





Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 400
Three Parklane Boulevard
Dearborn, Michigan 48126-2598

July 1, 1999

Allstate Insurance Company
P.O. Box 168288
Irving, TX 75016-8288
ATTENTION: RECOVERY DEPARTMENT

Re: Claimant: [REDACTED]
D/E: MARCH 30, 1999
Y/Claim #: [REDACTED]

Dear Sirs:

We acknowledge your recent contact to Ford Motor Company. Your complaint has been directed to this office for further handling. In order to assist us in evaluating your claim, we request that you provide us with the following information:

- 1. The date of incident and the city and state in which it occurred.
- 2. A complete description of the incident, including events which occurred prior to and subsequent to the loss.
- 3. A copy of the police and/or fire report.
- 4. For each person alleged injured: full name, date of birth, home address, marital status and name of spouse, social security number, occupation, a complete description of the injuries, the names and addresses of all treating physicians, and copies of all medical bills and reports.
- 5. The vehicle year, model, and serial number.
- 6. The mileage on the vehicle at the time of the incident.
- 7. Original photographs of the vehicle's damage, from several different angles, or color laser copies.
- 8. Original photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
- 9. Original photographs of the accident scene showing the grade of the road.
- 10. What is the alleged defect?
- 11. Documentation to substantiate your defect allegation, including a copy of your expert's report and the expert's original photographs.
- 12. Has the alleged defective part been repaired or replaced?
- 13. The present location of the alleged defective part and the vehicle.
- 14. The repair estimate, repair order, or your total loss worksheet for the vehicle's damage, and copies of draft payments.
- 15. A complete service history for the subject vehicle, including any tune-

- ups or oil changes.
- 16. List any after market additions or modifications that were made to the vehicle.
 - 17. We will be pleased to conduct non-destructive testing on your alleged defective part should you choose to remove the part and assembly and ship it at your own expense. Please follow the directions listed in the attached shipping instructions.
 - 18. Lost wage verification (if applicable).
 - 19. Was the parking brake applied?
 - 20. Was the engine running?
 - 21. Were the keys in the ignition?
 - 22. Has any insurance company been advised of this incident? If so, please state the name, address, and telephone number of those insurance companies; their claim number; and the agent's name.
 - 23. If an attorney has been retained by you to settle this claim, please include his/her name, telephone number, and address.
 - 24. If this vehicle was purchased as used by the insured please provide: the date of purchase, mileage at the time of purchase, and from whom the vehicle was purchased.
 - 25. Other.

Once we are in receipt of the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 45 days, we will assume that you are not interested in pursuing a claim and we will close our file.

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

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

Sincerely,

Nadine Grabowski
Claims Analyst

dmb
cc:\admin\mail\kjm\11.1.02

Allstate

ALLSTATE INSURANCE COMPANY
P.O. BOX 168288
IRVING TX 750168288

05/20/99

FORD MOTOR COMPANY
3 PARKLAND BLVD
DEERBORNE MI 48126

IN REPLY REFER TO:

CLAIM NUMBER: [REDACTED] KDP
OUR INSURED: [REDACTED]
ACCIDENT DATE: 03/30/99
LOCATION: [REDACTED] HERTON WI
AMOUNT OF LOSS: \$ 15,885.38

Adams
415 836
open

OUR INVESTIGATION OF THE LOSS IN WHICH YOU WERE INVOLVED INDICATES THAT YOU ARE RESPONSIBLE FOR THE DAMAGES SUSTAINED BY OUR POLICYHOLDER.

WE HAVE MADE A SETTLEMENT WITH OUR INSURED AND OUR INSURED'S CLAIM AGAINST YOU HAS BEEN ASSIGNED TO US.

IF YOU ARE NOT INSURED FOR THIS LOSS, PLEASE CONTACT THIS OFFICE TO NEGOTIATE PAYMENT.

IF YOUR INSURANCE DOES COVER THIS LOSS, JUST FILL IN THE INFORMATION ABOUT YOUR INSURANCE COMPANY BELOW AND RETURN THIS LETTER IN THE ENCLOSED ENVELOPE. WE WILL THEN GET IN TOUCH WITH YOUR INSURANCE COMPANY.

