓN

[REDACTED]
 Demandante

CIVIL NÚM. DDP18-0377

Vs.

SOBRE:

FORD MOTOR COMPANY;
 CAGUAS EXPRESSWAY
 MOTORS, INC., y/o su Compañía
 Asesora A, S, C

DAÑOS Y PERJUICIOS

Demandados

DEMANDA

AL HONORABLE TRIBUNAL:

Comparece la parte demandante [REDACTED] a través de la representación legal que suscribe y ante este Honorable Tribunal muy respetuosamente EXPONE, ALEGA y SOLICITA:

1. Que el demandante [REDACTED] es comerciante y reside en la Calle #5, C-4, Villas de San Agustín, Bayamón, P.R. 00966.
2. El 10 de junio de 1988 el demandante compró un vehículo marca Ford F-150, año 1987, número de serie 1FTDF1727V [REDACTED] tablas 588-081 por la cantidad de \$18,164.00 a Caguas Expressway Motors y/o FORD MOTOR COMPANY.
3. El 31 de mayo de 1987, mientras el demandante viajaba acompañado de su nieto por el área de Aguadilla, inexplicablemente su vehículo se le encendió en llamas, provocándole pérdida parcial al vehículo y causándole un intenso sufrimiento al ver que su nieto y la de su nieto, estuvo en grandes aprietos al confrontarse con esta situación.
4. Como consecuencia de lo antes expresado, el vehículo fue llevado a un representante de la Ford en el área de Mayaguez y tuvieron el vehículo por varias semanas para evaluar la causa del incendio.
5. Posteriormente, la parte demandante, luego de haber hecho varias gestiones con los representantes de la FORD MOTOR COMPANY en Puerto Rico

para que le substituyere la unidad por otra, no le quedó otra alternativa que quedarse con la misma unidad luego que estuvo sin usarla por más de dos meses.

6. En el ínterin de las gestiones con la parte demandada, la compañía aseguradora evaluó los daños a la unidad quemada en la cantidad de \$1,607.38 sin la pérdida de uso con un deducible de \$500.00.

7. Posteriormente, luego que la unidad se puso en función se determinó que tenía unos desperfectos eléctricos, que entendamos fue la causa del incendio.

8. Como consecuencia de la negligencia y/o responsabilidad absoluta del fabricante o distribuidor en poner en el mercado un producto defectuoso, el demandante ha sufrido la pérdida de \$500.00 por el pago del deducible de su seguro para arreglar la unidad, ha sufrido daños por la pérdida de uso de la unidad quemada consistente en aproximadamente \$4,000.00, ha sufrido la depreciación de su vehículo en la cantidad de \$2,000.00 aproximadamente, ha sufrido angustias y sufrimientos mentales, por las molestias que esta situación le han provocado a su persona, más el suceso que tuvo al momento de quemarse su vehículo, donde estuvo en peligro de perder su vida y la de su nieta, que se estiman en alrededor de treinta mil dólares (\$30,000.00).

9. Como consecuencia de los hechos antes expresados, el demandante ha hecho varias gestiones extrajudiciales con los demandados para que le resolvieran su problema inmediato de pérdida de uso y sustitución de su vehículo y los demandados no han contestado sus reclamos y tampoco han rendido un informe sobre la causa del incendio, luego que estuvieron evaluando la unidad por varias semanas.

10. Los demandados se identifican como Ford Motor Company y/o Caguas Expressway Motor y sus compañías aseguradoras desconocidas que se identifican como A, B y C; como responsables por negligencia y/o responsabilidad absoluta por poner un vehículo defectuoso en el mercado.

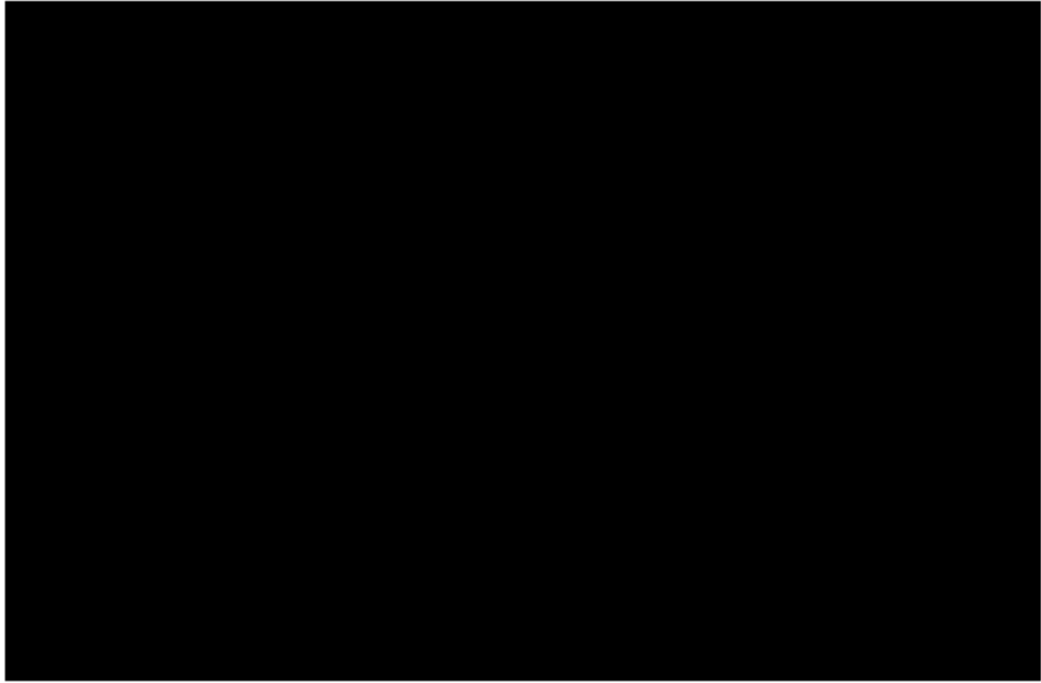
POR TODO LO CUAL, muy respetuosamente se solicita de este Honorable Tribunal que declare HA LUGAR la presente demanda con un señalamiento especial de costas, interés legal y honorarios de abogado, debido a la temeridad que han presentado los demandados.

RESPECTUOSAMENTE SOMETIDA, en San Juan, Puerto Rico, a 13 de abril de

1999.



JULIO TORRES MUÑOZ
COLEGIADO NÚM. 9242
P.O. BOX 70128
SAN JUAN, P.R. 00936-0128
☎ 781-0707, EXTB. 252, 256
FAX: 749-0585



State Farm Insurance Companies



November 8, 1999

Ford Motor Company
Office of General Counsel
Parklane Tower West, Suite 400
3 Parklane Blvd.
Dearborn, MI 48126

ATTN: Product Claims

Re. Our Claim Number [REDACTED]
Our Insured [REDACTED]
Date of Loss: 10-21-99
1997 Ford F150, VIN 1FTDF1820VN [REDACTED]

The identified vehicle is insured by State Farm Insurance. 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 (616) 940-2430 to set up a time for your inspection.

Sincerely,

A handwritten signature in cursive script that reads "John H. Meyer".

John H. Meyer
Claim Representative
State Farm Insurance
2660 Leonard St. NE
Grand Rapids, MI 49501



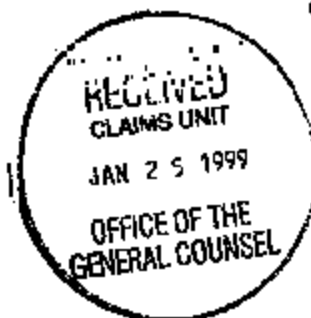
State Farm Insurance Companies



FAIRMONT SERVICE CENTER
P.O. Box 2718
Fairmont, WV 26556
(304) 386-5560

January 21, 1999

Howard E. Keys, Manager
Product Claims Department
Ford Motor Company
Parklane Tower West, Suite 400
Three Parklane Boulevard
Dearborn, MI 48126



RE: Claim Number: [REDACTED]
Our Insured: [REDACTED]
Date of Loss: December 8, 1998
Vehicle: 1997 Ford F150 pickup
VIN: 1FTDX18W9VN [REDACTED]

Dear Mr. Keys:

The identified vehicle is insured by State Farm Mutual Automobile Insurance Company. This vehicle experienced a fire on or about December 8, 1998.

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 (304) 366-5560 to set up a time for your inspection.

Sincerely,

A handwritten signature in cursive script that reads "Susan Krosmico".

Susan Krosmico
Claim Representative
State Farm Mutual Automobile Insurance Company
(304) 368-3853

042/0121003

HOME OFFICE: BLOOMINGTON, ILLINOIS 61710-0001

ER95-885-LC1-2337



2000-64332

[REDACTED]

Plaintiff

VS.

FORD MOTOR COMPANY, AND
LEADERSHIP FORD, INC.

Defendants

§
§
§
§
§
§
§

IN THE DISTRICT COURT

OF HARRIS COUNTY, TEXAS

280 JUDICIAL DISTRICT

PLAINTIFF'S ORIGINAL PETITION

TO THE HONORABLE COURT:

[REDACTED] respectfully files this petition complaining of Ford Motor Company, herein after referred to as "Ford" and Leadership Ford, Inc., herein after referred to as "Leadership" and would show the following:

I. Level One

Plaintiff, [REDACTED] hereby alleges that she seeks less than Fifty Thousand Dollars, (\$50,000.00) in monetary damages and that discovery is intended to be conducted under Level 1 pursuant to Rule 190 of the Texas Rules of Civil Procedure.

II. PARTIES

Plaintiff is an individual residing in Harris County, Texas.

Ford is a foreign corporation, organized and existing under the laws of the State of Michigan, is authorized to do business in Texas and may be served with process by serving the registered agent for service C. T. Corporation System, at, 350 N. St. Paul St., Dallas Texas, 75201.

Leadership is a Texas corporation, whose principal place of business is 10510 N. Central Expressway, Dallas, Texas, 75231 and may be served with process by serving the registered agent for service Robert Allen Lukehart, at 10510 N. Central Expressway, Dallas, Texas, 75231.

III. VENUE

Venue is proper in Harris County pursuant to Tex. Civ. Prac. & Rem. Code Ann., and pursuant to Tex. Bus & Com. Code Ann., because the cause of action accrued here.

IV. CONDITIONS PRECEDENT

All condition precedent to recovery have been performed or have occurred.

V. NATURE OF THE CASE

This is a suit to recover damages arising out of the purchase by plaintiff from defendant Ford and Leadership. of a new 1997 Ford F-150 pickup truck automobile, bearing vehicle identification number 1FTDX0767V[REDACTED]. At all times material hereto, defendants were merchants in the business of selling automobiles.

As a result of the sale of the automobile by defendant Leadership, an implied warranty of merchantability arose in the transaction which includes the following guarantees:

1. that the automobile was fit for the ordinary purpose for which such an automobile is purchased

Subsequent to the sale, an implied warranty arose in connection with a defect in the automobile in that the automobile caught fire and burned.

In addition to the implied warranties that arose in the transaction, certain representations and express warranties were including, the following, that the automobile was not defective in material or workmanship and it would not burn up during the warranty period.

VI. Actionable Conduct

After the automobile was purchased, the vehicle burned up on December 17, 1998. This condition occurred during the express warranty period. Plaintiff notified the defendant's of the condition and returned the

automobile to defendant Ford for warranty service on numerous occasions, none of which were successful.

VII. Causes of Action

The following cause of action exist as a result of the facts stated in the preceding paragraphs:

Breach of warranty

Implied warranties, because of the inherent defects in the automobile, which defects existed at the time the automobile was sold although not discovered until later, the automobile was not fit for the ordinary purpose for which such automobiles are used. This conduct by defendant's Ford and Leadership constitutes a breach of the implied warranties described above, which breach is actionable under DTPA § 17.50(a)(2).

Express Warranty, when the automobile was not repaired or replaced, the express warranties that it would were breached. Defendant's breach is actionable under DTPA § 17.50(a)(2).

False representation

Defendants statements that this automobile was a quality made vehicle and that the automobile's defects would be repaired or replaced misrepresented the characteristics, uses, benefits, standard and quality of defendants product. For this reason, theses representations were false, misleading and deceptive as defined in DTPA § 17.48(b)(5) and (7); and this conduct is actionable under DTPA § 17.50(a)(1).

Unconscionability

There was a gross disparity between the amount of money paid by the plaintiff for the automobile and the value received by the plaintiff. For this reason, this transaction was unconscionable and is actionable under DTPA § 17.50(a)(3).

Knowing conduct

Defendants had actual awareness of the act, practice, condition, defect, or failure constituting the breach of warranty complained of in this petition in that defendant knew that the automobile had not been repaired or replaced when plaintiff made such request and was denied by the defendants.

VIII. CAUSATION; DAMAGES

The conduct described above has been and is a producing and proximate causes of damages to plaintiff far in excess of the minimum jurisdictional limits of this court. Plaintiff's damages include the total loss of the defective automobile including financing, loss of use of the automobile.

IX. ADDITIONAL DAMAGES & PENALTIES

Defendants' conduct was committed knowingly. Accordingly, defendants are liable for additional damages as authorized by DTPA § 17.50(b)(1).

X. ATTORNEYS FEES

Plaintiffs are entitled to reasonable and necessary attorney's fees pursuant to DTPA § 17.50.

WHEREFORE, PREMISES CONSIDERED, Plaintiffs respectfully pray that they recover from the Defendants, actual damages, additional statutory damages under the DTPA, exemplary damages, statutory penalties, prejudgment interest, post judgment interest, attorneys' fees, cost, and such other relief to which Plaintiff may show himself justly entitled.

Respectfully submitted,


ENRIQUE C. RAMIREZ
3801 Barnett
Houston, TX 77017

(713) 649-3100
(713) 644-0215 (Fax)
S.B.N. 16501710

ATTORNEY FOR PLAINTIFF



Allstate Insurance Company
Market Claim Office
284 S. River Road
Bedford, NH 03110
Bus: 603-825-9716

Allstate
You're in good hands.

now

March 6, 2000

Customer Assistance
Ford Office of General Council
Parklane Towers West ste. 400
3 Parklane Blvd
Dearborn MI. 48126



RE: Vehicle: 1997 Ford F150
VIN: 2FTEP08L2VC [REDACTED]
Owner: [REDACTED]
D/L: 02-28-00
Claim #: [REDACTED] GNP

To whom it may concern:

I represent Allstate Insurance Company's Special Investigations Unit. The above vehicle was involved in a fire of alleged unknown origin. The loss occurred in Sandwich N.H..

In order to determine the cause of the fire, including a determination as to whether any defect in the vehicle was in existence at the time of the loss, a representative of North Eastern Technical Services, Inc., will conduct an inspection and testing of the vehicle. This inspection will take place at ISA 140 Rockingham Rd Auburn, N.H..

As the Allstate Corporation has an interest in this matter, from both a safety precaution standpoint and as a potential defendant in litigation, you are invited to have an expert attend and participate in the inspection and testing procedures.

Please respond within 10 business days.

Sincerely,
Nancy Penny-Shea
Nancy Penny-Shea
Sr. Staff Claim Rep.



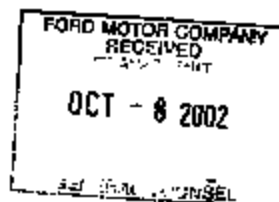
State Farm Insurance Companies®



Southern Claim Office
125 Guthrie Street
P.O. Drawer 1018
Southaven, MS 38671
Telephone: (662) 349-4800

October 2, 2002

Ford Motor Company
Park Lane Towers West
Suite 400
3 Park Lane Blvd.
Dearborn, MI 48128-2588



Re: - Claim Number [REDACTED]
Our Insured [REDACTED]
Date of Loss September 22, 2002
Vehicle 1997 Ford Expedition
VIN 1FMEU1767V [REDACTED]

Dear Sir or Madam:

The identified 1997 Ford Expedition is insured by State Farm Fire and Casualty Company. This 1997 Ford Expedition experienced a fire which totaled the vehicle.

State Farm® would like to give you an opportunity to inspect the 1997 Ford Expedition and give you advance notice of our potential subrogation claim.

Please contact me at your earliest convenience to set up a time for your inspection.

Sincerely,


Terence Kaseen
Claim Specialist
State Farm Mutual Automobile Insurance Company
Phone: (662) 349-4827

018/1002023

9/22/02
- 197 EXP
- VIN

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-0001

ER85-005-LC1-2344



PROGRESSIVE

3332 Walton Avenue, Suite 110
Depew, NY 14043
Telephone: 1-800-PROGRESSIVE
Facsimile: 716 651-4823
progressive.com

April 9, 2003

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

*Ford Motor Company
Customer Relationship Center, ATTN: Product Liability
P.O. Box 6248
Dearborn, MI 48126*

*Ultimate Auto Sales
6404 Transit Rd.
Depew, NY 14043*

*Michael Tarnowski
602 77th St.
Niagara Falls, NY 14304*



3 APR 11 12:36

CONSUMER AFFAIRS
SECTION

Our Insured: [REDACTED]
Claim Number: [REDACTED]
Date of Loss: 3-27-03
Policy Number: 15353498-2
Vehicle: 1997 Ford Expedition, 4x4
VIN#: 1EMFU18L9VI [REDACTED]

Ladies and Gentlemen:

Please be advised that the above captioned vehicle was involved in a fire resulting in the total loss of the unit. Preliminary inspections have failed to reveal a definite cause of the fire. There exists the possibility that a manufacturing defect could be one potential source of ignition.

We are arranging for a cause and origin examination of the vehicle to determine the cause of this fire. We will be utilizing *Peter Vallas Associates, Inc.*, 106 Washington Ave., Endicott, NY 13760, (585)786-9980, to conduct said cause and origin examination.

The purpose of this letter is to provide you with the opportunity to conduct a co-examination of this vehicle. If you would like to arrange a co-examination of the vehicle with a representative of Peter Vallas Assoc. Inc., please contact them at the location listed above to coordinate the time and location for this co-examination.

If you do not contact Peter Vallas Assoc. Inc., within 10 days of the receipt of this letter, we will assume that you have relinquished your rights to examine this vehicle, and they/we will examine the vehicle in your absence.

36
5/27/03
197 Exped
VIN

ER05-885-LC1-2345

PROGRESSIVE

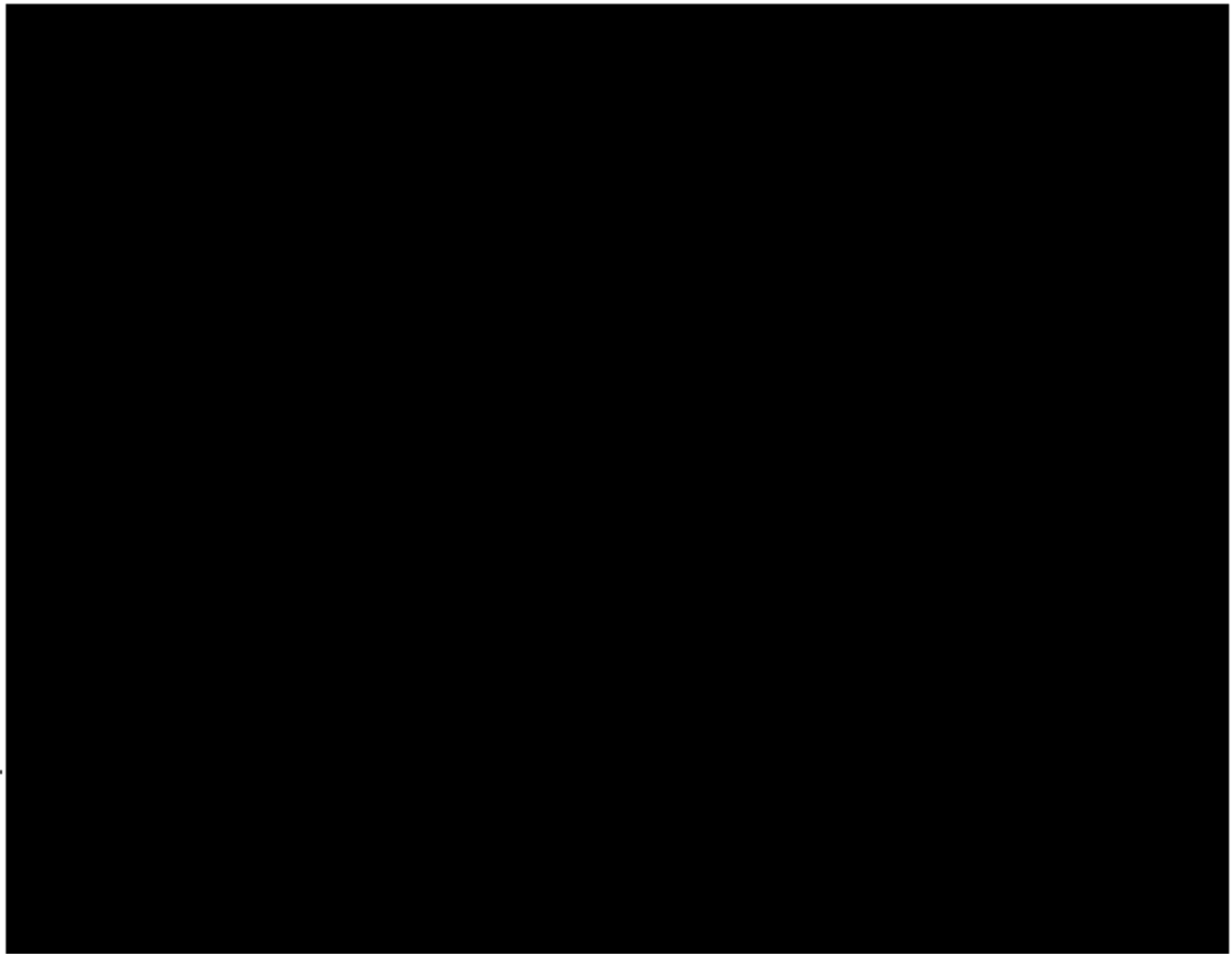
3332 Walden Avenue, Suite 110
Darien, NY 14041
Tel: 607.265.2200
Fax: 607.265.2201
www.progressive.com

I caution you that, should your expert fail to appear at the inspection, you will forfeit any right to subsequently claim prejudice under Nally v. Volkswagen of America, Inc., 405 Mass. 491 (1989).