SINCERELY,
RECOVERY DEPARTMENT
ALLSTATE INSURANCE COMPANY

CAD:W

I CARRY INSURANCE POLICY NO. _____
WITH _____
NAME OF COMPANY _____
AGENT _____
MY ADJUSTER (CHOOSE ONE) IS _____
MY CLAIM NO IS _____
ADDRESS _____

I HAVE REPORTED (OR WILL REPORT) THIS LOSS TO MY INSURANCE
COMPANY _____ YES _____ NO

SIGNED: _____ DATE _____

INSURED Account # [REDACTED]		POLICY NUMBER [REDACTED]	
CLAIMANT [REDACTED]		SSN/TIN [REDACTED]	
IN PAYMENT OF FIRE LOSS OF 3/30/99		DESK LOC/EMPLOYEE ID QJB/DHZA	
Ford Motor Credit 10850 W. PARK PLAZA MILWAUKEE, WI. 53224		INVOICE NUMBER PROC MONTH IRS PAYEE DATE ISSUED 4/16/99	
TO THE ORDER OF FORD MOTOR CREDIT 10850 W. PARK PLAZA MILWAUKEE, WI. 53224		60676535 ALLSTATE INSURANCE COMPANY OR ONE OF ITS AFFILIATES COMPANY NAME ALLSTATE	
		FILE COPY NON-NEGOTIABLE	

Filter through two hundred eighty five 1528538



could be right

ADJUSTER Bilivue

Date: Assignment 4/19
 First Offer 4/19
 Draft Issued 4/16 # 6020386774

TRANSACTION REASON CODE _____

Owner's Certificate Attached Yes No

not, when? _____



(Shaded area to be completed by Central Salvage Transaction)

NAME OF BUYER	Date Title Received	Date Title to Buyer	Date MATD Notified

SETTLEMENT SUMMARY - Total Loss Basis

Agreed Actual Cash Value (if different than amount shown on front side of this form, explain in diary section) \$ 14,516.00

Plus

Sales Tax (if applicable) \$ 798.38

License/Titles fees (if applicable) \$ 21.00

Total Additions \$ 819.38

Total \$ 15,335.38

Less Deductible (if applicable) \$ -58.00

Amount Paid 4/19/99 \$ 15,285.38

\$75.00 Coded to HT? Yes No

SETTLEMENT SUMMARY - Repair Basis
 (To be completed by Adjuster)

C147 Amount \$ 16,000.00

Deductible \$ _____

Depreciation _____

Total _____

At-Risk Loss \$ _____

(To be completed by Adjuster on MD7-assignments or when the unit is at least 6 months old or title needed to support total loss decision.)

BUYER	BID AMOUNT	DATE

TOTAL LOSS AND SALVAGE REPORT
 PLEASE PRINT CLEARLY

1. IDENTIFICATION

claim number 6020386774 date of loss 3/20/99 item/description 1999 FORD EXPLORER V.I.N. [REDACTED] model F752 body style AU

TYPE OF SALVAGE: Collision 1 Fire 2 2 Immersion 3 Total Theft Unrecovered 4 Total Theft Recovered 5

VEHICLE TYPE: Pdv. Pass. 1 Utility Veh. 2 2 Other Truck 3 Rec. Veh. 4 Trailer 5 Boat 6 Motorcycle 7 Other 8

date purchased 1/99 new used where SARNO amount 70,000 mileage 70,000 license no. - state [REDACTED]

2. SALVAGE Location of Inspection _____ Will salvage be moved? Yes No

Salvage stored to: _____ Date _____ Estimated Salvage Value \$ _____

Advance Fees: Tow \$ _____ Storage \$ _____ Total Advanced Fees \$ _____

Advance Charges Paid By Adjuster: Yes No Amount \$ _____ Storage Rate Per Day \$ _____

WAS # 22692

(if additional space required, continue on C1504)

MARKET CLAIM OFFICE
P O BOX 744
MILWAUKEE WI 53201
PHONE NUMBER: 414-821-9708
OFFICE HOURS: MONDAY-FRIDAY 800-438



April 9, 1999

[REDACTED]
MERTON WI [REDACTED]

Allstate Insurance Company
Claim Number: [REDACTED]
Our Insured: [REDACTED]
Date of Loss: March 30, 1999

Dear Michael,

Per our conversation, your 1995 Ford F-150 will not be a repairable unit because of the extent of damage done to it. The Ford, vin # 1FTEK14Y181[REDACTED], was destroyed on 3/30/99 with the odometer showing 70,000 miles. Please use this letter to cancel your extended warranty and the credit disability policy. If there are any other questions please contact me at 414-821-2559.

Sincerely,


JOHN BORUCKI
Allstate Property-Casualty Claim Service Organization

EN06/0/01/1

Parent
10850 W. Brown
110
M - WE
53224

Allstate®

ALLSTATE INSURANCE COMPANY
P.O. BOX 21169
ROANOKE VA 24018

05/20/99

Spec. Infor

No time

Related?

415836

FORD MOTOR COMPANY
3 PARKLAND BLVD.
DEERBORNE MI 48126

IN REPLY REFER TO:

CLAIM NUMBER: [REDACTED]
OUR INSURED: [REDACTED]
ACCIDENT DATE: 03/30/99
LOCATION: [REDACTED]
AMOUNT OF LOSS: \$ 13,397.53

MERTON MI

OUR INVESTIGATION OF THE LOSS IN WHICH YOU WERE INVOLVED INDICATES THAT YOU ARE RESPONSIBLE FOR THE DAMAGES SUSTAINED BY OUR POLICYHOLDER.

WE HAVE MADE A SETTLEMENT WITH OUR INSURED AND OUR INSURED'S CLAIM AGAINST YOU HAS BEEN ASSIGNED TO US.

IF YOU ARE NOT INSURED FOR THIS LOSS, PLEASE CONTACT THIS OFFICE TO NEGOTIATE PAYMENT.

IF YOUR INSURANCE DOES COVER THIS LOSS, JUST FILL IN THE INFORMATION ABOUT YOUR INSURANCE COMPANY BELOW AND RETURN THIS LETTER IN THE ENCLOSED ENVELOPE. WE WILL THEN GET IN TOUCH WITH YOUR INSURANCE COMPANY.

SINCERELY,
RECOVERY DEPARTMENT
ALLSTATE INSURANCE COMPANY

CAO:R

I CARRY INSURANCE POLICY NO. _____
WITH
NAME OF COMPANY _____
AGENT
MY ADJUSTER (CHOOSE ONE) IS _____
MY CLAIM NO IS _____
ADDRESS _____

I HAVE REPORTED (OR WILL REPORT) THIS LOSS TO MY INSURANCE
COMPANY _____ YES _____ NO

SIGNED: _____ DATE _____

INSURER	[REDACTED]		POLICY NUMBER	[REDACTED]	
CLAIMANT	[REDACTED]		SSN/TIN	DESK LOC	EMPLOYEE ID
IN PAYMENT OF	<i>Medical care under long term care to be deductible</i>			<i>NTA</i>	<i>H187</i>
	<i>missing out of file 3-30-99</i>				
PAY	<i>Jose Hernandez, Sr. Green Florida, Hunt, Fla 76/00</i>		\$	<i>3,734.76</i>	
Allstate	INVOICE NUMBER	PROD MCO	IRS	PAYEE	DATE
		<i>499</i>			<i>04.30.99</i>
TO THE ORDER OF	[REDACTED]		60640043 6		
	[REDACTED]		60640041		
	[REDACTED]		ALLSTATE INSURANCE COMPANY OR ONE OF ITS AFFILIATES		
	[REDACTED]		COMPANY NAME		
	<i>Merton, WI</i>		[REDACTED]		
	<i>Coded to CCO1</i>		FILE COPY		
	<i>& closed coverage</i>		NON-NEGOTIABLE		
	<i>4/30/99</i>		<i>[Signature]</i>		
	<i>TU</i>				