Sincerely,


Jennifer Le Blanc
Fire and Theft Investigator

PROGRESSIVE CASUALTY INSURANCE COMPANY
#





333 North Washington
Suite 240
P.O. Box 2606
Hutchinson, Kansas 67504-2606

316-663-6011
1-800-663-6011
FAX 316-663-6450

CLAIMS DEPARTMENT

FORD MOTOR COMPANY
PO BOX 1904
DEARBORN MI 48121-1904

INSURED: [REDACTED]
HUTCHINSON, KANSAS
CLAIM#: [REDACTED]
CLAIMANT: FORD MOTOR COMPANY
D/L: 6-23-97
VEHICLE: 1997 FORD F SERIES PICKUP
VIN # 1FTHX25G9V [REDACTED]

Dear Sirs:

We have sent two previous notices to your company advising of our subrogation interest due to the payment of damages we made to our insured, with no response.

We would appreciate a response to our subrogation notice concerning the fire damage of the above captioned vehicle. Our investigative report was enclosed with our prior notices, and indicates a defective wire caused the fire. There was only 900 miles on this vehicle when the fire occurred. Also, the vehicle was parked and not running when the fire started.

Please have a representative contact this office to notify us of your insurance carrier, address and telephone number. We will pursue arbitration if we can not come to terms on this. The vehicle has been retained, waiting for your response, but we would like to take care of the salvage.

I look forward to a response from your company, so that litigation does not become necessary.

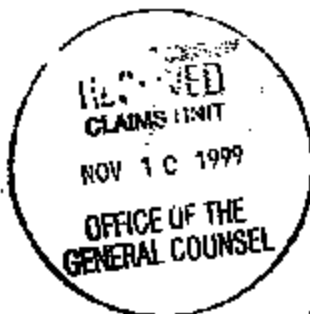
Respectfully,

FARMLAND MUTUAL INSURANCE COMPANY
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY

Debbie Knox
Work Comp Coordinator
DK/mrw

FARMLAND INSURANCE COMPANIES
FARMLAND MUTUAL INSURANCE COMPANY • NATIONWIDE AGRIBUSINESS INSURANCE COMPANY
2662 ILL. AVENUE • DES MOINES, IOWA 50316 • PHONE (515) 243-6800 • FAX (515) 245-6983
MEMBER OF THE NATIONAL FIRE INSURANCE ASSOCIATION

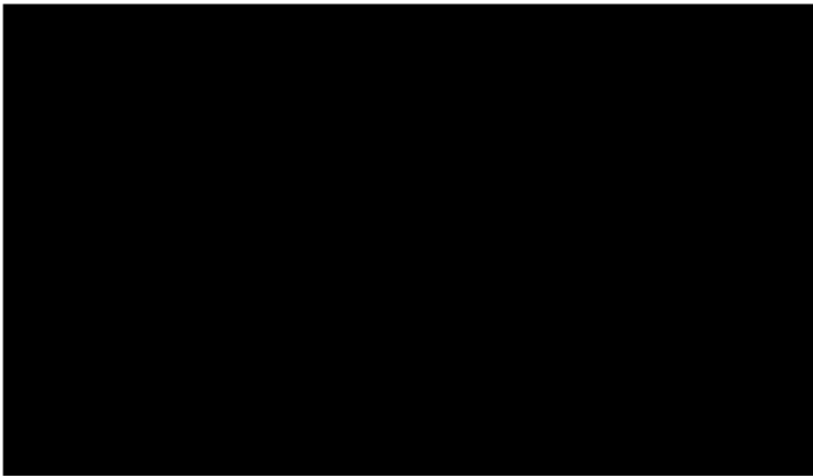
NOV 02 1999



October 28, 1999

new

OK



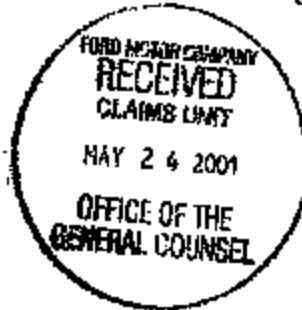
State Farm Insurance Companies



Corpus Christi Claim Service Office
6606 Weber RD
Box 270560
Corpus Christi, TX 78427-0660

May 14, 2001

Ford Motor Company
Park Lane Towers West, Suite 400
#3 Parklane Boulevard
Dearborn, MI 48126-2568



RE: Claim Number: [REDACTED]
Date of Loss: April 28, 2001
Our Insured: [REDACTED]
Year/Make/Model: 1997 Ford F-150 Pickup; Serial Number 1FTDX17WXVK [REDACTED]

Dear Customer Service Representative:

The above-referenced 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 (361) 850-6050 to set up a time for your inspection.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sylvia Reyna".

Sylvia Reyna
Claim Processor
State Farm Mutual Automobile Insurance Company
(361) 850-6050

SR/gm/029/0514046



Fax (319) 523-2511



LOUISA MUTUAL INSURANCE ASSOCIATION

WAPELLO, IOWA 52683

PH. 319-523-4231

CONSUMER AFFAIRS
SECTION



Covers The County

2 JUN -3 P1:30

May 28, 2002

Ford Motor Company
Consumer Affairs
PO Box 6248
MD-3NE-B
Dearborn, MI 48126



To Whom It May Concern:

This letter is to advise you that a structure fire occurred on 5/26/2002 in which our company was the primary insurance carrier on a home, garage and contents. The fire also involved a 2002 Ford F-150, VIN #1FTRW08L62K [redacted] belonging to [redacted] Mt. Union, IA [redacted]. The fire, which started in the garage, totally destroyed the garage, truck and home.

Louisa Mutual Insurance Association is therefore placing Ford Motor Company on notice of possible subrogation against Ford Motor Company of our financial loss, pending the findings of our investigation.

Please acknowledge receipt of this letter and give this matter your immediate attention.

If you have any questions, or if you plan to investigate the fire scene as well, please contact me ASAP at 319-523-4231.

Sincerely,

Jack LaFayette
Claims Adjuster/Inspector

- 5/26/02
- '02 F-150
- VIN



JUN 26 2001

Travelers

Stephanie Indra
PO BOX 2954
MILWAUKEE, WI 53201-2954
Phone: (800)624-6007 x1869
Fax: (262)827-1038

June 20, 2001

CONSUMER AFFAIRS
SECTION

Ford Motor Company
PO Box 1904
Dearborn, MI 48121-1904

10 .M -0 P2:22

Our Client: James C Alexander
Date of Loss: 05/29/2001
Our File No.: LNE5446

2001 JUL 10 10:24:42
CUSTOMER SUPPORT
CENTER

Dear Ford Motor Company,

We are handling a claim for [REDACTED] who sustained a fire damage loss on 05/29/2001 to his 1997 F-150 Truck, Vin#1FTDX1726V1 [REDACTED]

Our investigation reveals that you may be legally responsible for this loss, and we look to you to satisfy this obligation as our insured had just had some recall work done on the vehicle under warranty claim number [REDACTED] at James Short Ford in Royston, GA.

We are requesting reimbursement in the amount of \$1729.93. This represents our payment of \$729.93, and James C Alexander's deductible of \$1000.00.

If you have insurance, please complete the attached form and return it to me. Please refer this letter to them immediately, requesting they contact our offices. Should you not have insurance, we expect payment from you directly. Please contact me to discuss reimbursement options.

Please call me with any questions.

Sincerely,

Stephanie Indra
THE PHOENIX INSURANCE COMPANY
(262)797-1869

Enc. Insurance Questionnaire

RECEIVED
CLAIMS UNIT
JUL 11 2001
OFFICE OF THE
GENERAL COUNSEL

- 5/29/01
- 1A7 F-150
- VIN
- B117301





FARMERS

NOV 14 2002
THE COUNSEL

CONSUMER AFFAIRS SECTION
November 5, 2002

2 10/11/02

Ford Motor Company Consumer Affairs
PO Box 6248
MD-3NE-B
Dearborn, MI 48126

Our Claim Number: [REDACTED]
Our Insured: [REDACTED]
Date of Loss: 6/13/02
Vehicle ID Number: 1FTDX176XV [REDACTED]
Year, Make, Model: 1997 Ford F-150 XLT Super Cab
Total Damages: \$11,660.25 (salvage pending)

Farmers Insurance
Baltimore Underwriting COE
P.O. Box 4478
Towson MD 21286-4478
USA
Phone
800 944 7515, ext.
7345
Fax 410 261 7286

Our investigation shows that you are responsible for the above captioned vehicle fire. Our damages are as follows:

Property Damage	\$10,660.25
Rental/Loss of Use:	\$
Towing/Storage:	\$
Out of Pocket	
Medical Payments (PIP)	\$
Salvage	- Spending
Deductible	\$1,000.00
Total Subrogation	\$11,660.25

NOV 14 2002
THE COUNSEL

If liability is acknowledged and the enclosed supports are satisfactory, please issue payment within 15 days, payable to Farmers Insurance Group, send to my attention at the address noted to the left and please reference our claim number on the check. We will forward the deductible amount to our insured. The vehicle is available for inspection at the Sapulpa Insurance Pool in Oklahoma under stock #208109. If you have any questions or issues, please call my office at 800-944-7515, ext. 7345.

Thank you for your prompt attention to this matter.

Sincerely,

Ellen Gross
Ellen Gross
Claim Representative
Farmers Insurance Company, Inc.

6/13/02
- '97 F-150
- VIN 25
- \$11,660.25
OKLAHOMA CITY, OK
~ 77,000 (M)
OW
(ESP-EXP)
prior owner

OKLAHOMA CITY, OKLAHOMA TELE

Make check represent "None" and "Other" code and effect. Any representation as to the accuracy of reported conditions outside of this is intended, not implied.

PLEASE PRINT IN YOUR OWN WORDS BOTH A WRITTEN AND CODED RESPONSE WHEN APPLICABLE. MARK BOXES WITH AN "X" AND CODE CHOICE. LEAVE NO ITEMS BLANK.

NATIONAL

JUN 27 2002

FIRE INCIDENT REPORT
PONCA CITY

Fire Department

1 DELETE
2 CHANGE

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CORRECT ADDRESS: [redacted] ZIP CODE: 74301																																																																																																		
E	11	OCCUPANT LAST NAME: [redacted]		FIRST: J	M:	ROOM OR APT:																																																																																												
F	12	OWNER LAST NAME: S.A.A.		ADDRESS: S.A.A.																																																																																														
G	13	METHODS OF ALARM FROM PUBLIC (p. 14)				CD INSPECTION DISTRICT: 17	SHIFT: 17	NO. ALARMS RECEIVED: 1																																																																																										
H	NO. FIRE SERVICE PERSONNEL RESPONDED: 10		NO. MOTORISTS RESPONDED: 10		NO. AERIAL APPARATUS RESPONDED: 1		NO. OTHER VEHICLES RESPONDED: 10																																																																																											
I	20	NO. INCIDENT RELATED INJURIES: 0		NO. INCIDENT RELATED FATALITIES: 0																																																																																														

Personnel Responding: 66-27 53-23

Equipment Responding: E-3 R-1

1997 Ford pickup total fire involvement under hood. Total loss \$66 (unlabeled)

FORM 605-1-61-2302

K
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V

AREA OF FIRE ORIGIN (pg. 151)		EQUIPMENT INVOLVED IN IGNITION (COMPLETE LINE 1) pg. 14	
14 <input type="checkbox"/> inside house	15 <input type="checkbox"/> inside structure	16 <input type="checkbox"/> inside vehicle	17 <input type="checkbox"/> outside structure

FORM OF HEAT OF IGNITION (pg. 151) (HEAT SOURCE)	TYPE OF MATERIAL IGNITED (pg. 151) (COMPOSITION)	FORM OF MATERIAL IGNITED (pg. 151) (USE)
18 <input type="checkbox"/> heat from solid fuel	19 <input type="checkbox"/> wood	20 <input type="checkbox"/> upholstered soft chair

METHOD OF EXTINGUISHMENT (pg. 151)	LEVEL OF FIRE ORIGIN (pg. 151)	ESTIMATED TOTAL DOLLAR LOSS (COMPLETE LINE 2)
21 <input type="checkbox"/> water	22 <input type="checkbox"/> 10 to 18 feet	23 <input type="checkbox"/> \$12,000.00

NUMBER OF STORIES	CONSTRUCTION TYPE
24 <input type="checkbox"/> 1 story	25 <input type="checkbox"/> fire resistant

EXTENT OF DAMAGE	SPRINKLER PERFORMANCE
26 <input type="checkbox"/> confined to object of origin	27 <input type="checkbox"/> responded as expected

DETECTOR PERFORMANCE	SPRINKLER PERFORMANCE
28 <input type="checkbox"/> did not sound or operate	29 <input type="checkbox"/> responded as expected

TYPE OF MATERIAL GENERATING MOST SMOKE	AVENUE OF SMOKE TRAVEL
30 <input type="checkbox"/> upholstered chair	31 <input type="checkbox"/> not building duct

MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO. (IF ANY)
30	9/7	Ford	F-150	1FTBX176XV	
EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.	
40					

ESTIMATED PROPERTY VALUE

60 | 1 | 12 | 0 | 0 | 0 | 0 | 0

Officer in Charge (Name, Position, Assignment) Date
Jim Gavelle 6-14-0

Member Making Report (if Different from Above) Date

Check box if Remarks are made on separate page.





155 Mineola Blvd. 516-248-1100
Mineola, NY 11501 516-248-5734 Fax

Long Island's
Oldest
Insurance Company



August 1, 2002

FORD MOTOR COMPANY
CONSUMER AFFAIRS
P.O. BOX 6248 MD3NE-B
DEARBORN, MI 48126

Re: File #: PA013259-01
Insured: [REDACTED]
Policy #: [REDACTED]
Vehicle type: 2002 Ford Expedition
VIN #: 1FMEU18L52L [REDACTED]
Loss Type: Comprehensive Loss - Total Fire
Date of Loss: 05/19/02

Dear Consumer Affairs:

In reference to the above captioned claim please be advised we are putting Ford Motor Company on notice to the loss for the thermal event occurred on 05/19/02 at the location of 92-08 78th street, Woodhaven, NY 11427.

This vehicle deemed a total loss due to a total fire that occurred in the Insured's driveway. The vehicle is in the possession of Interboro located at our salver: Alliance Auto, Tele# 718/672-3800 under Stock # SS4972.

If you wish to inspect this vehicle you will need to contact Alliance directly.

If you have any questions surrounding this loss, please contact me at 516/248-1100 extension 250.

Respectfully yours,

Gregg Plawski

Gregg Plawski
Physical Damage Examiner

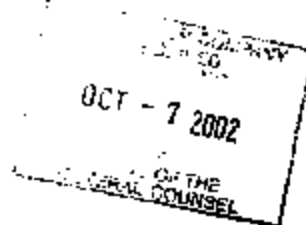
5/19/02
- '02 EXPED
- VIN
- woodhaven, NY
2 AUG -6 AM
CONSUMER AFF
SECTION



155 Mineola Blvd.
Mineola, NY 11501

516-248-1100
516-248-5734 Fax

Long Island's
Oldest
Insurance Company



SEPTEMBER 27, 2002

FORD MOTOR COMPANY
FARLANE TOWERS WEST STE. 300
THREE PARKLANE BLVD.
DEARBORN, MI 48126-2568

Re: Claim Number [REDACTED]
Insured: [REDACTED]
Date Of Loss: 05/19/02
Policy #: [REDACTED]
Loss type: Comprehensive Loss - FIRE DAMAGE

Dear SIR OR MADAM:

Our policyholder's vehicle 2002 Ford EXPEDITION under VIN# 1FMMU18L521 [REDACTED]

RESPONSE TO YOUR INFORMATION REQUEST:

- (2) THE INSURED'S VEHICLE WAS DISCOVERED TO BE ON FIRE IN THE DRIVEWAY OF THE POLICYHOLDER AT 92-08 78TH ST QUEENS, NY 11416
- (3) COPY NOT AVAILABLE
- (6) MILEAGE APPROXIMATELY 5000-6000 MILES
- (7) PHOTO OF A DEFECT NOT AVAILABLE.
- (10) DEFECT UNKNOWN
- (11) DOCUMENTATION TO SUPPORT DEFECT NOT AVAILABLE.
- (12) VEHICLE WAS BURNED TO THE SHELL-VEHICLE WAS DEEMED A TOTAL LOSS
- (13) VEHICLE WAS PRESENTLY STORED AT ALLIANCE AUTO PARTS: 50-16 72ND ST WOODSIDE, NY 11397 718-672-3800 YOU MUST SEE VEHICLE IMMEDIATELY WE CANNOT HOLD IT MUCH LONGER.
- (14) REPAIR ESTIMATE ON VEHICLE NOT AVAILABLE
- (15) COMPLETE SERVICE HISTORY ON THIS VEHICLE NOT AVAILABLE.

ER05-805-LC1-2355

- (16) LIST OF AFTER MARKET ON THIS VEHICLE NOT AVAILABLE
- (21) THE VEHICLE WAS PARKED, ENGINE NOTED NOT TO BE RUNNING.
- (22). THE INSURED ADVISED VEHICLE TO BE PARKED IN DRIVEWAY-NO MENTION OF KEYS IN THE IGNITION.
- (23). THE VEHICLE WAS ACQUIRED BY OUR POLICYHOLDER THROUGH A LEASE AGREEMENT.

Sincerely,

Gregg Plawski
Property Claim Representative
516/248-1100 ext 250



A Delete Change No Activity **MFIRS -1 Basic**

AK406 TX 02 01 2001 1 01-000018 000

WPD * State * Incident Date * Station Incident Number * Expense * No Activity

B Location* Check this box to indicate that the address for this incident is provided on the MFD/MSF Form available in Section 5 "MFD/MSF Location Specifications". Use only for Wildland fires. **Comds Tract** []

Street address [Redacted] **ST** []

Intersection **Number/Highway Traffic Street or Highway** [] **Street Type** [] **Suffix** []

In front of []

Rear of **Sealy** **TX** [] **City** [] **State** [] **Zip Code** []

Adjacent to []

Circumstances []

Same street or driveway is applicable

C Incident Type * **E1 Date & Times** **E2 Shift & Alarms**

I31 Passenger vehicle fire **Check boxes if dates are the same as Alarm** **Month** 02 **Day** 05 **Year** 2001 **hr** 10 **Min** 43 **Sec** 00

Incident Type **Alarm *** **Arrival *** 02 06 2001 10:46:00 **Shift or Alarm District** []

D Aid Given or Received* **E3 Special Studies**

1 Mutual aid received **Special Study IOP** [] **Special Study Value** []

2 Automatic aid recev. **CONTROLLED** Optional. Except for Wildland fires

3 Mutual aid given **MAY UNIT CALLED**, required except for Wildland fires

4 Automatic aid given

5 Other aid given

6 None

F Actions Taken * **G1 Resources *** **G2 Estimated Dollar Losses & Values**

I1 Extinguish **Check this box and skip this section if an Apparatus or Personnel form is used.** **Apparatus** 0001 **Personnel** 0001 **Property** \$ [] [] 018 [] 000 []

I6 Investigate **Suppression** [] [] **Contents** \$ [] [] 000 [] 000 [] **Check box if resource counts include aid received resources.** **Contents** \$ [] [] 000 [] 000 []

Additional Action Values (2) [] [] **Other** [] [] **Property** \$ [] [] 018 [] 000 [] **Contents** \$ [] [] 000 [] 000 []

Completed Modules **H1 Casualties & News** **H3 Hazardous Materials Release** **I Mixed Use Property**

Fire-2 **Deaths** [] **Injuries** [] **W** None **HN** Not mixed

Structure-3 **Fire Service** [] **Civilian** [] **1** Structural Gas: slow leak, no evacuation or limited actions **10** Assembly use

Civil Fire Cas.-4 **2** Dangerous gas: on or near the so vent or utility **20** Education use

Fire Serv. Cas.-5 **3** Gasoline: vehicle fuel tank or portable container **30** Medical use

Haz-6 **4** Explosives: fuel burner equipment or portable storage **40** Residential use

Hazmat-7 **5** Diesel Fuel/Oil: engine fuel tank or portable **50** Row of stores

Wildland Fire-8 **6** Household solvents: household spill, storage only **53** Enclosed wall

Apparatus-9 **7** Motor oil: two engine or portable container **58** Bus. & Residential

Personnel-10 **8** Paint: two paint cans including 4 of white **59** Office use

Access-11 **9** Other: Special Hazmat policies required on spill > 5 gal. **60** Industrial use

U Unknown **0** Other: Special Hazmat policies required on spill > 5 gal. **63** Military use

65 Farm use

66 Other mixed use

J Property Use* **Structures** **341** Clinic, clinic type infirmary **539** Household goods, sales, repairs

131 Church, place of worship **342** Doctor/dentist office **579** Motor vehicle/boat sales/repair

161 Restaurant or cafeteria **361** Prison or jail, not juvenile **571** Gas or service station

162 Bar/tavern or nightclub **419** 1- or 2-family dwelling **599** Business office

213 Elementary school or kindergarten **429** Multi-family dwelling **615** Electric generating plant

215 High school or junior high **439** Rooming/boarding house **629** Laboratory/science lab

241 College, adult education **449** Commercial hotel or motel **700** Manufacturing plant

311 Care facility for the aged **459** Residential, board and care **819** Livestock/poultry storage (barn)

331 Hospital **464** Barnitory/barracks **882** Non-residential parking garage

331 Hospital **519** Food and beverage sales **891** Warehouse

Outside **936** Vacant lot **981** Construction site

124 Playground or park **938** Graded/care for field **982** Industrial plant yard

655 Crops or orchard **946** Lake, river, stream

669 Forest (timberland) **951** Railroad right of way

807 Outdoor storage area **960** Other street

919 Dump or sanitary landfill **961** Highway/divided highway

931 Open land or field **962** Residential street/driveway **Residential street, road or driveway**

MAIL & FILE **PROPERTY USE** **962**

FEB 26 2001

MFIRS-1 Revision 03/11/99

K1 Person/Entity Involved Local Option Business name (if applicable) Area Code Phone Number

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

Mr./Ms./Mrs. First Name MI Last Name Suffix

Street Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

Were people involved? Check this box and attach Supplemental Forms (NFIRS-10) as necessary

K2 Owner Same as party involved? Then check this box and skip the rest of this section. Business name (if applicable) Area Code Phone Number

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

Mr./Ms./Mrs. First Name MI Last Name Suffix

1205 Silliman ST Suffix

Street Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room Sealy City

TX Zip Code

I. Remarks
Local Option

Pickup truck fire damage to engine and passenger areas extinguished with garden hoses cause undetermined owner stated having electrical problem appointment to see mechanic the following day.