ENR5-883-LC1-3748

WORK COPY CONTENTS DAMAGE ESTIMATE

CLAIM NUMBER: [REDACTED] DESK LOCATION: NTN CLAIMANT: G1 ADJUSTMENT: 00
 CLAIM REP: NQWAK DATE OF LOSS: 3/30/99

INSURED: [REDACTED] HERTON WI [REDACTED]
 HOME PHONE: [REDACTED] BUSINESS PHONE: [REDACTED] EXT: [REDACTED]
 LOSS LOCATION: [REDACTED] HERTON WI

** CLEANING SUMMARY **

	CLEANING	SALES TAX	TOTAL CLEANING
INSURED	65.00	.00	65.00
CONTRACTOR	8.00	.00	8.00
GENERAL CLEANING	192.00	.00	192.00
TOTAL:	285.00	.00	285.00
		DEPRECIATION:	.00
		TOTAL CLEANING:	285.00

** CATEGORY SUMMARY **

REPLACEMENT COST	DEPR.	ACV	SALES TAX TOTAL	TOTAL ACV	LIMIT	CATEGORY TOTAL
01 - APPLIANCES-MAJOR 5.99	2.40	31.59	.00	31.59		31.59
04 - AUDIO EQUIPMENT 239.99	67.20	172.79	.00	172.79		172.79
08 - CLOTHING-MEN'S 89.98	31.49	58.49	.00	58.49		58.49
09 - CLOTHING-WOMEN'S 35.00	12.25	22.75	.00	22.75		22.75
12 - FURNITURE - ACCENT 14.99	3.75	11.24	.00	11.24		11.24
13 - FURNITURE - HARD 43.99	13.20	30.79	.00	30.79		30.79

WORK COPY

CONTROLS DAMAGE ESTIMATE

CLAIM NUMBER: [REDACTED] DESK LOCATION: NTN CLAIMANT: 01 ADJUSTMENT: 00
 CLAIM REP: NOURK DATE OF LOSS: 3/30/99

** CATEGORY SUMMARY **

REPLACEMENT COST	DEPR	ACV	SALES TAX TOTAL	TOTAL ACV	LIMIT	CATEGORY TOTAL
17 - HOUSEWARES 68.12	17.70	50.42	.00	50.42		50.42
30 - SPORTS & RECREATION 150.82	52.66	97.96	.00	97.96		97.96
31 - TOOLS - HAND 306.56	60.50	246.06	.00	246.06		246.06
32 - TOOLS - POWER 75.99	15.20	60.79	.00	60.79		60.79
37 - YARD & GARDEN 231.82	51.57	180.25	.00	180.25		180.25
99 - MISCELLANEOUS 3250.21	485.58	2764.63	.00	2764.63		2764.63
TOTAL: 4513.44	813.70	3699.76	.00	3699.76		