L. Authorization

68 Langton, Cliff AC 609 02 06 2001
 Officer in charge in signature Position or rank Assignment Month Year

Check box if 68 Langton, Cliff AC 609 02 06 2001
 an Officer Number making report in signature Position or rank Assignment Month Year

PULL MAIL & FILE
 FEB 26 2001
 SAM HOUSTON GSO

A AK406 TX 02 04 2001 1 01-000018 000 Delete **MPFRM -2**
ZIP State Incident Date Section Incident Number Exposure Be Active File

B Property Details

B1 Residential **Not Residential**
 Estimated Number of residential living units in building of origin whether or not all units became involved

B2 Buildings not involved Buildings not involved
 Number of buildings involved

B3 Acres burned More Less than one acre
 (outside fires)

C On-Site Materials None Room
 Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved

Enter up to three codes. Check one or more boxes for each code entered.

On-site material (1) 1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

On-site material (2) 1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

On-site material (3) 1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

D Ignition

D1 83 Engine area, running
 Area of fire origin *

D2 00 Undetermined
 Heat source *

D3 00 Undetermined
 Item first ignited * 1 One confined to object of origin

D4
 Type of material Ignited only if item first ignited code is 80 or 87

E1 Cause of Ignition

Check box if this is an exposure report. Skip to section 6

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

Factor Contributing to Ignition (1)

Factor Contributing to Ignition (2)

E3 Human Factors Contributing to Ignition

Check all applicable boxes

1 Asleep None
 2 Possibly impaired by alcohol or drugs
 3 Inattentive person
 4 Possibly mental disabled
 5 Physically disabled
 6 Multiple persons involved

7 Age was a factor

Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved In Ignition

None if equipment was not involved, skip to Section C

000 Undetermined
 Equipment involved

Brand

Model

Serial #

Year

F2 Equipment Power

00 Undetermined
 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

Enter up to three codes. None

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved

None

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

H2 Mobile Property Type & Make

10 Passenger road vehicle
 Mobile property type

FO Ford
 Mobile property make

Local Use

Pre-Plan available
 Area of the information presented in this report may be based upon reports from other agencies

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

F-150 1997
 Mobile property model Year

TX 1PDX1759V
 License State Number State VIN Number

MAIL & FILE

FEB 26 2001
 MPFRM -2 Revision 01/15/99

SAM HOUSTON CSO

A Delete Change **MFIS - 10 Personnel**
 AKA06 TX 2 6 2001 1 01-000001 000
FORM # State # Incident Date # Station Incident Number # Zipcode #

B Apparatus or Resources
See codes listed below

Apparatus or Resources	Date and Times				Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
	Month	Day	Year	Hours/mins				
1 ID [p] Type [99]	Dispatch <input checked="" type="checkbox"/>	2	6	2001	10:43	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	[B1] [] [] []
	Arrival <input checked="" type="checkbox"/>	2	6	2001	10:46			
	Clear <input checked="" type="checkbox"/>	2	6	2001	11:00			

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
68	Langton, Cliff	AC	X				

2 ID [] Type []
 Dispatch Arrival Clear
 Hours/mins [] [] [] []
 Sent
 Use: Suppression EMS Other
 Actions Taken: [] [] [] []

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3 ID [] Type []
 Dispatch Arrival Clear
 Hours/mins [] [] [] []
 Sent
 Use: Suppression EMS Other
 Actions Taken: [] [] [] []

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

PUR DROP
 MAIL & FILE
 FEB 26 2001
 SAM HOUSTON CSO



State Farm Insurance Companies

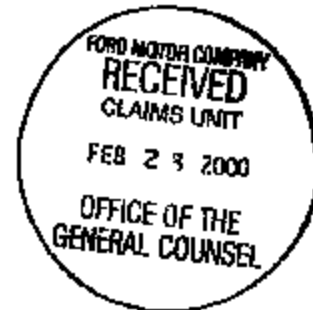
February 22, 2000



Claim Office
1705 K-96 Highway
P.O. Box 1786
Great Bend, KS 67530-1786
(316) 786-7900
(800) 448-2310
Office Hours: Mon-Fri 8:00-5:00

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

FORD MOTOR COMPANY
OFFICE OF GENERAL COUNSEL
ATTN PRODUCTS CLAIMS
PARKLANE TOWER WEST STE 400
3 PARKLANE BLVD
DEARBORN MI 48126



RE: Claim Number: [REDACTED]
Our Insured: [REDACTED]
Date of Loss: February 15, 2000
Make, Model
and Year: 1997 Ford F-150 Pickup
VIN: 1FTDX172XV1 [REDACTED]

Dear Sir/Madam:

The identified 1997 Ford F-150 pickup is insured by State Farm Mutual Automobile Insurance Company. This vehicle experienced a fire on February 15, 2000.

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 1-800-448-2130 to set up a time for inspection.

Sincerely,

A handwritten signature in cursive script that reads "Debora A. Bader".

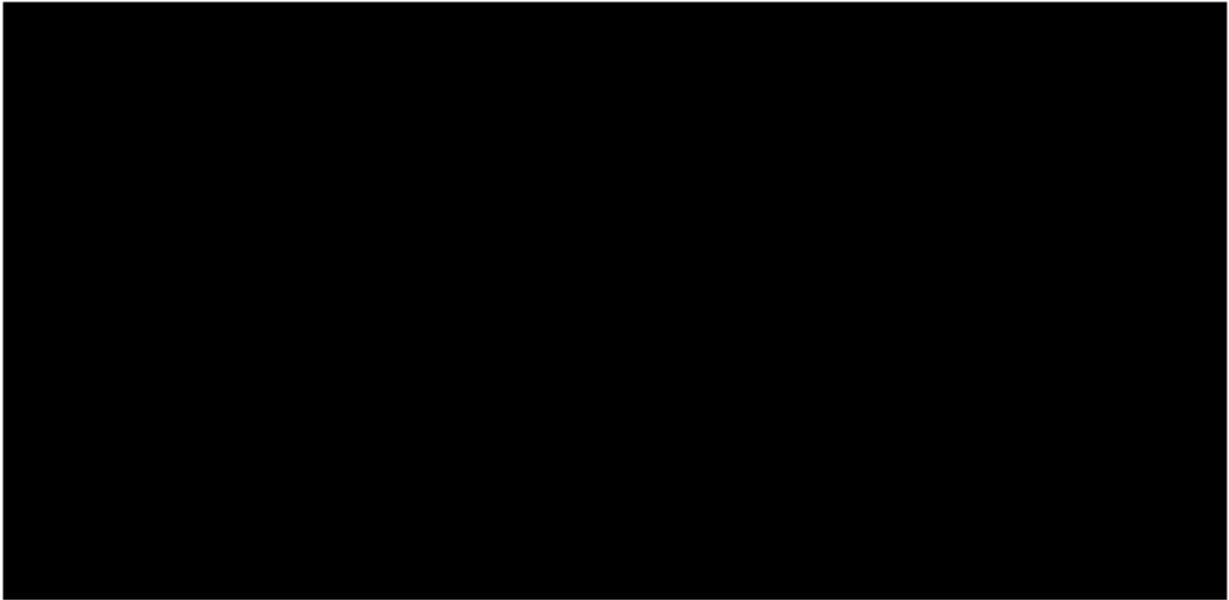
Debora A. Bader
Senior Claim Representative
(316) 786-7903

State Farm Mutual Automobile Insurance Company

21/0222006

HOME OFFICE: BLOOMINGTON, ILLINOIS 61710-0001

ER85-805-LC1-2381



EAST FRANKLIN TWP.

VEHICLE REPORT

INCIDENT # _____ DATE 5/26/97 DAY OF WEEK MON ALARM # _____
DISPATCH 11.02 ENROUTE 11.09 INCIDENT 11.11 ARRIVAL 11.37
IN QUARTERS 11.37 () CANCELED () ENROUTE () BEFORE LEAVING BASE
TEMPERATURE _____ % WEATHER () DAY () RAIN () WIND () SLEET () ON ROADS
TYPE OF ALARM () MOTOR VEHICLE ACCIDENT () RESCUE OR ASSIST
() RESCUE CALL () RECREATION VEHICLE (X) OTHER TRUCK FIRE TOTAL LOSS
AUXILIARY AID () NONE () RECEIVED () GIVEN () TO () 230 () 240 () 250 () 280
() OTHER _____

LOCATION 119 MAIN ST KIT.

VEHICLE 1

INSURANCE INFO. NAME EMSER POLICY # _____
AGENT EMERTE

PHONE # _____ ADDRESS _____

OWNER _____ ADDRESS _____ AGE _____

MAKE FORD MODEL F50

OCCUPANTS, NAME, ADDRESS, AGE

1. _____
2. _____
3. _____
4. _____

VEHICLE 2

INSURANCE INFO. POLICY # _____ AGENT _____

PHONE # _____ ADDRESS _____

OWNER _____ ADDRESS _____ AGE _____

OWNER'S NAME _____ ADDRESS _____

PHONE # _____

OCCUPANTS, NAME, ADDRESS, AGE

1. _____
2. _____
3. _____
4. _____
5. _____

POLICE DEPT. () EAST FRANKLIN TWP. () PSP () FIRE MARSHAL. PHONE _____

AMBULANCE SERVICE () 130 () 230 () 250 OTHER _____

LIT/LITTED NOTIFIED PHONE _____ TIME ARRIVED _____ () GAS () WPP () REA () FROM

POLE # _____ () WATER () CABLE () BELTAGE () OTHER _____

EXTRICATION () YES () NO VEHICLE STABILIZED () YES () NO ON FIRE () YES () NO

TYPE OF ACTION TAKEN _____ FIRE WAS OUT OPEN ARRIVAL

OFFICERS AT INCIDENT () CHIEF () CHIEF 1 () CHIEF 2 () CAPT. 1 () CAPT. 2 () LT 1 () LT 2

REPORT BY _____

WINDSOR GROUP

a family of insurance & insurance service companies

AFFIDAVIT OF VEHICLE FIRE

CLAIM NUMBER: [REDACTED]

POLICY NUMBER: [REDACTED]

OWNER/INSURED:

Full Name: [REDACTED]

D/OB: [REDACTED]

Address: [REDACTED]

Phone Number: [REDACTED]

Previous address: _____

(if less than 2 years at present address)

Occupation: labour

Employer: Eckhard Drey (Thrift)

Marital Status: Single _____ Married Divorced _____ Widowed _____

SPOUSE:

Full Name: [REDACTED]

Employer: Lucchetti Auto wrecking

Occupation: Auto Dissembler

Dependents (Names and Ages) Dea Maria 16

Own Home?: Yes _____ No _____

Rent?: Yes No _____

Monthly Payment \$ 27650

Identify Debtors: _____

Is Owner in arrears on debts?: Yes _____ No

VEHICLE:

Year: 97

Make: Ford

Model: F 150

Mileage: 1900

Extra Equipment: _____

When and where purchased: John Coxon Ford

Feb- 26-97

Amount Paid: \$ Leased

Bought: New Used _____

Outright _____

Traded _____

How much allowed: \$ _____

Amount Financed: \$ _____

Where Financed: \$ Ford motor credit

Pay Off Amount: \$ _____

DATE 6-5-97
POLICYHOLDER Theresa Windsor
(signature)

PULL FILE
TO FILE
JUN 09 1997
INITIAL [] DATE []

General Running Condition of Vehicle:

Motor: Good X Fair _____ Poor _____
 Transmission: Good X Fair _____ Poor _____
 Rear End: Good X Fair _____ Poor _____
 Battery: Good X Fair _____ Poor _____
 Trim: Good X Fair _____ Poor _____
 Paint: Good X Fair _____ Poor _____
 Tires: Good X Fair _____ Poor _____

When Purchased Feb-26-97

Where Purchased: John COXEN FORD Cost \$ 22,900 - Leased

How much has been spent on repairs: none

Nature of repairs: none

When and who did work: none

Insured's value of vehicle: 22,900

Primary use of vehicle: Family vehicle

How often was vehicle washed: every Sunday Greased: none

Did vehicle use oil?: no How often oil changed: never 1900 miles

Was vehicle ordinarily serviced at same place?: Yes _____ No _____

Last time vehicle was serviced: _____

When and where was last gas purchased: Sumoco - Saturday 5-24-97

Amount of gas in tank: Full How was vehicle running?: excellent

Was there a noticeable defect before the fire?: Yes _____ No X

What was speed of vehicle when fire was noticed? Parked

Were spare tire or tools in vehicle?: Yes X No _____

Drivers: Doris J Westwood

Who, other than the insured, had driven vehicle in the last month?: no body

Who drove immediately preceding the fire?: Doris J Westwood

FIRE:

Where was fire first seen?: Dash area

Was there smoke or fire before any odor?: Yes _____ No _____

What was the color of the smoke?: black

Was it a: Flash Fire no or Slow Burning no Was the blaze: Small _____ or Large X

Was the fire under the hood?: Yes _____ No X Was the hood raised?: Yes X No _____

If so, what was seen: no signs of fire - cut battery cable

POLYHOLDER Amy Westwood DATE 6-3-97

Was the fire contained under the hood or did it spread to the interior?: never in hood area
How rapidly did the fire spread?: unknown How long did it burn?: unknown
Were any tires burned?: Yes _____ No X If so, which burned first?: _____

LOCATION AND CONDITION:

Exactly where was the vehicle when it burned?: in front of house

What direction was the vehicle facing?: west

Were the windows: Up X or Down X Did any glass in the vehicle melt?: Yes X No _____
Drives Open

Was the wind blowing?: Yes X No _____

How long after the fire was discovered before others came to the scene?: Few minutes

Who were they?: Neighbors - then Fire company

Did the insured or anyone attempt to put the fire out?: I put fire out myself

If so, what was done?: Put out with hose

Was the fire department called?: Yes X No _____ If so, who called them? Daughter

When?: Roughly 10:30

Which fire department?: EAST Franklin When did they arrive?: After fire was out

Did the fire department attempt to put the fire out? Yes _____ No X

Who were the first witnesses to the fire?: Doc Doc MORRIS

Do you know of anyone who may have burned the vehicle?: NO

Do you suspect anyone of deliberately burning the vehicle?: NO

Did you leave the scene of the fire at any time?: Yes _____ No X

For what reason?: _____

When did you return?: _____

How did you get back home from the fire?: _____

Did someone pick you up? Yes _____ No _____ How long after the fire?: _____

Has the vehicle been removed?: Yes X No _____ By whom?: Lucchetti Auto wrecker

How?: Flat Bed

When?: Following day

Were there any personal effects in the vehicle?: Yes X No _____

Describe them: JACKET - Sony walkman - Several cassette tapes - golf umbrella

Any previous fire losses or thefts to any other property?: Yes _____ No X

Time?: _____ Place?: _____

What previous insurance carrier?: _____

POLICYHOLDER Angela West DATE 6-3-97
(signature)

MARK APPROPRIATE ITEMS:

Manual Transmission Yes _____ No X
 Automatic Transmission Yes X No _____
 Air Conditioning Yes X No _____
 Power Brakes Yes X No _____
 Power Steering Yes X No _____
 Power Seats Yes _____ No X
 Power Windows Yes _____ No X
 Power Door Locks Yes _____ No X
 Roof Type Sun _____ Manual Electric
 Vinyl _____ Half Full
 Radio: AM _____ AM/FM _____ AM/FM Stereo _____ AM/FM Stereo Tape X
 Cruise Control Yes X No _____
 Tire Wheel Yes X No _____
 Wheels Mag _____ Chrome X Wire _____ Covers _____ Styled Steel _____

List any equipment not listed above Cruise - Delay wiper

Agent: WINDOR - Hewitt-white agency Policy Number: [REDACTED]
15 south 8th ST

Your opinion of how the fire started: under dash electrical

Had you considered selling or trading the vehicle in the past 3 months?: Yes _____ No X

Where had you been in the last 24 hours?: home

What time?: _____

Places: _____

With whom?: _____

Has insured had any domestic problems?: Yes _____ No X

Has insured had any repossessions?: Yes _____ No X

Did keys burn up in vehicle?: Yes _____ No X

[REDACTED] X No _____

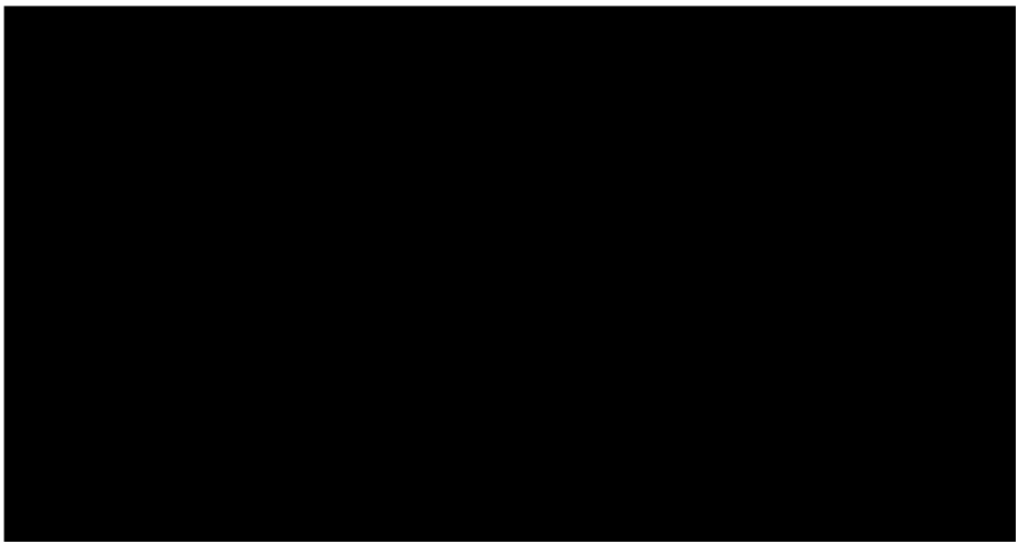
Policy Holder: [REDACTED]

Subscribed and sworn to me before me this 4 day of June 1997

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE UNDER LAW.

[Signature]
 Notary Seal
 Notary Public
 My Commission Expires Sept. 11, 1998
 Member, Paralegal Association of Nebraska

POLICYHOLDER: [Signature] DATE: 6-3-97 (signature)





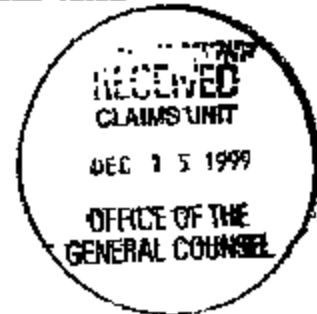
- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

Regional Office:
750 Woodbury Road ■ Woodbury, NY 11797-2589

December 06, 1999

CERTIFIED MAIL

FORD MOTOR CORPORATION
OFFICE OF THE GENERAL COUNSEL
PARK LANE TOWERS W #400
30 PARK LANE BLVD
DEARBORN MI 48126



RE: 1997 Ford Expedition
VIN #: 1FMEU18L1V [REDACTED]
CLAIM: [REDACTED]
INSURED: [REDACTED]
LOSS DATE: November 1, 1999

Dear Sir/Madam:

I represent GEICO Casualty Insurance Company's Total Loss Unit.

The above vehicle was involved in a fire of alleged unknown origin. The loss occurred in New York on November 1, 1999.

In order to determine the cause of the fire, including a determination as to whether any defect in the vehicle was in existence at the time of the loss, a representative of Northeastern Technical Services Inc. will conduct an inspection and testing of the vehicle. The inspection will take place at Insurance Auto Auction, 1120 Lincoln Avenue, Holbrook, New York 11741. As the Ford Motor Corporation has interest in the matter, from both a safety precaution standpoint and as of a potential defendant in litigation, you are invited to have an expert attend and participate in the inspection and testing procedures.

To coordinate the inspection date and time, please contact Northeastern Technical Services Inc. at 508-675-0999 and refer to their reference number of 00-1218. If you have any questions pertaining to this matter, you may contact the undersigned at 1-800-645-7550, Ext. 5270.

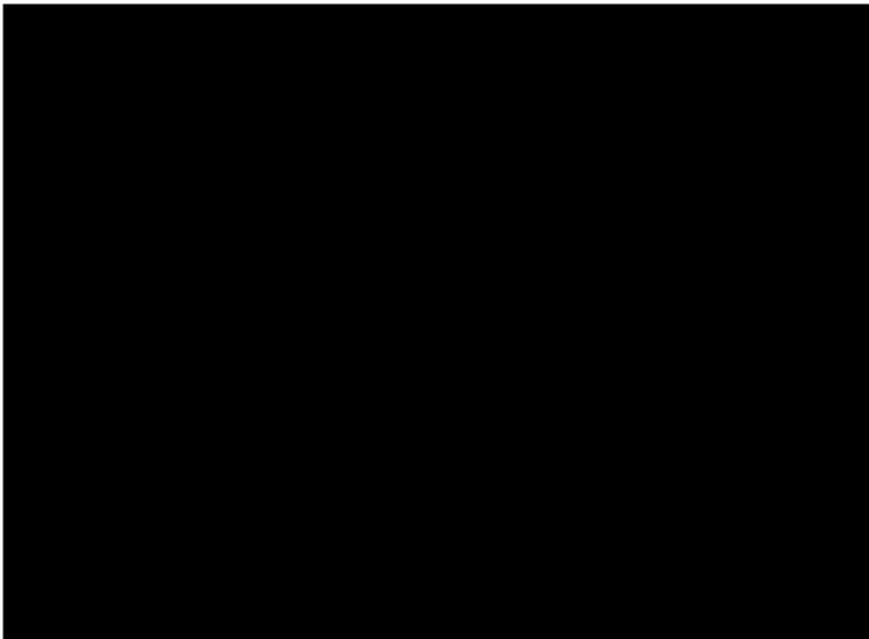
Please note if you choose not to participate in the inspection, you will forfeit any right to subsequently claim prejudice under "Nally v. Volkswagen, Inc., 405 Mass 191 (1989)".