FINAL INVENTORY: 3699.76

** FINAL ESTIMATE SUMMARY **

TOTAL CLEANING: 285.00
 TOTAL INVENTORY: 3699.76
 ** SUBTOTAL: 3984.76
 DEDUCTIBLE: 250.00
 ** NET ESTIMATE: 3734.76

WORK COPY

CONTENTS DAMAGE ESTIMATE

CLAIM NUMBER: [REDACTED] DESK LOCATION: NTN CLAIMANT: 01 ADJUSTMENT: 00
 CLAIM REP: NOUAK DATE OF LOSS: 3/30/99

** CLEANING ITEM DETAILS **

DAMAGE AREA: GARAGE

LEVEL: 1 **

	C/I	QTY	UNIT COST	TOTAL
SMOKEY JOE GRILL--CLEAN ONLY	I	1	3.50	3.50
KETTLE, LARGE--CLEAN ONLY	I	1	2.50	2.50
PUMP OIL CAN--CLEAN ONLY	I	1	1.00	1.00
SPLITTING MULL--CLEAN ONLY	I	1	2.50	2.50
BATTERY CHARGER--CLEAN ONLY	I	1	4.50	4.50
LEVEL, ALUMINUM, 4'--CLEAN ONLY	C	1	3.50	3.50
HANDLE, WOOD--CLEAN ONLY	I	1	1.00	1.00
FIRE IRON--CLEAN ONLY	I	1	1.00	1.00
BENCH SET COVER--CLEAN ONLY	I	1	1.00	1.00
SAW--CLEAN ONLY	I	1	1.50	1.50
SEWER SNAKE--CLEAN ONLY	I	1	1.00	1.00
HAMMER--CLEAN ONLY	I	1	1.50	1.50
CROW BAR--CLEAN ONLY	I	1	1.00	1.00
TOOL BOX WITH TOOLS--CLEAN ONLY	I	2	10.00	20.00
MOP HANDLE--CLEAN ONLY	I	1	1.00	1.00
TRAILER HITCH AND BALL--CLEAN ONLY	I	1	2.00	2.00
ALUMINUM SPRINKLING CAN--CLEAN ONLY	I	1	1.00	1.00
POWER EGGER--CLEAN ONLY	C	1	4.50	4.50
VAN WHEEL--CLEAN ONLY	I	2	5.00	10.00
TIRE, VAN, UNIROYLA, P23575 R15 M+S--CLEAN ONLY	I	3	5.00	15.00

WORK COPY

CONTENTS DAMAGE ESTIMATE

CLAIM NUMBER: [REDACTED] DESK LOCATION: NTN CLAIMANT: 01 ADJUSTMENT: 00
CLAIM REP: NOWAK DATE OF LOSS: 3/30/99

** CLEANING ITEM DETAILS **

** DAMAGE AREA: GARAGE

LEVEL: 1 **

	C/I	QTY	UNIT COST	TOTAL
DOG CHOKER CHAIN--CLEAN ONLY	1	1	1.00	1.00
ANTIFREEZE--CLEAN ONLY	1	1	1.00	1.00
DOG STAKE--CLEAN ONLY	1	1	1.00	1.00
SCREEN--CLEAN ONLY	1	1	1.00	1.00
WHEEL RIMS--CLEAN ONLY	1	2	5.00	10.00

** GENERAL CLEANING **

	HOURS	RATE	MATERIAL	ALLOWANCE	TOTAL
INSURED	2.4	80.00	.00	.00	192.00
TOTAL GENERAL CLEANING:					192.00

** GENERAL CLEANING EXPLANATION **

CLEANING ABOVE BY [REDACTED] 12 HOURS EACH AT \$8.00 PER HOUR, INCLUDES GENERAL CLEANUP AND DEBRIS REMOVAL OF CONTENTS IN GARAGE.