Very truly yours,

Michelle Brutschin, Total Theft Examiner

(516) 496 5270

D694kw9190ndz1206



State Farm Insurance Companies



P.O. Box 316
Ocala, MO 64078

August 20, 1998

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Jessie Hollingsworth
Claims Analyst
Ford Motor Company
Parklane Towers West, Suite 400
Three Parklane Boulevard
Dearborn, MI 48126-2568

RE: Our Claim Number: [REDACTED]
Date of Loss: 8/16/98
Our Insured: [REDACTED]

Dear Ms. Hollingsworth:

Enclosed is a copy of your (communication) to us for reference in locating your file. *not enclosed*

This loss involves a 1997 Ford F150 pickup truck bearing vehicle identification number 1FTDX08W0V [REDACTED]. This vehicle was rendered a total loss because of a fire on the above-referenced date.

This vehicle has been maintained in protected storage since our inspection. On Monday, September 14, 1998, at 8 a.m. we will have this vehicle inspected by independent experts to determine the exact cause. This inspection will require some degree of tear down of the components involved. We invite you to send a representative along to participate in this inspection or observe in the process. This inspection will take place at Copart Salvage Pool located in Kansas City, Kansas. Their telephone number for reference is (913) 287-6200.

Please let me know if you plan to send a representative for this inspection. We will continue on this date and time and will document this process.

Sincerely,

Connie Andrews, CPCU
Claim Specialist
State Farm Mutual Automobile Insurance Company

CA/031/0820019

Enclosure

cc: Mike Hearrold
Technical Forensics
11609 Northeast 115th Street
Liberty, MO 64068

HOME OFFICE: BLOOMINGTON, ILLINOIS 61718-0001

ENC-885-1C1-2368



MARKET CLAIM OFFICE
P. O. BOX 360981
BIRMINGHAM AL 35236-0981

PHONE NUMBER: 800-366-3264
OFFICE HOURS: MONDAY-FRIDAY 8:00-4:30

Allstate
You're in good hands.

June 29, 2000

FORD MOTOR COMPANY
3 PARK LANE TOWERS W STE 400
DEARBORN MI 48126



Allstate Insurance Company
Claim Number: [REDACTED] CCS
Our Insured: [REDACTED]
Date of Loss: May 31, 2000

Dear Sirs;

Please be advised that Allstate is putting you on notice of a fire loss to our insured's vehicle, a 1998 Ford F150 vin: 1FTZX1766W[REDACTED] which has a potential subrogatable issue involving it. The vehicle is in Tennessee and we would like one of your representatives to be present on inspection. Please call me to get the specifics of the location of the vehicle as soon as possible. Thank you. The owner of the vehicle is Lea Caradine.

Sincerely,

A handwritten signature in cursive script that reads "Carol Smith".

CAROL SMITH
Allstate Property-Casualty Claim Service Organization

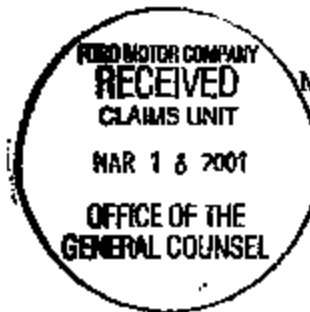
SM05/0/01/1





7125 Columbia Gateway Dr Ste 350 * Columbia, MD 21046-9854 **

Ford Motor Company
Office of General Counsel
Park Lane Towers West Ste. 400
3 Park Lane Blvd.
Dearborn, MI 48126



March 12, 2001

OUR INSURED : [REDACTED]
OUR CLAIM NUMBER : [REDACTED]
DATE OF ACCIDENT : 03-09-2001

On March 9, 2001 the above named insured's 1997 Ford F150 truck was damaged when it caught on fire.

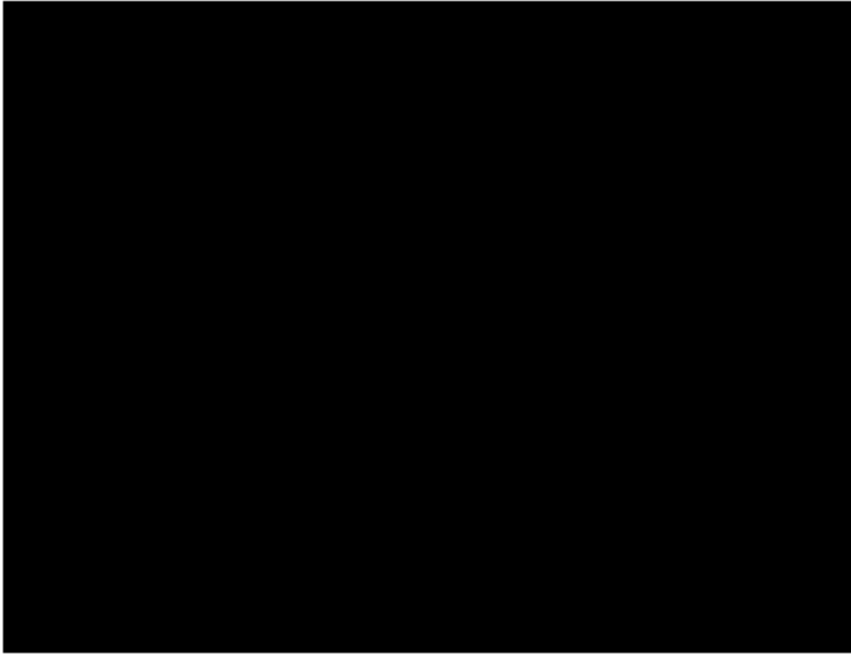
Upon starting my investigation I found the vehicle was subject to a recall for a fire related issue. Our policy holder had been recently notified of the recall and had called the dealership for the repairs. He had not yet brought the vehicle in when the fire occurred.

Please forward to me any materials related to this recall issue and where any subrogation papers should be sent.

NATIONWIDE MUTUAL INSURANCE COMPANY
Ryan Milhiser
Claims Department
(877)456-4829 Ext. 7146

Recall??
-197 F-150
-3/9/01

01-30 - 000702-01



State Farm Insurance Companies



Claim Office
2202 Eastington Road
Joliet, IL 60436

March 19, 2001

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

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



RE: Our Claim Number: [REDACTED]
Our Insured: [REDACTED]
Date of Loss: March 12, 2001
Vehicle Involved: 1998 Ford Pickup F150
Serial Number of Vehicle: 2FTZX18W2W0 [REDACTED]

Dear Sir or Madam:

The identified 1998 Ford Pickup truck is insured by State Farm Insurance Company. This vehicle experienced a fire.

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

Please contact me, Gil Schultz, at (815) 439-3315 to set up a time for your inspection.

Sincerely,

Gil Schultz
Claim Specialist
(815) 439-3315

State Farm Mutual Automobile Insurance Company

GS/026/0318012

-198 F-150
-VIN
-3/12/01



September 14, 2001



Ford Motor Company
Park Lane Towers West, Suite, 400
3 Park Lane Boulevard
Dearborn, Mi 48126-2568

CERTIFIED MAIL—RETURN RECEIPT REQUESTED

Re: Claim Number: [REDACTED]
Our Insured: [REDACTED]
Date of Loss: August 31, 2001
Make/Model/Year: 1998 Ford F150 pickup
VIN: 1FTRX18LOWN [REDACTED]

Dear Sirs:

The identified 1998 Ford 150 pickup is insured by State Farm Mutual Automobile Insurance Company. This 1998 Ford F150 pickup experienced a fire loss.

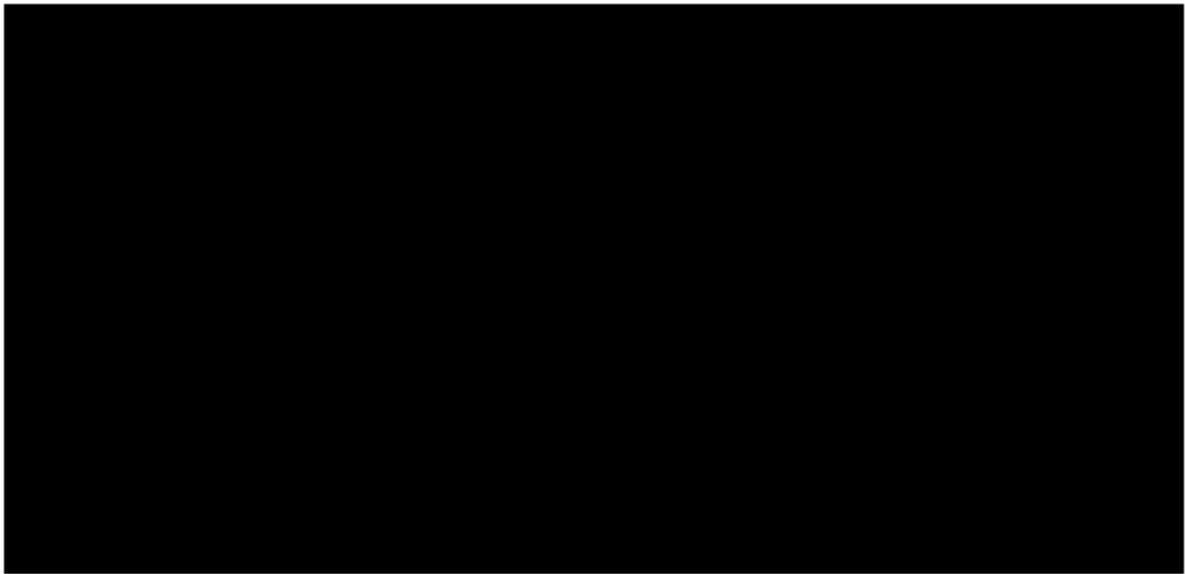
State Farm would like to give you an opportunity to inspect the 1998 Ford F150 pickup and give you advance notice of our potential subrogation claim. Please contact me at (706) 369-6516 to set up a time for your inspection.

Sincerely,


Jim E. Blount
Claim Specialist
State Farm Mutual Automobile Insurance Company
(706) 369-6522

JEB/032/0914013e

- 8/31/01
- 198 F-150
- VIN



AUDITORS RECOVERY SERVICE

Proudly Serving the Insurance Industry

P.O. Box 96 Rowlett, Texas 75030

972-412-0431 (Office)

214-566-2004 (Cell) 214-988-2004 (In-coming Fax)

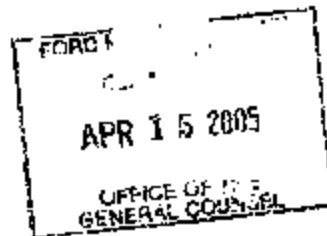
APR 14 2005

April 8, 2005

Mr. Donald Vyhnalek, General Counsel
FORD MOTOR COMPANY
Parkland Towers West
3 Parkland Blvd. Suite 400
Dearborn, Michigan 48126

CERTIFIED MAIL RECEIPT
7004 1350 0000 3573 4417

Re: Ford Expedition: VIN: 1FMRU117W911 [REDACTED]
Our File Number: [REDACTED]
Our Client: MGA Agency, Inc.
Their Insured: [REDACTED]
Date of Accident: 1/23/05
Nature of Accident: Total Loss By Fire
Damages: \$14,068.66



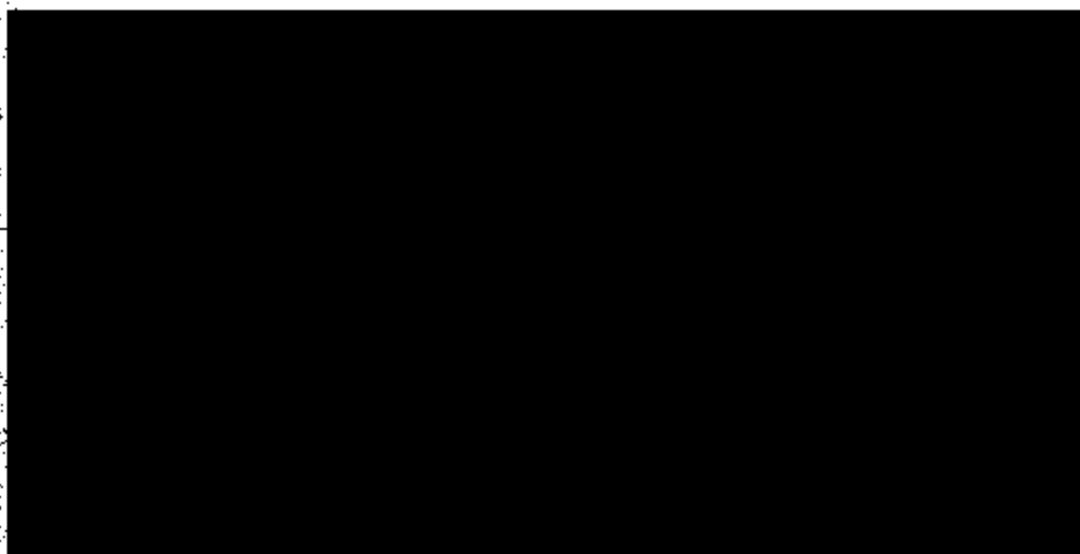
Gentlemen,

We represent MGA Agency, Inc. for its automobile property damage subrogation claim as captioned above. The purpose of this letter is to place Ford Motor Company on notice of subrogation on the above claim. Your product is currently in storage in Dallas, Texas. Please contact us and we will provide you with the location. We will allow 60 days from the date of your receipt of this letter. After that date, if you have not contacted our office to arrange to inspect your defective product, you will have waived your right to do so.

Demand is made for \$14,068.66. Please issue your company check made payable to Auditors Recovery Service as subrogee of Arthur Alexander.

Very truly yours,

John Money
Claims Manager



State Farm Insurance Companies

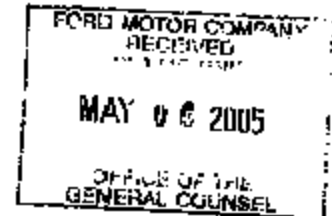


MAY 05 2005

P.O. Box 20707
Memphis, TN 37128-0088

May 2, 2005

Ford Motor Co.
3 Parklane Towers West Ste 400
Dearborn, MI 48126-2568



RE: Claim Number: [REDACTED]
Date of Loss: March 26, 2005
Our Insured: [REDACTED]

Dear To Whom It May Concern:

The identified vehicle (2001 Ford F150) is insured by State Farm Mutual Automobile Insurance Company.

The VIN is: 1FTZF17231[REDACTED]

This vehicle experienced a fire loss.

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

Please call me at 901-680-1712 to set up a time for your inspection.

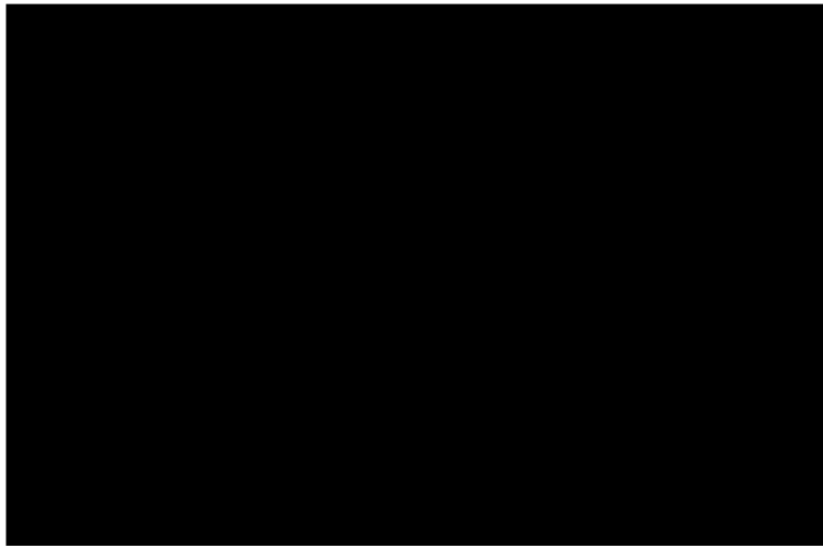
Sincerely,

Imogene Sanders
Claim Representative

ER05-005-LC1-2374

Ford Motor Co.
Page 2
May 2, 2005

State Farm Mutual Automobile Insurance Company



Ford Motor Company
Preliminary Vehicle Inspection Report

Ford File Number 284962183 _____

CUSTOMER & VEHICLE INFORMATION

Year 2002	Make Ford	Model F150	VIN 2FTRF18W2C [REDACTED]	
Owner [REDACTED]			Address 1435 Yorkshire Drive	
City Streamwood	State IL	Zip [REDACTED]	Home Telephone [REDACTED]	Business Telephone [REDACTED]
Driver Name Baltazar Alba			Address [REDACTED]	
City Streamwood	State IL	Zip [REDACTED]	Home Telephone [REDACTED]	Business Telephone [REDACTED]
Attorney Name (<input checked="" type="checkbox"/> Claimant not represented)			Address [REDACTED]	
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Telephone [REDACTED]	
Inspection Location Ren Hopkins Ford, 1045 E. Chicago Street, Elgin, IL, 60120		Inspection Date 08/07/03	Current Mileage Unknown. As of 4/10/03, vehicle had accumulated 18,227 miles.	
Date of Incident 08/01/03		Time of Incident 8:00 AM	Repair Estimate (Attach Written, if avail.) \$Total loss.	
Inspected By John A. PKM		Organization EAA	Telephone 847-438-8308	
Inspectors Signature [REDACTED]			Date Aug. 14, 2003	

SECTION A INSPECTION SUMMARY

Following the vehicle inspection, summarize the facts and your observations (Do not include any opinions, speculation or conclusions.) Attach a copy of the appropriate Vehicle Inspection Report(s) for the allegation(s) being investigated.

Fire originated at front of vehicle, burned upward and rearward through engine compartment and into the cab interior. Both front tires, the bumper grille and hood were completely destroyed by the fire. A snow plow had been installed on the vehicle at the time of purchase. The snow plow was removed at the end of March 2003. The writer observed burned heavy duty after-market wiring at the front of the vehicle. The writer ordered police and fire reports. Upon receipt, they will be faxed to Alma Taylor.

SECTION B INTERVIEW - VEHICLE HISTORY

CUSTOMER & VEHICLE INFORMATION

Name, address & phone number of person(s) being interviewed. Always interview the driver when possible): The following is a description of the incident as related to the writer by [REDACTED] on 8/8/03.

My name is [REDACTED] I am employed as a driver by Best Lawns Inc. I am not a smoker. The incident occurred 8/1/03 in South Barrington, IL. The weather was clear with temperatures in the high seventies. Wind velocity was insignificant.

I had been driving north on Barrington Road for approximately ten minutes at 45 MPH. The radio and air conditioner were on. Near Willow Creek Church, I noticed a burning odor immediately followed by the presence of flames near the accelerator pedal which in turn were followed by smoke and flames exiting from the rear section of the hood. I did not hear any abnormal sounds or observe any dash warning lights. The engine did not die.

I managed to pull into the Willow Creek Church parking lot where I turned off the Ignition, got out of the truck, and ran away to a safe distance.

Some one called the fire department. The South Barrington Police and Fire Departments responded to the fire. They both wrote reports.

I did not incur any personal injuries, nor did I lose any personal property.

This truck is insured by the Cincinnati Insurance Co. The policy number is [REDACTED]

CUSTOMER & VEHICLE INFORMATION

Vehicle modifications or after-market equipment? (e.g. , hand controls for disabled persons, radio, phone, tires, wheels, trailer hitch/wiring, trailer brake controller, hydraulic lines, alarm system, floor mats, etc.) **Item(s)**, date installed, and by whom (name, phone):

Snow plow was installed on vehicle at the time of purchase.

Prior collision damage? (when, where, extent, repaired by, etc.): **No.**

Describe **existing vehicle conditions** at time of incident (warning lights "On", strange odors, etc.): **Burning odor.**

Repairs outside of warranty (what, when, by whom?): **No.**

SECTION C INTERVIEW - INCIDENT DETAILS

If the vehicle is a truck, or a car trailering cargo at the time of the incident, estimated total weight of cargo and trailer _____ (lbs) Load description (What was being transported):

Driver's physical description from interview, drivers license or police report (height, disabilities, medical conditions or medications etc.):

Drive Length this trip: Hrs. **0** _____ Minutes **10** _____ Length of trip in miles: **5**

Estimated vehicle speed: **45 MPH** Source of estimate: **Driver** Posted speed: **Unknown**
MPH

Exact incident location: (Provide the highway name or route number, nearest cross street, and the direction the vehicle was traveling.)

Algonquin and Barrington Road in South Barrington, IL.

CUSTOMER & VEHICLE INFORMATION

Weather conditions and visibility: **Clear**

Approx. ambient temperature 78 °F. Any physical visual obstructions? (Signs, Trees, Bushes)

No.

Surface where incident occurred: (Place an "X" in the appropriate boxes)

Concrete _____	Asphalt X	Gravel _____	Dirt _____	Other _____
----------------	------------------	--------------	------------	-------------

Other, Please Describe: _____

Surface Conditions: (Place an "X" in all that apply)

Smooth X	Rough _____	Pot Holes _____	Wavy _____	Other _____
Wet _____	Dry X	Snow _____	Icy _____	Other _____

Other, Please Describe: _____

Normally brake with Right or Left foot? **Right** Observe and Photograph the brake pedal pad for evidence of wear.

Describe brake operation (pedal feel, brake pull or grab, vibration, normal, etc.): **N/A.**

warning lights "On", high/low gauge readings, or messages displayed (Y/N): **N** Describe:

Electrical systems operation (normal/other?): **Normal.**

Mark an "X" before all electrical systems/devices which were "On" or "Cycled" immediately prior to the incident (if unknown, enter "U"):

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Cruise Control <input type="checkbox"/> Traction Control Switch "On" <input type="checkbox"/> Low Beam Headlights <input type="checkbox"/> High Beam Headlights <input type="checkbox"/> Daytime Running Lights <input type="checkbox"/> Fog Lamps <input type="checkbox"/> Turn Signal <input type="checkbox"/> Hazard Flashers | <ul style="list-style-type: none"> <input type="checkbox"/> Windshield Wipers <input checked="" type="checkbox"/> Air Conditioner <input type="checkbox"/> Heater <input type="checkbox"/> Windshield Defogger <input type="checkbox"/> Windshield Defroster <input type="checkbox"/> Rear Window Defroster <input type="checkbox"/> Outside Mirror Heater <input type="checkbox"/> Driver Seat Heater | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Radio, Tape/CD Player <input type="checkbox"/> Auxiliary CD Player <input type="checkbox"/> Telephone <input type="checkbox"/> CB Radio <input type="checkbox"/> Power Window Controls <input type="checkbox"/> Power Mirror Controls <input type="checkbox"/> Power Seat Controls <input type="checkbox"/> Power Sun Roof Controls |
|--|--|--|

CUSTOMER & VEHICLE INFORMATION

<input type="checkbox"/> Map Lights, Ft	<input type="checkbox"/> Rr	<input type="checkbox"/> Passenger Seat Heater	<input type="checkbox"/> Cigar Lighter
<input type="checkbox"/> Other Interior Lights	<input type="checkbox"/>	<input type="checkbox"/> Auxiliary Power Outlet	<input type="checkbox"/> Other

Steering operation (power assist, pulls, loose, etc.): **Normal.**Powertrain (any engine miss, sluggish, surge, stall, loss of power or speed, etc.): **No.**Any unusual noises (bang, pop, tick, grinding, metallic, roar, etc.)? From where? **No.**Describe any unusual odors or smoke (from where, color, intensity, etc.): **Burning odor.****Orange flames and gray smoke from the accelerator pedal and from the rear of the hood.**

(Note: Attach additional pages as necessary to fully describe conditions present or those not covered by this report).

Measure and record the driver's seat positioned during the incident? (Measure distance from brake pedal rest position to front of seat): **N/A.** inches.Describe the steering wheel (tilt) position during the incident: **Unknown. Wheel was destroyed by the fire.**Tilt steering wheel position? Not equipped Position: Low Mid High

SECTION D DAMAGE TO OTHER VEHICLE OR PROPERTY
--

Vehicle(s)Was another vehicle(s) involved? Yes No (If No, skip to property damage)

If yes, list the Year, Make and Model _____

Owner name and address _____

Driver name and address _____

Vehicle speed estimate: _____ M.P.H. Estimate by whom? _____

Describe damage _____

CUSTOMER & VEHICLE INFORMATION

Was property (other than vehicles) damaged? Yes No (If No, skip to Section E)

Owner of property _____

Address/Location of property _____

Describe the damaged property (sign, fence, building, etc.) _____

Describe the nature and extent of damage (including measurements) _____

SECTION E DRIVER DESCRIPTION OF THE INCIDENT

Provide a signed and dated statement written by the driver. If one is not available, provide the driver's description of the incident as provided to you: (Mr. Smith states...) See section B.

ION F POLICE / FIRE

INCIDENT REPORT

*Police Report Filed:(Y/N) Y _____ Report Number _____ Copy Attached (Y/N) N _____

Municipality/Agency and Location South Barrington, IL.

*Fire Report Filed:(Y/N) Y _____ Report Number _____ Copy Attached (Y/N) N.

Municipality/Agency and Location South Barrington, IL.

CUSTOMER & VEHICLE INFORMATION

*You should always attempt to obtain an official copy of the report from the agency involved. If the agency will not release a copy to you, please indicate below.

SECTION G RECALL CAMPAIGNS

Is the vehicle subject to any recall campaigns? Yes No (If no, skip to next section)

If yes, identify all campaigns and whether the inspection/modification has been completed.

Recall Number	Description	Completed?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

CUSTOMER & VEHICLE INFORMATION**SECTION H VEHICLE SYSTEM INSPECTION REPORT**

Attach the completed Vehicle System Inspection form(s) to this Customer and Vehicle Information section. The vehicle system inspection forms are provided as a guide to conduct a methodical inspection of the various vehicle systems. Complete the appropriate vehicle system inspection(s) based on the specific inspection request. Take color photographs as necessary to clearly show the areas of concern and your observations.

Provide information only for the vehicle identified in the inspection request and for the allegation made by the claimant. Based on the allegations, it may be appropriate to complete more than one vehicle system inspection form.

Attached to the Customer & Vehicle Information is a vehicle inspection(s) for:
(Check all that apply)

<input type="checkbox"/> Automatic Transmission/Transaxle (4)	<input type="checkbox"/> Inadvertent Vehicle Movement (5)
<input type="checkbox"/> Brake/ABS System (5)	<input type="checkbox"/> Restraint Systems (8)
<input checked="" type="checkbox"/> Fire (5)	<input type="checkbox"/> Seats (5)
<input type="checkbox"/> Hood Latches (4)	<input type="checkbox"/> Steering, Suspension Tires & Wheels (4)

() indicates the number of pages in the report

SECTION I PHOTOGRAPHS

Attach a Photograph Description sheet to this report describing subject matter of any photographs taken while investigating this matter.

How many photographs were taken? **24** By whom? **John A. Pitt**

To whom were these photographs supplied? **Alma Taylor.**

SECTION J INCIDENT SITE INSPECTION

Incident site inspection performed? Yes (attached) No (not performed)

An incident site inspection should be performed to gather information on physical evidence left by the vehicle(s) involved. The information should reflect only measurements, reference points and location of physical evidence and should not attempt to show the path of the vehicle(s) prior to and after the incident.

CUSTOMER & VEHICLE INFORMATION

Respectfully submitted,


John A. Pitt EAA/SA CHICAGO

847-430-8300

Attachments, twenty-four photographs, prints and negatives, snow plow installation invoice, oil change invoice.

Ford Motor Company
Preliminary Vehicle Inspection Report

Ford File Number 284962183

FIRE

SECTION A PHOTOGRAPHIC EVIDENCE

Complete this Vehicle Inspection Report and attach to the Customer and Vehicle Information Report.

The vehicle inspection documents physical evidence via color photographs and written observations. By recording your observation in the following section, you will be following a methodical inspection approach.

Take color photographs of the following and enter your observations on the form:

A. Exterior

Right and left side **Burned.**

Front and rear **Front is burned. Rear was not affected by the fire.**

Hood, outer and inner panels **Burned.**

Deck lid, outer and inner panels. **N/A. This is a pick up truck.**

Roof **Burned.**

Vehicle Identification Number (VIN) **Burned. Could not open any doors.**

Front bumper is burned off. Both front wheels and tires are burned. Left front door exhibits evidence of attempted forced entry.

B. Interior

Door trim panels **Burned.**

Instrument panel and odometer **Burned.**

Under dash area (wiring and/or after-market installations) **Burned.**

Ashtray area **Burned.**

Carpet **Burned.**

Seats **Burned.**

FIRE

Rear window area (after-market installations) **Glass destroyed by the fire.**

C. Under hood

Engine **Burned.**

Transmission and cooler line connections **Burned.**

Radiator, hoses and clamps **Burned.**

Power steering reservoir, hoses and clamps **Burned.**

Fluid reservoirs **Burned.**

Fuel system, lines, hoses and clamps **Burned.**

Fuel vapor management system (canister, lines, fuel cap) **Burned.**

Battery, cables, power distribution, wiring **Burned.**

FIRE

If the vehicle was parked, how long? _____ Hours _____ Min.

If the vehicle was occupied at the time of the fire, obtain the following information:

Ambient air temperature at the time of the incident was 78 °F.

Driver Observation	Description
Any electrical accessories not operating properly?	No
Any instrument panel warning lamps illuminated or gages not in normal range?	No
Any unusual odors?	Yes. Burning odor.
Any unusual sounds?	No
Any fluid leaks evident prior to the event?	No
Any smoke, sparks or flames evident?	Yes.

Was anyone using smoking materials at the time of the event? Yes No

If yes, what seat location was the person smoking seated? _____

What did the driver do when the fire became evident? **Pulled into the Willow Creek Church parking lot. Shut off ignition key. Ran away from the vehicle.**

SECTION C VEHICLE INSPECTION

List the physical location where the inspection was conducted.

Ron Hopkins Ford, 1045 E. Chicago Street, Elgin, IL, 60120...Telephone 847-741-7500.

List the name, title and company affiliation of anyone who was present during your inspection. (Obtain and attach a business card if possible).

FIRE

Identify the damaged areas

Exterior: (Check all that apply)

Panel	Location		Damage		
Hood	<input checked="" type="checkbox"/> Outer Panel	<input checked="" type="checkbox"/> Inner Panel	<input checked="" type="checkbox"/> Burned	<input checked="" type="checkbox"/> Melted	<input type="checkbox"/> Smoke
Front fenders	<input checked="" type="checkbox"/> Right	<input checked="" type="checkbox"/> Left	<input checked="" type="checkbox"/> Burned	<input type="checkbox"/> Melted	<input type="checkbox"/> Smoke
Front doors	<input checked="" type="checkbox"/> Right	<input checked="" type="checkbox"/> Left	<input checked="" type="checkbox"/> Burned	<input type="checkbox"/> Melted	<input type="checkbox"/> Smoke
Rear Doors	<input type="checkbox"/> Right	<input type="checkbox"/> Left N/A.	<input type="checkbox"/> Burned	<input type="checkbox"/> Melted	<input type="checkbox"/> Smoke
Quarter Panels	<input type="checkbox"/> Right	<input type="checkbox"/> Left N/A.	<input type="checkbox"/> Burned	<input type="checkbox"/> Melted	<input type="checkbox"/> Smoke
Deck Lid N/A.	<input type="checkbox"/> Outer Panel	<input type="checkbox"/> Inner Panel	<input type="checkbox"/> Burned	<input type="checkbox"/> Melted	<input type="checkbox"/> Smoke
Bumpers	<input checked="" type="checkbox"/> Front	<input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Burned	<input type="checkbox"/> Melted	<input type="checkbox"/> Smoke

Interior (Check all that apply)

Panel	Location			Damage			
Dash	<input checked="" type="checkbox"/> Right	<input checked="" type="checkbox"/> Center	<input checked="" type="checkbox"/> Left	<input checked="" type="checkbox"/> Burned	<input checked="" type="checkbox"/> Melted	<input checked="" type="checkbox"/> Smoke	
Headliner	<input checked="" type="checkbox"/> Right	<input checked="" type="checkbox"/> Left	<input checked="" type="checkbox"/> Front	<input checked="" type="checkbox"/> Rear	<input checked="" type="checkbox"/> Burned	<input checked="" type="checkbox"/> Melted	<input checked="" type="checkbox"/> Smoke
Front door trim	<input checked="" type="checkbox"/> Right	<input checked="" type="checkbox"/> Left			<input checked="" type="checkbox"/> Burned	<input checked="" type="checkbox"/> Melted	<input checked="" type="checkbox"/> Smoke
Rear Door trim	<input type="checkbox"/> Right	<input type="checkbox"/> Left N/A.			<input type="checkbox"/> Burned	<input type="checkbox"/> Melted	<input type="checkbox"/> Smoke
Quarter Panels	<input type="checkbox"/> Right	<input type="checkbox"/> Left N/A.			<input type="checkbox"/> Burned	<input type="checkbox"/> Melted	<input type="checkbox"/> Smoke
Carpet	<input checked="" type="checkbox"/> Right	<input checked="" type="checkbox"/> Left	<input checked="" type="checkbox"/> Front	<input checked="" type="checkbox"/> Rear	<input checked="" type="checkbox"/> Burned	<input checked="" type="checkbox"/> Melted	<input checked="" type="checkbox"/> Smoke
Seats	<input checked="" type="checkbox"/> Front	<input type="checkbox"/> Rear	<input type="checkbox"/> Third		<input checked="" type="checkbox"/> Burned	<input checked="" type="checkbox"/> Melted	<input checked="" type="checkbox"/> Smoke

Glass (check all that apply)

Glass:	Location	Damage		
	<input checked="" type="checkbox"/> Windshield	<input checked="" type="checkbox"/> Burned	<input checked="" type="checkbox"/> Melted	<input checked="" type="checkbox"/> Smoke
	<input checked="" type="checkbox"/> Back light	<input checked="" type="checkbox"/> Burned	<input checked="" type="checkbox"/> Melted	<input checked="" type="checkbox"/> Smoke
<input checked="" type="checkbox"/> Front door	<input checked="" type="checkbox"/> Right	<input checked="" type="checkbox"/> Burned	<input checked="" type="checkbox"/> Melted	<input checked="" type="checkbox"/> Smoke
	<input checked="" type="checkbox"/> Left	<input checked="" type="checkbox"/> Burned	<input checked="" type="checkbox"/> Melted	<input checked="" type="checkbox"/> Smoke
<input type="checkbox"/> Rear door	<input type="checkbox"/> Right N/A.	<input type="checkbox"/> Burned	<input type="checkbox"/> Melted	<input type="checkbox"/> Smoke
	<input type="checkbox"/> Left N/A.	<input type="checkbox"/> Burned	<input type="checkbox"/> Melted	<input type="checkbox"/> Smoke
<input type="checkbox"/> Other	<input type="checkbox"/> Other (list) N/A.	<input type="checkbox"/> Burned	<input type="checkbox"/> Melted	<input type="checkbox"/> Smoke

Electrical

Are there any fuses open, missing or incorrect rating? (List circuit number and fuse rating) Due to fire damage, it was not possible to evaluate fuses.

FIRE

Is there any after-market equipment installation involved? **Yes. A snow plow was installed by the owner at time of delivery.**

Heavy duty after-market wiring overheated at front vehicle. See photographs for clarification.

Wiring condition at the point of origin? (cut, spliced, penetrated, etc.)

Overheated.

Describe the color of any bare copper wires. **Red.**

Are there any wire strands fused together? Where?

No.

Is there any evidence of wire ends beaded or balls of melted wire? Describe:

No.

Is there any evidence of arcing? Describe:

No.

Fluids

Due to fire damage, it was not possible to evaluate engine coolant, power steering fluid, brake fluid or windshield washer fluid.

Engine oil level	<input checked="" type="checkbox"/> Full	<input type="checkbox"/> < Full	<input type="checkbox"/> Empty	
Transmission oil level	<input type="checkbox"/> > Full	<input checked="" type="checkbox"/> Full	<input type="checkbox"/> < Full	<input type="checkbox"/> Empty
Power Steering level	<input type="checkbox"/> Full	<input type="checkbox"/> < Full	<input checked="" type="checkbox"/> Empty	
Brake Fluid level	<input type="checkbox"/> Full	<input type="checkbox"/> < Max.	<input checked="" type="checkbox"/> Empty	

FIRE

Anti-Freeze level Full < Full Empty

Windshield washer fluid level Full < Full Empty

> Above
< = Below

Note if any fluid container was burned by the fire causing loss of fluid.

Power steering, engine coolant, brake fluid and windshield washer fluid reservoirs were burned by the fire causing a loss of fluids.

Are there any fuel leaks evident? (Lines, hoses, clamps, connections, Carburetor, Fuel injection rails, nozzles and O-Rings.) If yes, describe:

No.

Describe the condition of fuel supply and return lines.

Destroyed by fire.

Describe the condition of fuel tank, filler neck, filler cap and gauge assembly.

These components were not affected by the fire.

FIRE

Exhaust System / Underbody

Routing and clearance of catalytic converter, muffler(s) and pipes.

Exhaust system is properly routed.

Is there any evidence of fluid residue on the exhaust system?

No.

Is there any discoloration or swelling of the catalytic converter?

No.

Is there any evidence of fluid residue on floor pan, driveline, or suspension? No.

SECTION D RESULTS OF THE VEHICLE INSPECTION

Apparent location of fire origin. (Do not speculate. If your observations clearly indicate the point of origin, describe what you saw that leads you to believe this is the point of origin. (Example: Left side of transmission)

If the origin cannot be determined, indicate "Origin is undetermined". Origin is undetermined.

Apparent ignition source of the fire. (Do not speculate. If your observations clearly indicate the ignition source, describe what you saw that leads you to believe this to be the ignition source. Example: (Hot surface ignition on exhaust system supported by fluid witness marks on the pipe.) If the source cannot be determined, indicate "Source is undetermined". Source is undetermined.

Apparent cause of the fire. Do not speculate or offer any conclusion. If your inspection has located a condition that would have caused the fire to begin, you should describe

FIRE

you observations. (Example: Transmission outlet cooler line fitting loose at the transmission). If the cause cannot be determined, indicate "Cause is undetermined".

Cause is undetermined.

Respectfully submitted,



John A. Pitt EA/SA CHICAGO

847-430-8300

Attachments: Twenty-four photographs, prints and negatives, snow plow invoice, oil change invoice.

FIELD PHOTOGRAPHIC NOTES

Division: FORD

Ref# 284982183

VIN: 2FTRF18WX2

Claimant's Name:

Inspector JOHN A. PITT Number of Rolls 1

Roll Number 1

Neg.# Description

- 0 BLANK
- 1. REAR OF VEHICLE
- 2. RIGHT SIDE OF VEHICLE
- 3. LEFT SIDE OF VEHICLE
- 4. FRONT OF VEHICLE
- 5. FRONT OF VEHICLE. NOTE BURNED AFTER-MARKET WIRING
- 6. FRONT OF ENGINE
- 7. ENGINE COMPARTMENT
- 8. TOP OF ENGINE
- 9. BRAKE BOOSTER
- 10. ALTERNATOR
- 11. ABS MODULE
- 12. MELTED SECTION OF HOOD
- 13. CAB OF TRUCK
- 14. RIGHT FRONT FENDER
- 15. INTERIOR OF VEHICLE'S CAB
- 16. BACK GLASS
- 17. INTERIOR OF VEHICLE'S CAB
- 18. INTERIOR OF VEHICLE'S CAB
- 19. LEFT FRONT FENDER
- 20. DRIVER'S DOOR. NOTE DAMAGE DUE TO ATTEMPTED FORCED ENTRY
- 21. REAR SEAT
- 22. ENGINE COMPARTMENT
- 23. ABS MODULE
- 24. ENGINE
- 25. _____
- 26. _____
- 27. _____
- 28. _____
- 29. _____
- 30. _____
- 31. _____
- 32. _____
- 33. _____
- 34. _____
- 35. _____
- 36. _____

INCIDENT REPORT
Barrington Fire Department

NFIRS-1

DELETE
 CHANGE

A	FOID LA122	INCIDENT NO 89-019747	EXP NO 00	MO 08	DAY 01	YR 03	DAY OF WEEK Friday	ALARM TIME 07:57:27	ARRIVAL TIME 08:04:34	IN SERVICE 08:51:30	
B	TYPE OF SITUATION FOUND Various Fire			TYPE OF ACTION TAKEN 13 Extinguishment			MUTUAL AID 1 <input checked="" type="checkbox"/> Recd <input type="checkbox"/> Given				
C	FIXED PROPERTY USE Church, Chapel			IGNITION FACTOR 131 Undetermined			00				
D	CORRECT ADDRESS Barrington, IL						CO. 01	TWN 08	ZIP CODE	GENUS TRACT 2042.08	
E	OCCUPANT NAME						TELEPHONE		ROOM/APT NO		
F	OWNER NAME			ADDRESS			TELEPHONE				
G	METHOD OF ALARM FROM PUBLIC Telephone Direct		TYPE OF ALARM 1 Not Applicable		DISTRICT N	SHIFT D2	STATION 1	NO. ALARMS 2			
H	911 USED E911		PERSONNEL RESPONDED E 003		ENGINES RESPONDED 081		AERIAL APPARATUS 000		OTHER VEHICLES 000		

I	NUMBER OF INJURIES FIRE SERVICE 000		OTHER 000		NUMBER OF FATALITIES FIRE SERVICE 000		OTHER 000	
---	--	--	-----------	--	--	--	-----------	--

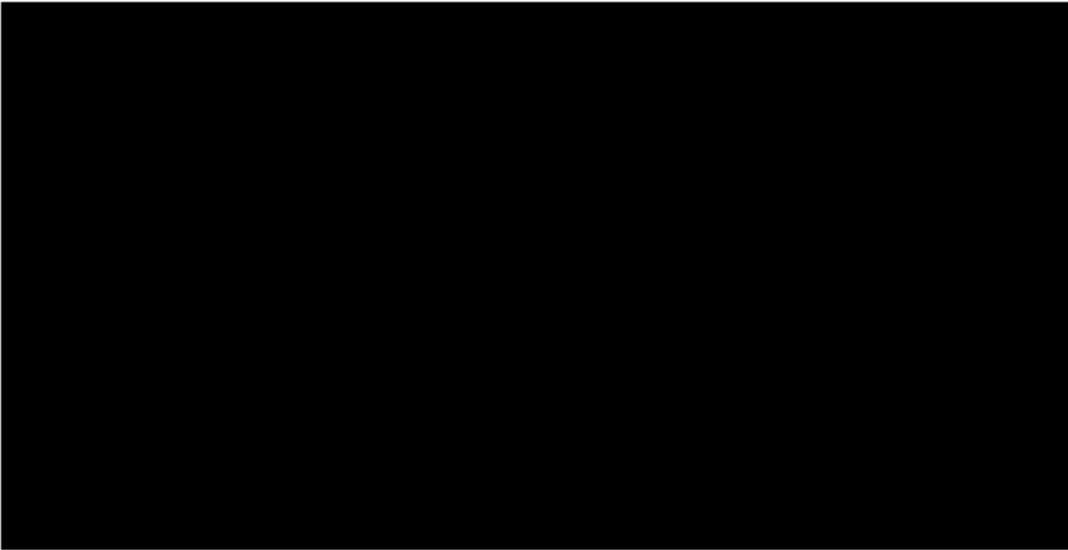
J	COMPLEX Road Complex		MOBILE PROPERTY TYPE Trucks, Under One Ton	
K	AREA OF FIRE ORIGIN Engine Area, Running Gear		EQUIPMENT INVOLVED IN IGNITION 99 No Equipment Involved	
L	FORM OF HEAT OF IGNITION Undetermined		TYPE OF MATERIAL IGNITED Not Applicable	
M	METHOD OF EXTINGUISHMENT Preconnect w/Tank Water		LEVEL OF FIRE ORIGIN Grade to +8'	
			FORM OF MATERIAL IGNITED Not Applicable	
			ESTIMATED LOSS 25,000	
			ESTIMATED VALUE 25,000	

N	NUMBER OF STORIES		CONSTRUCTION TYPE	
O	EXTENT OF FLAME DAMAGE		EXTENT OF SMOKE DAMAGE	
P	DETECTOR PERFORMANCE		SPRINKLER PERFORMANCE	
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		TYPE OF MATERIAL GENERATING MOST SMOKE	
R			AVENUE OF SMOKE TRAVEL	
			FORM OF MATERIAL GENERATING MOST SMOKE	

S	IF MOBILE PROPERTY	YEAR 02	MAKE Ford	MODEL F-150	SERIAL NO. 2FTRF160X3CA	LICENSE NO. 8842A
T	IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.	