WORK COPY

CONTRACTS DAMAGE ESTIMATE

CLAIM NUMBER: [REDACTED] DESK LOCATION: NTN CLAIMANT: 01 ADJUSTMENT: 00
 CLAIM REP: NOWAK DATE OF LOSS: 3/30/99

** INVENTORY ITEM DETAILS **

** DAMAGE AREA: GARAGE

LEVEL: 1 **

CAT	QTY	AGE			ORIG. COST	-----REPLACEMENT-----		DEPRECIATION TOTAL	ACV
		YR/NO	USE	A/C		UNIT COST	TOTAL COST		
WASHING MACHINE HOSE									
01	1	0	0	2	0	5.99	5.99	2.40	3.59
RADIO/CASSETTE/TURNTABLE, MAGNAVOX, MODEL # MX1600 BK01,									
04	1	10	0	2	0	160.00	160.00	64.00	96.00
CD WALKMANN, KOSS									
04	1	0	4	2	1	79.99	79.99	3.20	76.79
SWEAT SHIRT									
08	2	0	0	2	0	15.00	15.00	10.50	19.50
JACKET									
08	1	0	0	2	0	30.00	30.00	17.50	32.50
THONG SLIPPERS, PLASTIC									
08	2	0	0	2	0		4.99	9.98	3.49
BOOTS									
09	1	0	0	2	0		35.00	35.00	12.25
CHAISE LOUNGE, VINYL									
2	1	0	0	2	0		14.99	14.99	3.75
HEADBOARD									
13	1	0	0	2	0	40.00	40.00	12.00	28.00
TABLE LEGS, PLASTIC									
13	1	0	0	2	0		3.99	3.99	1.20
COOKING POT, ALUMINUM									
17	1	0	0	2	0		14.99	14.99	3.75
ALUMINUM WINDOW CLEANER									
17	1	0	0	2	0		2.99	2.99	1.00
LAUNDRY BASKET, PLASTIC									
17	1	0	0	2	0		2.99	2.99	1.05
FLOOR MAT									
17	1	0	0	2	0		5.99	5.99	2.10
CHRISTMAS TREE STAND									
17	1	0	0	2	0		9.99	9.99	2.50
CARPET CLEANER SPRAY									
17	1	0	0	2	1		3.49	3.49	.00
COOLER, IGLOO 52									
17	1	0	0	2	0		18.99	18.99	3.80
PICTURE WITH FRAME, 000									
17	1	0	0	2	0		8.99	8.99	4.50
UMBRELLA, GOLF									
30	1	0	0	2	0		9.99	9.99	2.00
BASEBALL BAT, LITTLE SLUGGER									
30	1	0	0	2	0		9.99	9.99	3.00

WORK COPY

COPY DAMAGE ESTIMATE

CLAIM NUMBER: [REDACTED] DESK LOCATION: NTN CLAIMANT: 01 ADJUSTMENT: 00
 CLAIM REP: NOWAK DATE OF LOSS: 3/30/99

** INVENTORY ITEM DETAILS **

** DAMAGE AREA: GARAGE

LEVEL: 1 **

CAT	QTY	AGE	YR/MO	USE	A/C	ORIG. COST	-----REPLACEMENT-----		DEPRECIATION TOTAL	ACV
							UNIT COST	TOTAL COST		
FRISBEE										
30	3	0	0	2	D		7.99	23.97	6.29	15.14
BASEBALL GLOVE, LEATHER, CHILDS										
30	1	0	0	2	D		12.99	12.99	3.90	7.59
FOOTBALL, PLASTIC										
30	3	0	0	2	D		6.99	20.97	10.49	10.49
FOOTBALL, NERF										
30	2	0	0	2	D		6.99	13.98	6.99	6.99
VOLLEYBALL, PLASTIC										
30	1	0	0	2	D		12.99	12.99	6.50	4.49
KNEE PADS, PLASTIC										
30	1	0	0	2	D		5.99	5.99	2.10	3.89
BASKETBALL										
30	1	0	0	2	D		7.99	7.99	2.00	5.99
SEAT CUSHION, BLEACHER SEAT TYPE										
30	3	0	0	2	D		9.99	29.97	7.49	22.48
BICYCLE HANGER HOOKS, 1 PAIR										
30	1	0	0	2	I		1.99	1.99	.60	1.99
TREE SAW, 65"										
31	1	0	0	2	D		24.99	24.99	8.75	16.24
CAR RAMP										
31	2	0	0	2	D		19.99	39.98	6.00	33.98
ALUMINUM EXTENSION LADDER 16' (TWO 8' SECTIONS)										
31	1	0	0	2	D		49.99	49.99	10.00	39.99
WINDSHIELD SCRAPER--BRUSH TYPE										
31	1	0	0	2	D		2.99	2.99	.75	2.24
OIL DRAIN, WEECO										
31	1	0	0	2	D		6.99	6.99	.35	6.64
SNOW SHOVEL, PLASTIC										
31	1	0	0	2	D		7.99	7.99	2.00	5.99
PUSH SHOVEL, ALUMINUM										
31	1	0	0	2	D		7.99	7.99	2.00	5.99
SPADE WITH FIBERGLASS HANDLE										
31	1	0	0	2	D		14.99	14.99	3.00	11.99
JUMPER CABLES, 8'										
31	1	0	0	2	B		8.99	8.99	.45	8.54
HEAVY DUTY EXTENSION CORD, 3 PLUG WITH BREAKER, YELLOW										
31	1	0	0	2	D		17.99	17.99	3.60	14.39
HEAVY DUTY EXTENSION CORD, TO GARAGE DOOR OPENER, BLACK										
31	1	0	0	2	D		5.49	5.49	1.10	4.39