CHECK IF COMMENTS

U	OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) McLear, Charf, Lieutenant	DATE 08/01/2003
	MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE) Thompson, Art, Firefighter/Paramedic	DATE 08/01/2003



**NEBRASKA STATE FIRE MARSHAL
FIRE-INCIDENT REPORT**

COPY

ORIGINAL		FIRE			01-478				
Case Type INVESTIGATION ONLY		Day of Week Monday	Occurrence Date 10-15-2001	Alarm Time 5:17	Case Status CLOSED				
Location 1903 SOMERS			Zip Code 68025	Date Notified 10-15-2001	Time Notified 6:15				
City FREMONT	County DODGE		05	Date Arrival 10-15-2001	Time Arrival 8:10				
Owner BOWMAN SAM	Address 1903 SOMERS	City FREMONT	State NE	Telephone					
Occupant BOWMAN SAM	Address 1903 SOMERS	City FREMONT	State NE	Telephone					
Property Type MOTOR VEHICLES	Occupancy VEHICLE & DWELLING	Total Estimated Loss \$45,000.00		Total Value at Risk \$135,000.00					
Property Condition GOOD CONDITION	Inhabited YES	Stories 1	Area of Origin ENGINE COMPARTMENT						
Neighborhood Health MIDDLE CLASS/STABLE	Smoke Det YES	Det Pres/Prop	Equipment Involved						
Mobile Property Type TRUCK	Vehicle Color	License	State NE	V.I.N./Serial					
Make FORD	Model F150	Year 1995	Style PICKUP						
Insurance Carrier FARM BUERAU	Insurance Agency		Mortgage	Type					
Property INSURANCE Contents	Property VALUE Contents	Property DAMAGE Contents							
	\$100,000.00	\$35,000.00	\$35,000.00	\$10,000.00					
No. Film	No. Video	Assisting Agencies FREMONT F.D.		Insurance Policy # 304345	Start 8-17-2001	End 8-17-2001			
Wind Direction NOT REPORTED	Wind Velocity	Temperature 50 TO 79	Humidity	Type of Weather					
Cause ACCIDENTAL	Description								
Incident & Fire Cause Codes ELC ELECTRICAL			What Burned Codes for all Fires 110 CARS/TRUCKS/VEHICLES						
Suspected Motive		No. Fire Losses	No. Fire Code Violations	No. Bldg. Code Violations	Months Tax Arrears				
Modus Operandi		Percentage Vacancy	Date Constructed	Arrests					
Geo X	Geo Y	Fixed Property Transactions	Date	Juvenile No. Arrested	Adult Juvenile No. Convicted	Adult			
NAME OF INJURED		D.O.B.	SS#	D.O.D.	Sex	Post	Drugs	%CO	%Alcohol
1									
2									
3									
Injury Type	Cond. Prior	Severity	Casualty Type	Distance to Station	Response Time (min)	Within City Limits	Prop. Sub Standard	SFM Did Orig/Cause	
1				1	2	YES	NO	YES	
2									
3									
REASON CASE CLOSED							SIGNATURE		
DECLARED ACCIDENTAL							<i>Laverle McDonald</i>		
Date Closed 10-15-2001	Lead Inv. 8729	#2 Inv.	#1 Deputy	#2 Deputy	Report Date 10-24-2001	LAVERLE MCDONALD			

NEBRASKA STATE FIRE MARSHAL'S OFFICE

SUPPLEMENTAL REPORT

FIRE #479-01

Report From: LaVerle McDonald *LaVerle M. McDonald*

Date of Report: 10-24-01

Name of Owner/Occupant [REDACTED]

Address of Incident [REDACTED]

Date of Incident: 10-15-01

Persons Mentioned in this Report:

[REDACTED] OWNER OCCUPANT

BODY OF REPORT:

On 10-15-01, I was contacted by the Fremont Police Department and told that there was a fire in Fremont and the Fire Department was requesting a Fire Marshal at the scene.

Upon arriving at the scene I meet with the Fire Department. They told me that there was a vehicle that had been setting in an attached garage that had started on fire. They told me that the owner [REDACTED] had parked the vehicle on 10-13-01. They told me that they were sure that the fire had started in the engine compartment of the vehicle but they did not know what had caused the fire.

At this time I walked into the attached garage and could see that all the fire patterns came from the northwest corner of the garage where the vehicle was setting. I could see that there was not much for fire that had been under the pickup. I could see that the fire patterns on the west wall of the garage showed that the fire appeared to have come from inside the engine compartment of the vehicle on the drivers side. There was very little room between the pickup and the west wall. At this time we used a fire truck to pull the vehicle out of the garage. Once the vehicle had been pulled out of the garage I could see that the fire patterns on the pickup showed that the fire appeared to have started in the engine compartment of the vehicle. I could see that the main fire patterns on the vehicle showed that the fire appeared to have started on the drivers side of the vehicle. I could see that the headlights on the drivers side showed more fire damage than the passenger side. I could also see that there was a fire pattern on the hood of the vehicle that showed that the fire appeared to have started on the drivers side in the engine compartment about in the center of the drivers side front fender. Upon looking into the engine compartment I could see that the fire patterns on the engine showed that the fire had come from the drivers side of the front fender and burned up and outward. I could see that the fire had been high as there was still grease on the lower portion of the engine. I could also see that there was not as much fire damage on the passenger side in the

FIRE #479-01

Page 2 of 2

engine compartment. I could see that the air cleaner had sustained more damage to the drivers side of the air breather. I could also see that the fender wells on both sides were destroyed by the fire and there was more damage to the drivers side front tire. By looking at the fire patterns it appeared that the fire had started on the fender well area of the drivers side of the vehicle. I found the remains of the main electric brain box that had been mounted on the drivers side in the engine compartment. I could see that there was heat demarcation patterns on the main brain electric box. I then looked at the main electric wire loom that had went to the main brain box. I found that there were electric wires that showed a lot of beading on the ends that had separated from the the other wires. I checked the battery with an amp meter and found that the battery had no current left in the battery. By looking at the main electric brain box and the electric wires and their condition it is my opinion that the main wire loom over heated and shorted out. This caused the insulation on the wiring to burn which resulted into the ensuing fire in the engine compartment that also caused the walls and ceiling of the garage to ignite. It is my opinion at this time that this fire appears to be of an accidental nature and this case is closed at this time.

END OF REPORT:

JEM

FB. Farm Bureau
Insurance Company of Nebraska
Omaha Service Center

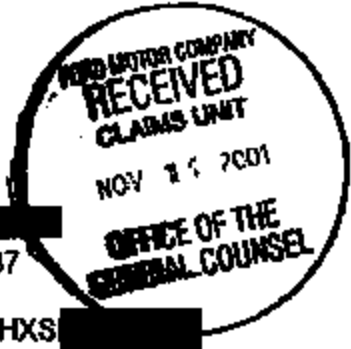
11006 Mecklingbird Drive, Suite A, Omaha, NE 68137 Phone: (402) 339-7323 FAX: (402) 339-7328

SUPPORT CENTER

2001 NOV 13 P 1:45

11-8-01

Ford Motor Company
Customer Relations
P.O. Box 6248
Dearborn, MI 48121



Re: [REDACTED]
CI#: 02-01-54237
D/A: 10-15-01
VIN#: 1FTEX14HXS [REDACTED]

We have settled a fire claim that involves a 1995 Ford F150 pick up truck owned by our insured [REDACTED] of Fremont, NE. In addition, there is subsequent fire damage to their home as a result of this fire. We have enclosed the State Fire Marshall's report with indication that the cause of the fire was the pick up.

Please be advised that we will be making a claim on behalf of [REDACTED] for the settlement to the 1995 Ford F150 and to the fire repairs to their home and personal property. Full documentation will follow this letter.

You may make an inspection of this vehicle at: Insurance Auto Auctions, 4506 South 52nd St, Omaha, NE 68117 (402) 733-2424. The lot I.D. is: 1-8579.

Please acknowledge our letter of subrogation as soon as possible.

Sincerely,

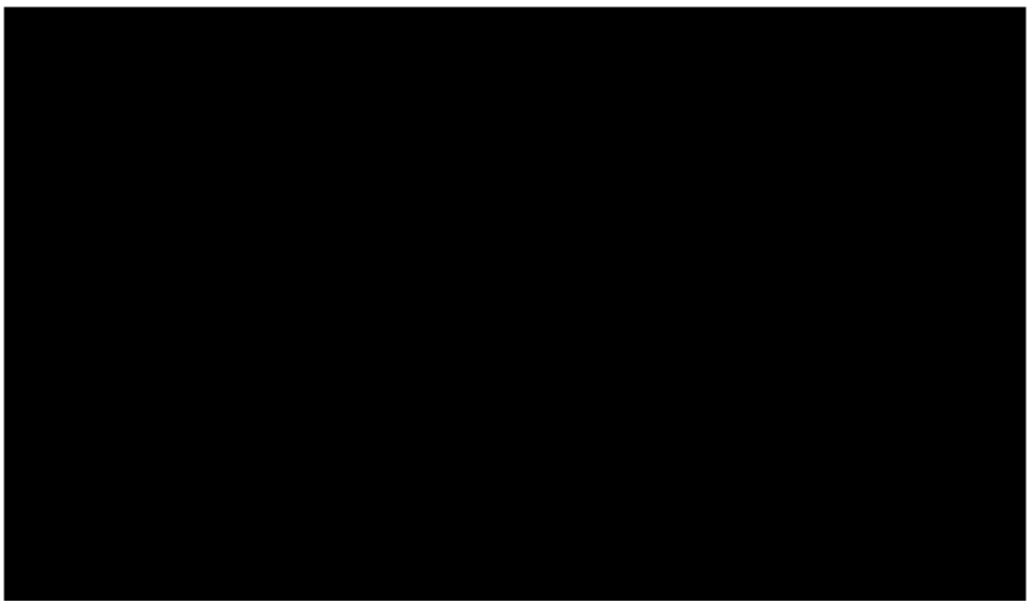
Dennis Dammi
Claim Representative
Farm Bureau Ins. Co. of NE

Encl.

10/15/01
VIN
95 F150
Fremont, NE

1. This document is not intended to constitute an offer of insurance. It is provided for informational purposes only. For more information, please contact your agent or the Farm Bureau Insurance Company of Nebraska, 11006 Mecklingbird Drive, Suite A, Omaha, NE 68137. Phone: (402) 339-7323. Fax: (402) 339-7328.

Living beside you. Working for you.





Mercury Insurance Group

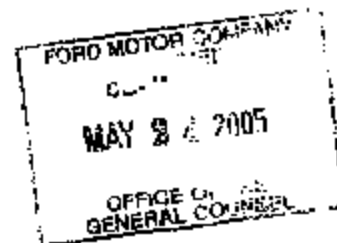
1901 Ulmerton Road
Sixth Floor
Clearwater, Florida 33762-2307
(800) 987-6000

MAY 24 2005

DEL.
REL.
C.

May 17, 2005

FORD MOTOR COMPANY
CUSTOMER RELATIONS
PO BOX 6248
DEARBORN, MI 48126



RE: Our Insured: [REDACTED]
Claim Number: [REDACTED]
Date of Loss: 04-01-05

Dear Ford Motor Company:

Our investigation reveals that your manufacturing company is responsible for the damages sustained in the above captioned loss. Enclosed are our supporting documents for our subrogation claim for the amount of \$9,847.00, which includes our insured deductible. Our exact subrogation amount is pending our salvage recovery. Please make note of our intent to subrogate for our insured damages.

Should you have any questions regarding this matter, do not hesitate to contact the following office:

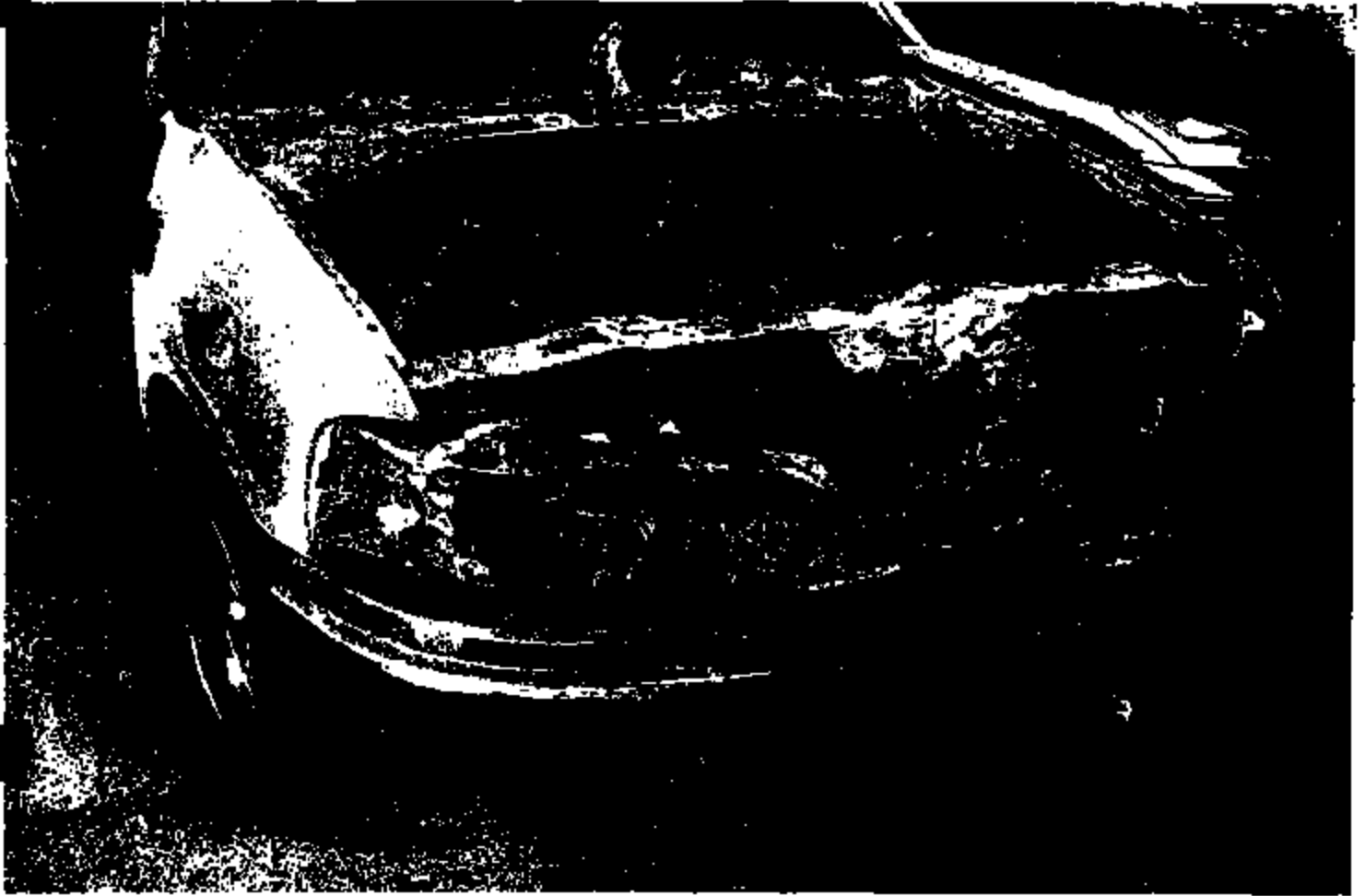
Mercury Insurance Group
1901 Ulmerton Road
Clearwater, FL 33762

(727) 537-7000 Ext. 3187

Thank you for your cooperation and assistance in this matter.

Sincerely,

Pamela Welper
Subrogation Specialist
pkwelper@mercuryinsurance.com
Fax No. (727) 329-3529



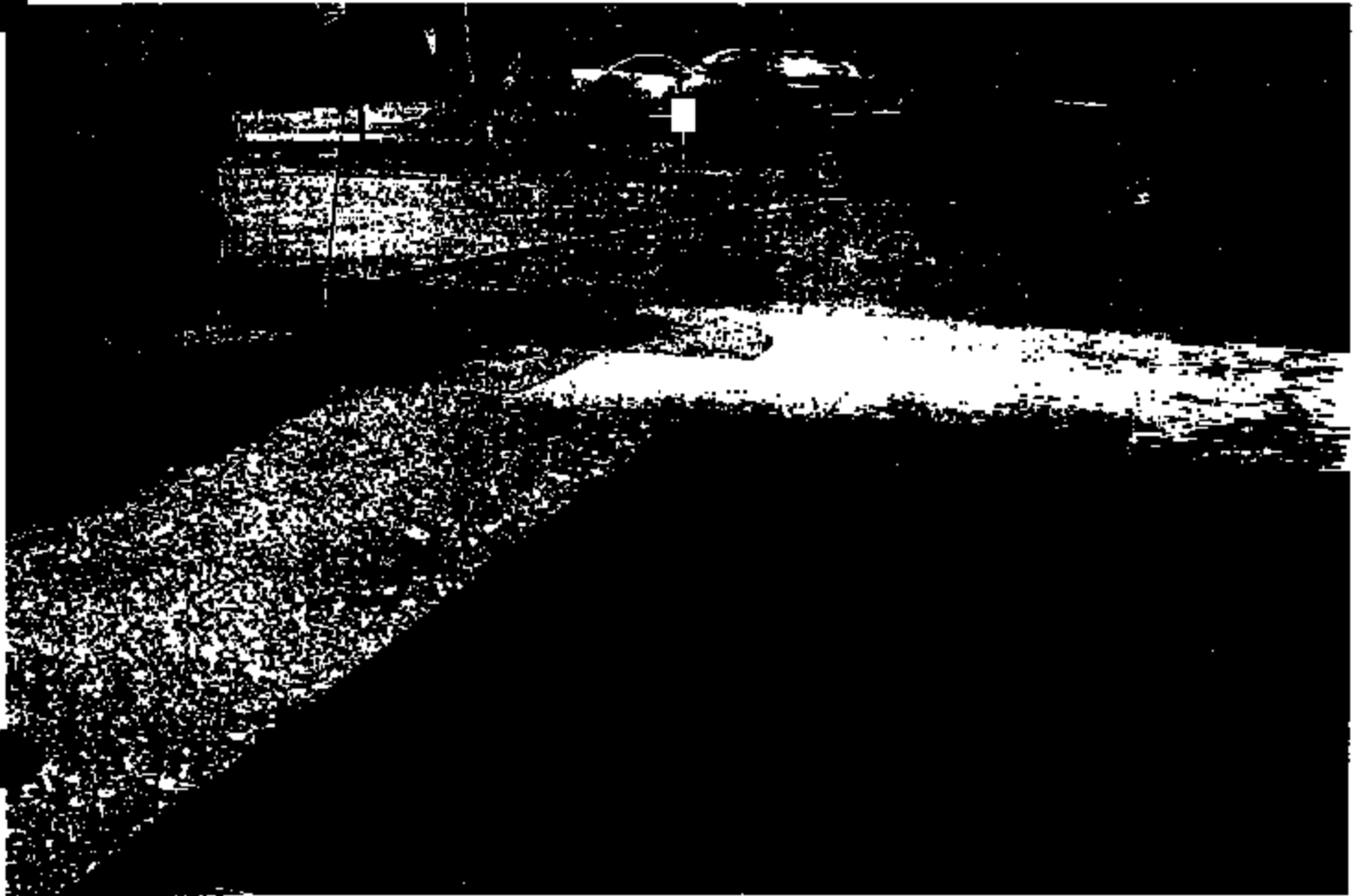
EAGLE-805-LC1-2401



EROS-885-LC1-2482



ER85-085-LC1-2483



EA05-885-LC1-2484



E005-005-LC1-2405

All Action Details for Issue

Print

VIN: 1FMPU18L5XL [REDACTED] Year: 1999 Model: EXPEDITION Case: 431842009
 Name: [REDACTED] Owner Status: Original WSD: 1998-05-28
 Symptom Desc: CLIMATE CYTRL LACK OF COOLING AUX/REAR SYSTEM Primary Phone:
 Reason Desc: WARRANTY - MULTIPLE REPAIR Secondary Phone:
 Issue Type: 03 CONCERN Issue Status: CLOSED
 Initial Customer Contact:

Action: REQUEST CRM/SVC MGR TO CONTACT CUSTOMER
 Dealer: 09084 STEVENS FORD Origin Desc: GENERAL CAC
 Odometer: 4700 MI Comm Type: PHONE
 Analyst Name: CHAMBA CAMPBELL Analyst: CCAMPB19
 Action Date: 07/19/1999 Action Time: 11.43.39.000 Action Data: No

Caller Information if Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	SPOUSE

Comments CUSTOMER SAYS: HAS BEEN TO THE DLR 4 TIMES FOR THE A/C AND THE DLR CANT SEEM TO FIND THE PROBLEM - SHE HAS TOLD THAT DLR TO CHANGE THE COMPRESSOR BUT THE DLR SAYS THAT THERE IS NOTING WRONG WITH IT - THE A/C IS STILL NOT WORKING; SHE SPOKE WITH A TECH AND WAS TOLD THAT HE WILL CALL THE TECH HOTLINE - THIS IS A NEW VEHICLE AND SHE SHOULD NOT BE HAVING THESE PROBLEMS - THE DLR AGREES THAT THERE IS A PROBLEM - THE TRUCK IS AT THE DLR RIGHT NOW THE GUY WORKING ON THE TRUCK IS VERY HELPFUL BUT THE S/M SEEMS LIKE HE DONT CARE AND HE DONT WANT TO HELP - SHE JUST BOUGHT THIS TRUCK SO SHE WOULD NOT HAVE TO GO TO THE DLR ALL THE TIME AND SHE HAD BEEN THERE 6 TIMES ALREADY - DOTN KNOW WHAT TO DO ABOUT THIS - SHE THINKS THAT SHE ALSO HAS A PROBLEM WITH THE TRANSMISSION - IF THEY CANT FIX THE PROBLEM SHE WILL WANT TO GET OUT OF THIS TRUCK PER CUSTOMER, DEALER SAYS: COMPRESSOR DONT NEED TO BE CHANGED CAC ADVISED: - VEHICLE UNDER BUMPER-TO-BUMPER WARRANTY - WILL FORWARD INFORMATION TO THE DEALERSHIP, WITH A COPY TO THE REGIONAL OFFICE - WILL REQUEST CRM/SERVICE MANAGER CONTACT CUSTOMER WITHIN 2 BUSINESS DAYS INFERENCE CASE ID: 4569

Action: ADVISE CUST INFO WILL BE SENT TO DLR; CONTACT CRM
 Dealer: 09084 STEVEN'S FORD Origin Desc: US CONCERN CASE BASE
 Odometer: 4700 MI Comm Type: PHONE
 Analyst Name: CHAMBA CAMPBELL Analyst: CCAMPB19
 Action Date: 07/19/1999 Action Time: 11.43.39.000 Action Data: No

Caller Information if Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	SPOUSE

Comments CUSTOMER SAYS: HAS BEEN TO THE DLR 4 TIMES FOR THE A/C AND THE DLR CANT SEEM TO FIND THE PROBLEM - SHE HAS TOLD THAT DLR TO CHANGE THE COMPRESSOR BUT THE DLR SAYS THAT THERE IS NOTING WRONG WITH IT - THE A/C IS STILL NOT WORKING; SHE SPOKE WITH A TECH AND WAS TOLD THAT HE WILL CALL THE TECH HOTLINE - THIS IS A NEW VEHICLE AND SHE SHOULD NOT BE HAVING THESE PROBLEMS - THE DLR AGREES THAT THERE IS A PROBLEM - THE TRUCK IS AT THE DLR RIGHT NOW THE GUY WORKING ON THE TRUCK IS VERY HELPFUL BUT THE S/M SEEMS LIKE HE DONT CARE AND HE DONT WANT TO HELP - SHE JUST BOUGHT THIS TRUCK SO SHE WOULD NOT HAVE TO GO TO THE DLR ALL THE TIME AND SHE HAD BEEN THERE 6 TIMES ALREADY - DOTN KNOW WHAT TO DO ABOUT THIS - SHE THINKS THAT SHE ALSO HAS A PROBLEM WITH THE TRANSMISSION - IF THEY CANT FIX THE PROBLEM SHE WILL WANT TO GET OUT OF THIS TRUCK PER CUSTOMER, DEALER SAYS: COMPRESSOR DONT NEED TO BE CHANGED CAC ADVISED: - VEHICLE UNDER BUMPER-TO-BUMPER WARRANTY - WILL FORWARD INFORMATION TO

ENR01-005-1-C1-2406

THE DEALERSHIP, WITH A COPY TO THE REGIONAL OFFICE - WILL REQUEST CRM/SERVICE MANAGER CONTACT CUSTOMER WITHIN 2 BUSINESS DAYS INFERENCE CASE ID: 4589

Action: FORD COVERED REPAIR MADE - WARRANTY

Dealer: 09084 STEVENS FORD

Origin Desc: FIELD ORGANIZATION

Odometer: 4700 MI

Comm Type: PHONE

Analyst Name: AYANA JAMES

Analyst: 7760AJ

Action Date: 07/21/1999

Action Time: 09.42.55.875

Action Data: No

Comments PER CSM: VEHICLE DID REPAIRS TO A/C, VEHICLE IS READY TO BE PICKED UP BY CUSTOMER TODAY (7/21). VEHICLE HAS HAD ONLY 3 REPAIRS TO A/C. CSM WILL CONTACT CUSTOMER TODAY REGARDING CONCERNS.

0908-885-1.01-2A07

All Action Details for Issue

Print

VIN: 1FMPU18L5X1 [REDACTED] Year: 1999 Model: EXPEDITION Case: 431842009
 Name: Owner Status: Original WSD: 1999-05-28
 Symptom Desc: CLIMATE CTRL LACK OF HEAT AUX/REAR SYSTEM Primary Phone:
 Reason Desc: PROD/COMP DUR/PERF - VEHICLE QUALITY Secondary Phone:
 Issue Type: 02 INFORMATION Issue Status: CLOSED

Action: REQUEST CRM/SVC MGR TO CONTACT CUSTOMER
 Dealer: 09084 STEVEN'S FORD Origin Desc: GENERAL CAC
 Odometer: 4700 MI Comm Type: PHONE
 Analyst Name: POMMELLS TRACEY Analyst: TPOMMELS
 Action Date: 07/20/1999 Action Time: 08.21.05.686 Action Data: No

Caller Information if Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
RAQUIL				SIBLING

Comments CUSTOMER SAYS: CUST SAYS THEY HAD VEHICLE INTO DLRSH ABOUT 8 TIMES FOR DIFFERENT PROBLEM AND IT THERE FOR THE A/C 8 TIMES NOW; CUST SAYS DLRSH REPLACED THE COMPRESSOR AND OTHER PARTS; CUST WOULD LIKE TO SPEAK TO THE REGIONAL REP. ABOUT THESE PROBLEMS AND CUST SAYS THERE IS A DEFECT IN THIS VEHICLE AND CUST WOULD LIKE FORD TO REBUY THIS VEHICLE BACK; PER CUSTOMER, DEALER SAYS: NONE CAC ADVISED: - DEALERSHIP IS IN THE BEST POSITION TO ASSIST YOU - CONTACT CRM/SERV MGR FOR ADDITIONAL INFORMATION - DOCUMENTED INFORMATION INFERENCE CASE ID: 1586

Action: CB-ADVISE CUST INFO WILL BE SENT TO DLR; CONTACT CRM
 Dealer: 09084 STEVEN'S FORD Origin Desc: US CONCERN CASE BASE
 Odometer: 4700 MI Comm Type: PHONE
 Analyst Name: POMMELLS TRACEY Analyst: TPOMMELS
 Action Date: 07/20/1999 Action Time: 08.21.05.686 Action Data: No

Caller Information if Different From Vehicle Owner:

First Name	Middle Initial	Last Name	Day Phone	Relationship
RAQUIL				SIBLING

Comments CUSTOMER SAYS: CUST SAYS THEY HAD VEHICLE INTO DLRSH ABOUT 8 TIMES FOR DIFFERENT PROBLEM AND IT THERE FOR THE A/C 8 TIMES NOW; CUST SAYS DLRSH REPLACED THE COMPRESSOR AND OTHER PARTS; CUST WOULD LIKE TO SPEAK TO THE REGIONAL REP. ABOUT THESE PROBLEMS AND CUST SAYS THERE IS A DEFECT IN THIS VEHICLE AND CUST WOULD LIKE FORD TO REBUY THIS VEHICLE BACK; PER CUSTOMER, DEALER SAYS: NONE CAC ADVISED: - DEALERSHIP IS IN THE BEST POSITION TO ASSIST YOU - CONTACT CRM/SERV MGR FOR ADDITIONAL INFORMATION - DOCUMENTED INFORMATION INFERENCE CASE ID: 1586

EPR05-093-1-01-2409





Sentry Insurance

4400 East 53rd Street
Davenport, IA 52807

22 August, 2001

Ford Motor Company
Office of General Counsel
Suite 400 PTW
3 Parklane Blvd
Dearborn, MI 48126

New

RE: Claim Number: 57A088124
Our Insured: ██████████ Pasadena Texas
Date of Loss: 12/14/2000
Claimant: ██████████
Property Involved: 2001 Ford F150 Super Crew
Vin# 1FTRW07L21█████████



Dear To Whom It May Concern:

██████████ Ford F150 caught on fire while our insured was test driving the vehicle after it had been repaired at our garage. Our investigation revealed that the fire was caused by a possible product defect. As per my insured, Ford accepted liability and paid ██████████ for his 2001 Ford F150. We placed ██████████ in a rental vehicle while our investigation was taking place. The rental bill for ██████████ totaled \$459.89. We are now looking to Ford for reimbursement of our rental bill. Please call me with your position. My number is 800-835-3377, ext. 5271. I look forward to hearing from you soon.

Sincerely,

Lynne Lunardi
Claims Adjuster
Sentry Select Sentry
563-459-5271

*- '01 F-150
- VIN
- 12/14/00*



Our Project No: G2041-02

Insured: [REDACTED]

1999 Ford Lightning Pick-up

Claim No: Unknown [REDACTED]

Date of Loss: February 25, 2000

Date of Notification: March 21, 2000

Date of Inspection: March 23, 2000

(1)

1999 Ford Lightning Pick-up

Interscience, Inc.

7705 Ann Ballard Road
Tampa, FL 33634-2334
(813) 885-4774
Fax (813) 889-9157

Our Project No: G2041-02

Insured: [REDACTED]

1999 Ford Lightning Pick-up

Claim No: Unknown [REDACTED]

Date of Loss: February 25, 2000

Date of Notification: March 21, 2000

Date of Inspection: March 23, 2000

Report
Prepared For:

Gainsco
730 NW 107th Avenue, Suite 214
Miami, FL 33172

Attn: Mr. David Curiel

Report
Prepared By:

Gene Bullington



Interscience, Inc.

7705 Ann Ballard Road
Tampa, FL 33634-2334
(813) 885-4774
Fax (813) 889-9157

May 26, 2000

Gainsco
730 NW 107th Avenue, Suite 214
Miami, FL 33172

Attn: Mr. David Curiel

Re: Our Project No: G2041-02
Insured: [REDACTED]
Claim No: Unknown
Date of Loss: February 25, 2000
Date of Notification: March 21, 2000
Date of Inspection: March 23, 2000

Dear Mr. Curiel:

This letter serves as the report on Interscience's examination of the insured vehicle. On March 21, 2000, you requested that Interscience, Inc. examine the vehicle to determine the origin and cause of a fire that occurred on February 25, 2000.

It was reported that [REDACTED] the insured, was driving his 1999 Ford Lightning pick-up truck on the Florida Turnpike when he smelled the strong odor of something burning. He pulled over and got out of the truck. When he walked around the vehicle he noticed a glow in the area of the defrost duct on the passenger side. A call was placed via 911.

The insured reported that the vehicle was purchased new in August 1999. The truck was a highly factory customized special edition truck. No aftermarket items were

Gainsco
May 26, 2000
G2041-02 - Page 2

added since he purchased the vehicle. All normal maintenance was performed by the insured. The only mechanical failure that the insured experienced since the truck was purchased was a problem with the fuel pump. The dealer replaced the fuel pump and no further problems were identified until the fire.

The truck was examined by Interscience, Inc., personnel on March 24, 2000. It was located at the secured impound yard of Sadisco in Opa-Locka, Florida at the time of the examination. The truck was identified via the Florida tag no [REDACTED]. The vehicle identification number (VIN) plate was missing from the dash due to melting out during the fire.

Burn damage to the vehicle was very extensive. Virtually all of the combustible components were burned away in the engine and passenger compartment. There appeared to be more heat damage on the passenger side of the vehicle. The level of oxidation and melting of metal components was greater on the passenger side of the engine and dash area of the passenger's compartment.

The damage to wiring on the right side of the dash was so extensive that no meaningful evaluation could be made of the wiring. The wiring was broken into pieces and had fallen to the floor area.

The right side of the engine compartment contained heavy damage that appeared to emanate from the area of the firewall. The examination of the fire wall area revealed burn damage around the point where a flexible line connected to a rigid metal line. The examination of the engine indicated that those lines were fuel lines.

Due to the extent of burn damage that resulted from extended burn time prior to extinguishment, the precise point of fire origin could not be determined. It is possible that the fire originated within the right side of the dash due to some electrical malfunction, however, it is also possible that the fire originated in the engine compartment due to a fuel line connection failure.

In summary, it is the conclusion of Interscience, Inc. that the cause of the subject fire could not be determined. It should be noted however, that the insured vehicle was still under factory warranty. Since no aftermarket items had been added to the vehicle in the area of fire origin, any defects that would have resulted in this fire would be due to a design or manufacturing defect.

It is recommended that Ford be placed on notice in reference to this loss and be given an opportunity to examine the vehicle. Interscience, Inc. would be interested in conducting a joint examination of the vehicle at Ford's convenience.

Gainsco
May 26, 2000
G2041-02 - Page 4

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

Respectfully submitted,

INTERSCIENCE, INC.

Gene Bullington

Gene Bullington

GB:lke

Reviewed by,

Curt W. Lessl, Ch.E.

Curt W. Lessl, Ch.E.

APPROVED BY
DATE

Interscience, Inc.

ERG5-005-LC1-2415

PHOTO INDEX - G2041-02

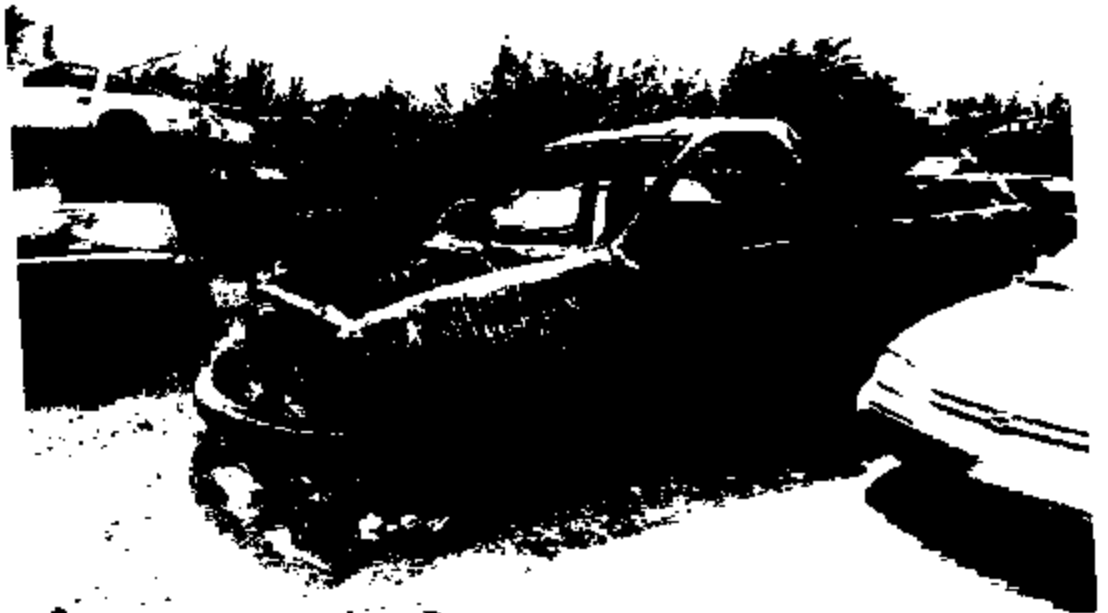
1-4. Overall views of the insured vehicle.



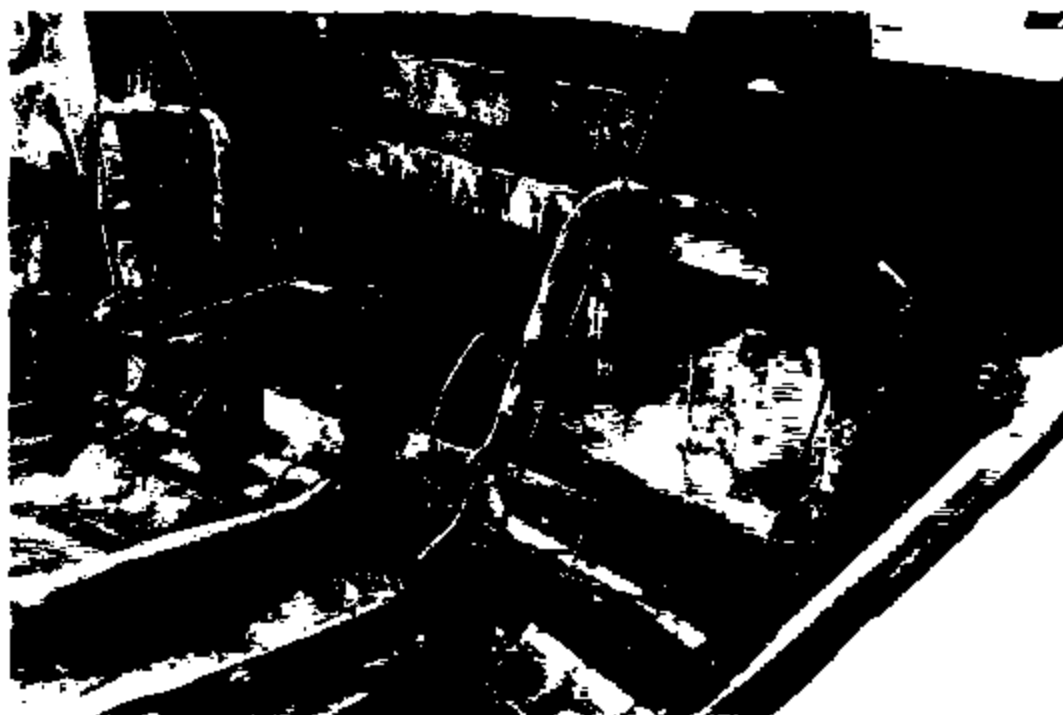
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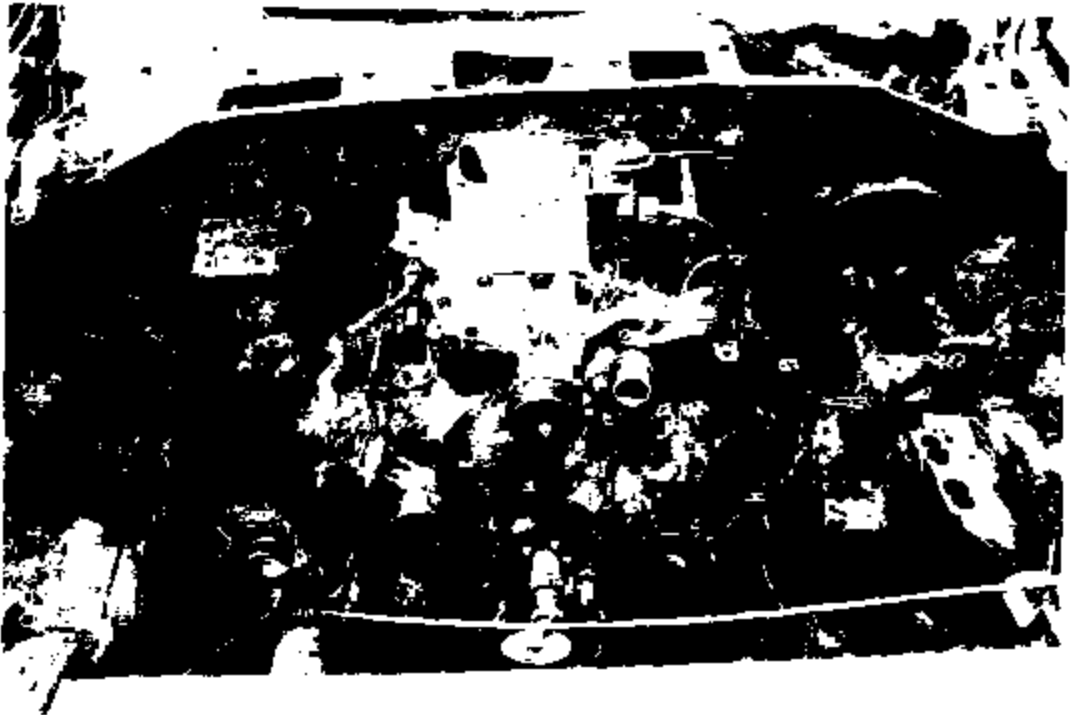
5-9. The passenger compartment.



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10. An overall view of the engine compartment. Note the heavier damage on the left side of the photo (right side of the engine).

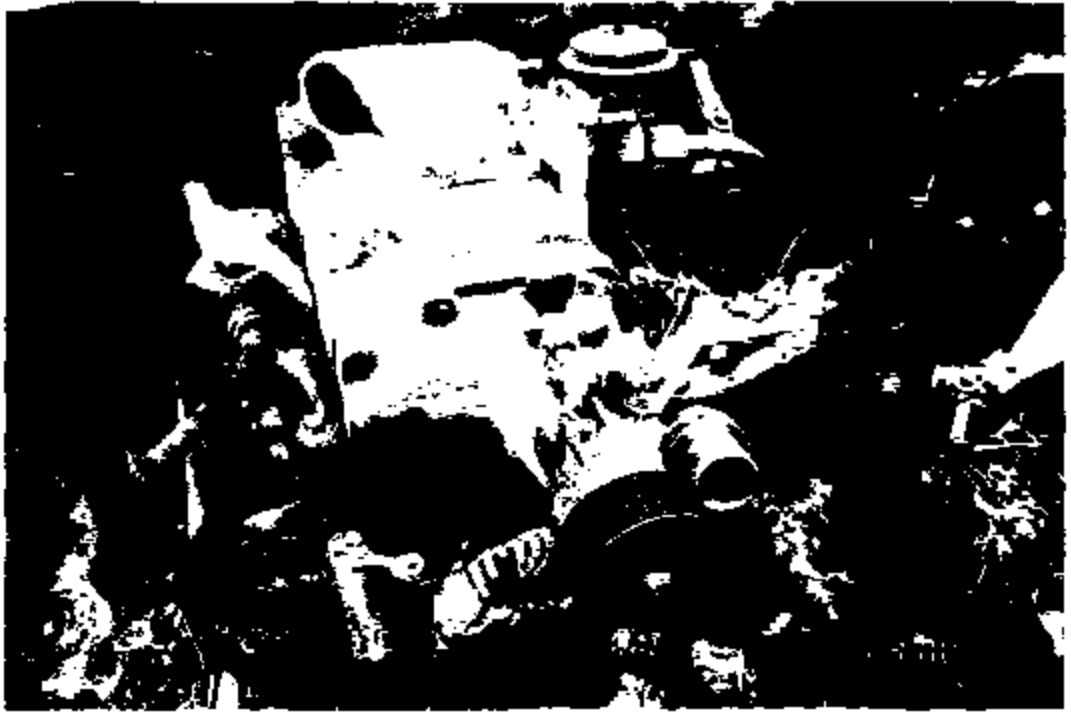


EA05-005-LC1-2420

11-14. Closer views of the engine.



13.



14.



ENG-885-LC1-2422

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15-16. The right side of the engine. The arrow points to the fuel line.



17. The arrow points to the point where the flexible line connected to the rigid line. The flexible line is burned away.



18. The less damaged left side of the engine.





THE GAINSCO COMPANIES

730 N.W. 107th Avenue
Suite 214
Miami, Florida 33172
305.552.0770
fax 305.551.0924

www.gainsco.com

RETURN RECEIPT REQUESTED
ARTICLE NO. 7000 0600 0027 0528 2449

August 17, 2000

Ford Motor Company
16800 Executive Plaza Drive
Mail Drop 2NE-2N
Dearborn, Michigan 48126, US
Attn: Liability Department



Re:	Insured	:	[REDACTED]
	Date of Loss	:	02-25-00
	Our Claim No.	:	58156-G
	Your Customer	:	[REDACTED]
	Dealer	:	Deel Ford (Coral Gables, Florida)

Dear Gentlemen:

We have concluded our investigation of the above - mentioned accident. Our investigation reveals that our insured purchased a vehicle from Deel Ford, Inc., which had a mechanical defect within the fuel line resulting in the total loss of the vehicle from fire damage.