WORK COPY CONTRACTS DAMAGE ESTIMATE

CLAIM NUMBER: [REDACTED] DESK LOCATION: NTN CLAIMANT: 01 ADJUSTMENT: 00
 CLAIM REP: NOWAK DATE OF LOSS: 3/30/99

** INVENTORY ITEM DETAILS **

** DAMAGE AREA: GARAGE

LEVEL: 1 **

DAT	QTY	AGE			ORIG. COST	-----REPLACEMENT-----		DEPRECIATION TOTAL	ACU
		YR/MO	USE	A/C		UNIT COST	TOTAL COST		
HEAVY DUTY EXTENSION CORD, ORANGE									
31	1	0	0	2	D	14.99	14.99	3.00	11.99
JUMPER CABLES, HEAVY DUTY, 12'									
31	1	0	0	2	D	24.99	24.99	1.25	23.74
AXE--CLEAN ONLY									
31	1	0	0	2	I	2.20	2.20	.00	2.20
DUST PAN									
31	1	0	0	2	D	1.99	1.99	.60	1.39
CAULKING GUN--CLEAN ONLY									
31	1	0	0	2	I	2.20	2.20	.00	2.20
GREASE GUN									
31	1	0	0	2	B	10.99	10.99	2.75	8.24
SCREW DRIVER, ELECTRIC									
31	1	0	0	2	D	24.99	24.99	6.25	18.74
MITER BOX, WOODEN									
31	1	0	0	2	D	12.99	12.99	3.25	9.74
WISK BROOM									
31	2	0	0	2	D	2.99	5.98	1.79	4.19
FUNNEL, PLASTIC									
31	1	0	0	2	D	1.89	1.89	.57	1.32
YARD STICK									
31	1	0	0	2	D	1.69	1.69	.42	1.27
POWER STRIP									
31	1	0	0	2	D	6.99	6.99	1.05	5.94
BROOM									
31	1	0	0	2	D	6.29	6.29	1.57	4.72
ELECTRIC DRILL, SEARS, 3/8"									
32	1	0	0	2	D	36.00	36.00	7.20	28.80
JIG SAW, ELECTRIC, SEARS, 3-5 AMP.									
32	1	0	0	2	D	39.99	39.99	8.00	31.99
SPADING FORK									
37	1	0	0	2	D	14.99	14.99	3.75	11.24
SCOTT'S LAWN SPREADER, MODEL # PF-2									
37	1	0	0	2	D	37.99	37.99	5.70	32.29
GARBAGE CAN, RUBBER MAID, 32 GAL.									
37	2	0	0	2	D	11.97	23.94	5.99	17.95
PRUNING SHEERS									
37	1	0	0	2	D	7.99	7.99	2.40	5.59
GARDEN TROWEL									
37	2	0	0	2	D	2.69	5.38	1.61	3.77

WORK COPY

CONTENTS DAMAGE ESTIMATE

CLAIM NUMBER: [REDACTED]