Please accept this letter as notice of our subrogation rights. Enclosed are the supporting documents related to this loss, once you have had the opportunity to review the enclosed documents, you can forward your payment in the amount of \$30,074.98 (amount shown includes our insured's \$500.00 and \$899.98 out of pocket expense) to:

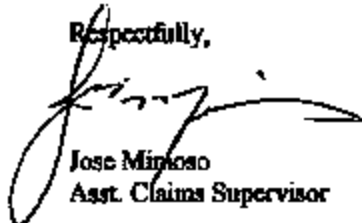
MGA Insurance Company
A/S/O [REDACTED]

Mail to:
MGA Insurance Company
730 NW 107 Avenue, Suite 214
Miami, FL 33172

Should you be unable to tender out the amount requested above, please forward this letter along with the attached documentation to your liability carrier for settlement.

Should you have any questions regarding the above mentioned, please contact the undersigned at 305-552-6546, Ext. 8042.

Respectfully,


Jose Miralosa
Asst. Claims Supervisor

OFFENSE INCIDENT REPORT

Agency # 1004400001, Agency Name FLORIDA HIGHWAY PATROL, Date 02/24/00, Time 22:15, Mile 23:59

Agency File Number 13 H P 0 5, Agency Name FLORIDA HIGHWAY PATROL, Agency # 1004400001, Date 02/24/00, Time 22:15, Mile 23:59

Incident Type 1. Fire, 2. Vehicle Fire, 3. Collision, 4. Other, Date 02/24/00, Time 22:05, City Thursday, Mile 22:45

Offense # 1, Type 8, Description Vehicle Fire, Agency # 1004400001, Date 02/24/00, Time 22:05, City Thursday, Mile 22:45

Offense # 2, Type 1, Description, Agency # 1004400001, Date 02/24/00, Time 22:05, City Thursday, Mile 22:45

Location State Road 821 & Mile Post 8, City Miami, Zone 1

Business Name Ronald Reagan Turnpike, Agency # 1004400001, Date 02/24/00, Time 22:05, City Thursday, Mile 22:45

Vehicle Type 01. Automobile, 02. Motorcycle, 03. Scooter, 04. Truck, 05. Van, 06. Trailer, 07. Boat, 08. Other

Vehicle Make 1. Ford, 2. Chevrolet, 3. Dodge, 4. Chrysler, 5. GM, 6. Other

Vehicle Year 01. 1999, 02. 2000, 03. 2001, 04. 2002, 05. 2003, 06. 2004, 07. 2005, 08. 2006, 09. 2007, 10. 2008, 11. 2009, 12. Other

Vehicle Color 01. White, 02. Black, 03. Silver, 04. Gray, 05. Red, 06. Blue, 07. Green, 08. Yellow, 09. Orange, 10. Purple, 11. Pink, 12. Other

Vehicle License 1. FL, 2. AL, 3. AR, 4. AZ, 5. CA, 6. CO, 7. CT, 8. DC, 9. DE, 10. HI, 11. IL, 12. IN, 13. IA, 14. KS, 15. KY, 16. LA, 17. MA, 18. MD, 19. MI, 20. MN, 21. MO, 22. MS, 23. MT, 24. NC, 25. ND, 26. NE, 27. NH, 28. NJ, 29. NM, 30. NV, 31. NY, 32. OH, 33. OK, 34. OR, 35. PA, 36. RI, 37. SC, 38. SD, 39. TN, 40. TX, 41. UT, 42. VA, 43. VT, 44. WA, 45. WI, 46. WY, 47. Other

Vehicle VIN 2F1ZT0732X0, Agency # 1004400001, Date 02/24/00, Time 22:05, City Thursday, Mile 22:45

Vehicle Make Ford, Agency # 1004400001, Date 02/24/00, Time 22:05, City Thursday, Mile 22:45

Vehicle Year 2000, Agency # 1004400001, Date 02/24/00, Time 22:05, City Thursday, Mile 22:45

Vehicle Color Red, Agency # 1004400001, Date 02/24/00, Time 22:05, City Thursday, Mile 22:45

Vehicle License HZ22CA, Agency # 1004400001, Date 02/24/00, Time 22:05, City Thursday, Mile 22:45

Vehicle VIN 2F1ZT0732X0, Agency # 1004400001, Date 02/24/00, Time 22:05, City Thursday, Mile 22:45

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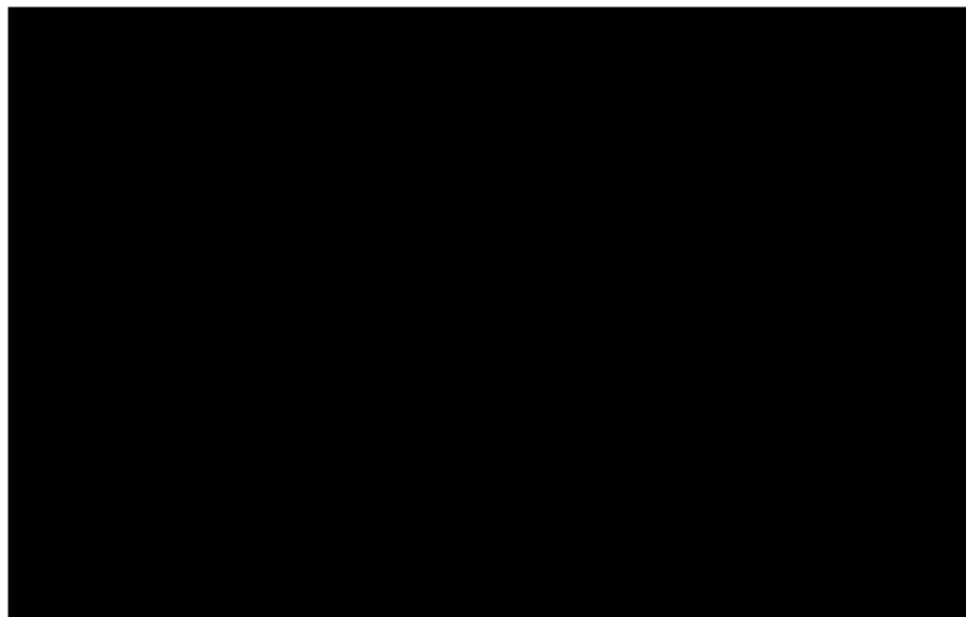
Vehicle Make Ford, Agency # 1004400001, Date 02/24/00, Time 22:05, City Thursday, Mile 22:45

Vehicle Year 2000, Agency # 1004400001, Date 02/24/00, Time 22:05, City Thursday, Mile 22:45

Vehicle Color Red, Agency # 1004400001, Date 02/24/00, Time 22:05, City Thursday, Mile 22:45

On 02/24/00 at approximately 10:05 pm [redacted] was southbound on State Road 821 about the 8 milepost. [redacted] was driving his 1999 Ford pickup. The VIN# on the vehicle was 2F1ZT0732X0 [redacted]. The vehicle was bearing a FL license plate of HZ22CA. The vehicle was red in color. [redacted] advised that as he was driving southbound on State Road 821 he began to smell smoke. The smoke was coming from the dash portion of his vehicle. [redacted] was unable to locate the source of the smoke. The vehicle continued to smoke and then flames started to show under the engine and dash. The Fire Department and myself were summoned to the scene. Upon my arrival, the entire front portion, and most of the rear of the vehicle were engulfed in flames. Metro-Dade fire Department responded and extinguished the fire. The Vehicle was removed from the scene by Excellior Towing.

Report Details Vehicle Information, Agency # 1004400001, Date 02/24/00, Time 22:05, City Thursday, Mile 22:45



SFCHADMA

Action Detail

08/28/02 11:11:29

VIN: 1FMRU17L2W [REDACTED] Year: 1998 Model: EXPEDITION
 Owner Status: SUBSEQUENT WSD: 02/25/98
 Name: [REDACTED] Hm Ph: [REDACTED]
 Trmt: [REDACTED] Case: 524000532 Day Ph: [REDACTED]
 Symptom Desc: FIRE/SMOKE SMOKE
 Reason Desc: LEGAL - OTHER ATTORNEY DEMAND
 Dealer: PLANTATION FORD
 Issue Type: 07 LEGAL Issue Status: C CLOSED
 Comm Type: ML MAIL Odometer Reading: 1 MI
 Analyst: MKELSEY2 MOLLY KELSEY Document Number:
 Action Date: 08/23/02 Action Data: Y Action Time: 11:45:57 EST
 Origin Desc: CONSUMER AFFAIRS - LITIGATION PREVENTION
 Action Desc: OPEN LEGAL CONTACT - ATTORNEY DEMAND
 Comments: *****ATTORNEY DEMAND*****
 08/23/02

ATTORNEY ALLEGES HIS CLIENT'S VEHICLE IS DEFECTIVE.

ATTORNEY DEMANDS FORD REPLACE HIS CLIENT'S VEHICLE.

F1=Help F2=AddAction F4=PrevAction F5=NextAction F6=ActionData
 F9=PrevComments F10=NextComments F11=Menu F12=Return F13=ESP
 NO NEXT COMMENTS

LPREL57

SFCHADMA

Action Detail

08/28/02 11:11:24

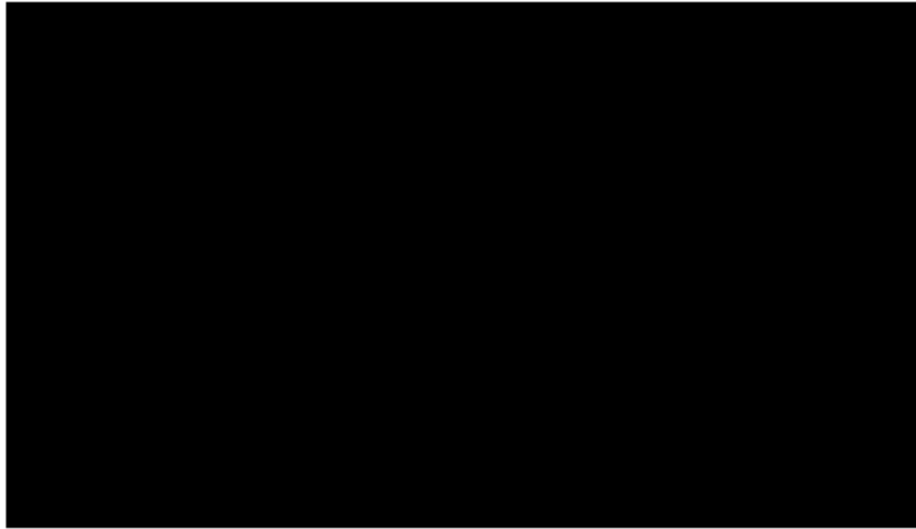
VIN: 1FMRU17L2WL [REDACTED] Year: 1998 Model: EXPEDITION
 Owner Status: SUBSEQUENT WSD: 02/25/98
 Name: [REDACTED] Hm Ph: [REDACTED]
 Trmt: [REDACTED] Case: 524000532 Day Ph: [REDACTED]
 Symptom Desc: FIRE/SMOKE SMOKE
 Reason Desc: LEGAL - OTHER ATTORNEY DEMAND
 Dealer: PLANTATION FORD
 Issue Type: 07 LEGAL Issue Status: C CLOSED
 Comm Type: ML MAIL Odometer Reading: 1 MI
 Analyst: MKELSEY2 MOLLY KELSEY Document Number:
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F1=Help F2=AddAction F4=PrevAction F5=NextAction F6=ActionData
 F9=PrevComments F10=NextComments F11=Menu F12=Return F13=ESP
 NO MORE COMMENTS AVAILABLE

LPREL57



BEGINNING OF CONTACT
10/31/2000 MASTER OWNER RELATIONS SYSTEM (1) 08.22.51

INQUIRY ISSUE CASE NBR: 0706823040
REGION: ZONE: OPENED: 10/30/2000
VIN: 1FTDX1765V ENGINE: 6 VEH TYPE: T CLOSED: 10/30/2000

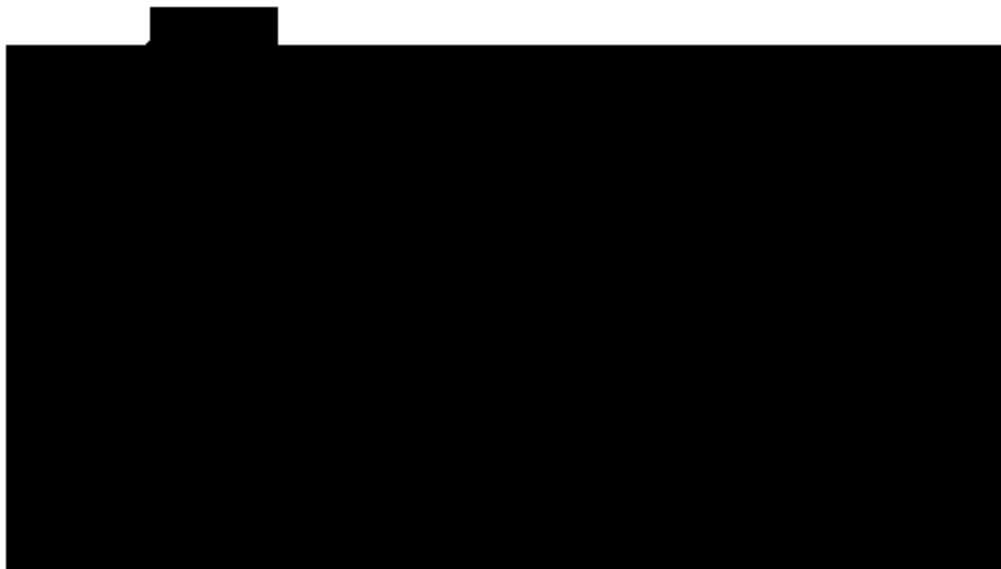
LAST NAME: STATUS: CLOSED
TITLE: FIRST NAME: MI:
ADDRESS: CITY: STATE: CA ZIP: CORONA
HOME PHONE: MODEL YEAR: 1997 MODEL: F150 4X2 SUPERCAB PICKUP
MILEAGE: 110000
DEALER NAME: SALES CODE: P & A:
REASON CODE: 0703 LEGAL - ALLEGED SERIOUS INJURY
SYMPTOMS:

ORIGIN: CAC138 - UR CONCERN CASE BASE COMMUNICATION: PHONE
ACTION: 679 - INFO WILL BE SENT TO PROD CLAIMS GRP; CUST WILL BE CONTACTED W/IN
DOCUMENT: ANALYST: NHAIDER NAREEL HAIDER
ACTION DATA/COMMENTS:

2000/10/30
19.38.49 CUSTOMER SAYS: -FUEL LINE CAUGHT FIRE & TRUCK EXPLODED..
-ACCIDENT OCCURED ON DEPT 30.. -CUST RECEIVED THE 00522 REC
ALL LETTER & WAS INQUIRING IF THE PART BEING RECALLED WAS TN
E CAUSE OF THE ACCIDENT.. -CUST SUFFERED SEVERE BURNS TO HI
S ARM & PART OF HIS FACE.. -CUST ALSO HAD A '94 F-SERIES &
THAT ALSO CAUGHT FIRE & VEH WAS COMPLETELY DESTROYED.. PER
CUSTOMER, DEALER SAYS: -NONE CAC ADVISED: - WE WILL SEND
THE INFORMATION TO OUR PRODUCT CLAIMS GROUP - SOMEONE WILL
CONTACT YOU IN 7-10 BUSINESS DAYS INFERENCE CASE ID: 4722



OWNER RELATIONS 10/31/2000 MRFKPRG



State Farm Insurance Companies®



State Farm Insurance Companies
1025 Grass Road
Mesquite, Texas 75149

May 13, 2005

Ford Motor Company
Office of General Counsel
Parklane Towers West
Three Parklane Blvd., Suite 400
Dearborn, MI 48126



Notice of Subrogation

RE: Claim Number: 43-E603-808
Date of Loss: 4/07/2005
City/State of loss: DeSoto, Texas
Insured: [REDACTED]
Vehicle: 1998 Ford F 150 Single Cab pick up
VIN Number: 1FTZF1722W [REDACTED]
Mileage: Unknown at this time

Ford Motor Company,

This notice is to advise of a loss that occurred to our insured property. The damage was caused by a fire that originated from the above mentioned vehicle.

Our investigation is underway at this time. We believe that Ford may be responsible for this loss. By virtue of any payments we make to our insureds for their damaged property, we are entitled to recover from the responsible party. Please consider this letter as our demand to Ford for possible reimbursement of those damages. The amount of damages have not been estimated at this time.

Any settlement by Ford with State Farm's policyholder with respect to the above described damages must not prejudice our rights, as subrogator, and shall not be released by the execution of a general release with such policyholder.

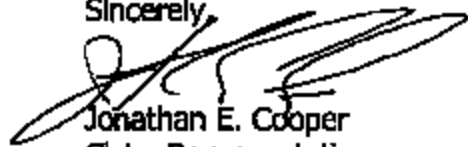
In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide nonpublic personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction

EP05-005-LC1-2438

authorized by the consumer. However, you are neither authorized nor permitted to: (1) use the customer information we provide for any purpose other than to evaluate and process the subrogation claim or (2) disclose or share the customer information we provide for any purpose other than to evaluate and process the subrogation claim.

Your cooperation is appreciated. If you should have any questions, or would like to set up an appointment to inspect evidence/salvage, please feel free to contact me at (972) 216.4241.

Sincerely,



Jonathan E. Cooper
Claim Representative
State Farm Lloyds
1025 Gross Rd.
Mesquite, Texas 75149

ISSUE LIST

Last Handling Date/ Issue Status	Name/ Reason Desc	Vin/ Case No.	Model Year and Vehicle Line	Issue Type
4/18/2006 CLOSED	[REDACTED] LEGAL - CUSTOMER WAITING FOR ACKNOWLEDGEMENT	1FTZF1722W[REDACTED] 1608510865	1998 F-SERIES	02
4/19/2006 CLOSED	[REDACTED] LEGAL - ACCIDENT / FIRE	1FTZF1722W[REDACTED] 1608510865	1998 F-SERIES	10

E985-885-LC1-2432

6/1/2005

All Action Details for Issue

Print

VIN: 1FTZF1722W1	Year: 1998	Model: F-SERIES	Case: 1808510985
Name:	Owner Status: Subsequent	WSD: 1998-07-07	
Symptom Desc: FIRE/SMOKE VISIBLE FLAME UNDER VEHICLE		Primary Phone:	
Reason Desc: LEGAL - CUSTOMER WAITING FOR ACKNOWLEDGEMENT		Secondary Phone:	
Issue Type: 02 INFORMATION	Issue Status: CLOSED		

Action: CB-ADVISE CUST WE WILL NOTIFY THE DEPT SOMEBODY WILL BE IN TOUCH
 Dealer: 07977 DUNCANVILLE FORD Origin Desc: US CONCERN CASE BASE
 Odometer: 130000 MI Comm Type: PHONE
 Analyst Name: NAIDU SHARATH Analyst: SNAIDUS
 Action Date: 04/18/2005 Action Time: 15.49.09.232 Action Date: No

Comments CUSTOMER SAID: - THE CUST IS CALLING BECAUSE THE VEH CAUGHT FIRE AND WAS LOCATED IN THE CAR PORT AT THE TIME- THE HOUSE CAUGHT FIRE BECAUSE OF THIS AND THERE WERE DAMAGES TO IT.- ALL OF THE PEOPLE IN HOME ARE FINE (NO INJURY)- WITNESSES SAW THAT THE VEH CAUGHT ON FIRE BEFORE THE HOUSE DID- THE CUST DOES NOT HAVE INSURANCE ON THIS VEH..-CUST CALLING TO SAY THAT HE WAS TOLD SOMEBODY FROM CONSUMER AFFAIRS WILL BE CALLING...BUT NOBODY CALLED...CUST STILL WAITING FOR A CALL DEALER SAID: -NONE- CRC ADVISED: THANK YOU FOR PROVIDING US WITH THIS INFORMATION IN RELATION TO YOUR CASE. I WILL FORWARD THIS TO OUR CONSUMER AFFAIRS DEPARTMENT, AND I HAVE REQUESTED THAT THEY CONTACT YOU WITHIN TWO BUSINESS DAYS.

All Action Details for Issue

Print

VIN: 1FTZF1722W [REDACTED] Year: 1998 Model: F-SERIES Case: 1806510985
 Name: [REDACTED] Owner Status: Subsequent WSD: 1898-07-07
 Symptom Desc: FIRESMOKE VISIBLE FLAME UNDERHOOD Primary Phone: [REDACTED]
 Reason Desc: LEGAL - ACCIDENT / FIRE Secondary Phone: [REDACTED]
 Issue Type: 10 OGC Issue Status: CLOSED

Action: CONTACT ADVANCED TO OGC

Dealer: 07977 DUNCANVILLE FORD

Origin Desc: US CONCERN CASE BASE

Odometer: 131000 MI

Comm Type: PHONE

Analyst Name: DUBE DOUG

Analyst: DDUBE

Action Date: 04/30/2005

Action Time: 18.54.11.361

Action Date: No

Comments CUSTOMER SAID: - THE CUST IS CALLING BECAUSE THE VEH CAUGHT FIRE AND WAS LOCATED IN THE CAR
 PORT AT THE TIME- THE HOUSE CAUGHT FIRE BECAUSE OF THIS AND IS DESTROYED- ALL OF THE PEOPLE IN HOME
 ARE FINE (NO INJURY)- WITNESSES SAW THAT THERE THE VEH CAUGHT ON FIRE BEFORE HE HOUSE DID- THE CUST
 DOES NOT HAVE INSURANCE ON THIS VEHDEALER SAID: - NONECRC ADVISED: I WILL FORWARD THIS INFORMATION
 TO THE FORD OGC DEPARTMENT. YOU WILL BE CONTACTED WITHIN 3-5 BUSINESS DAYS.