DESK LOCATION: NTN CLAIMANT: 01 ADJUSTMENT: 00

CLAIM REP: NOWAK

DATE OF LOSS: 3/30/99

** INVENTORY ITEM DETAILS **

** DAMAGE AREA: GARAGE

LEVEL: 1 **

CAT	QTY	AGE		ORIG. COST	-----REPLACEMENT-----		DEPRECIATION TOTAL	AID:
		YR/MO	USE A/C		UNIT COST	TOTAL COST		
HAND WEEDER								
37	1	0	0 2 D	2.87	2.87	.72	2.15	
WEED EATER, MODEL TE44								
37	1	0	0 2 D	59.87	59.87	8.98	50.89	
GARDEN RAKE, METAL								
37	1	0	0 2 D	2.87	2.87	.72	2.15	
WEED B BONE								
37	1	0	0 2 I	6.84	6.84	.00	6.84	
GLOVES, CLOTH								
37	1	0	0 2 D	1.99	1.99	1.00	.99	
POTTING SOIL, SMALL BAG								
37	1	0	0 2 I	.75	.75	.00	.75	
WEED EATER LINE, ROLL								
37	1	0	0 2 I	1.69	1.69	.00	1.69	
PLASTIC FLOWER POT								
37	4	0	0 2 D	2.69	10.76	3.77	6.99	
WEED KILLER, SPRAY								
37	1	0	0 2 I	2.96	2.96	.00	2.96	
MOWER CHUTE AND BAG								
37	1	0	0 2 D	34.99	34.99	12.25	22.74	
TOMATO CAGE, LARGE								
37	5	0	0 2 D	1.99	9.95	3.48	6.47	
LAWN CHAIR, VINYL								
37	1	0	0 2 D	5.99	5.99	1.20	4.79	
PAINT STRIPPER--STRIP X--32 FL OZ CAN--FULL								
99	1	0	0 2 I	4.99	4.99	.00	4.99	
POLYURETHANE CLEANER BATH--1 QT CAN--FULL								
99	1	0	0 2 I	7.99	7.99	.00	7.99	
ROUND-UP WEED KILLER--24 OZ BOTTLE, 1/4 FULL								
99	1	0	0 2 D	2.96	2.96	2.22	.74	
MIRACCE GROW PLANT FOOD--5 LB BOS, 1/2 FULL								
99	1	0	0 2 D	6.99	6.99	3.50	3.49	
LIQUID STRIPPER, 32 FL OZ CAN, 1/4 FULL								
99	1	0	0 2 D	4.99	4.99	3.74	1.25	
HOUSE BEAUTIFUL WOOD STAIN, CLONIAL MAPLE, 1 QT CAN--FULL								
99	1	0	0 2 I	6.99	6.99	.00	6.99	
HOUSE AND GARDEN BUG KILLER, 13.5 OZ CAN, ACE, 1/2 FULL								
99	1	0	0 2 D	2.49	2.49	1.25	1.24	
CLUB AUTO STEERING WHEEL LOCK								
99	1	0	0 2 D	36.99	36.99	7.40	29.59	

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CONTENTS DAMAGE ESTIMATE

CLAIM NUMBER: [REDACTED] DESK LOCATION: NTN CLAIMANT: 01 ADJUSTMENT: 00
 CLAIM REP: NOWAK DATE OF LOSS: 3/30/99

** INVENTORY ITEM DETAILS **

** DAMAGE AREA: GARAGE

LEVEL: 1 **

CAT	QTY	AGE		ORIG. COST	REPLACEMENT		DEPRECIATION TOTAL	ACV	
		YR/MO	USE A/C		UNIT COST	TOTAL COST			
6		PANEL WOOD DOOR							
99	4	0	0	2	0	53.00	375.52	187.76	187.76
		PLASTIC PAIL, 5 GAL.							
99	2	0	0	2	0	4.99	9.98	4.99	4.99
		KINGSFORD CHARCOAL, 4.54KG BAG, EACH 1/2 FULL							
99	2	0	0	2	0	4.99	9.98	4.99	4.99
		PICK UP TRUCK, TOY, AMERICAN PLASTIC TOYS, INC.							
99	1	0	0	2	0	24.99	24.99	12.50	12.49
		TIRE, VAN, UNIROYLA, P23575 R15 M+S							
99	1	0	0	2	0	89.00	89.00	35.60	53.40
		PLASTIC TOY WATERING CAN							
99	1	0	0	2	0	.59	.99	.50	.49
		CASSETTE TAPE							
99	18	0	0	2	0	12.99	233.82	46.76	187.06
		CASSETTE TAPE HOLDER--16 TAPE CAPACITY							
99	1	0	0	2	0	4.99	4.99	1.75	3.24
		LAWN MOWER ENGINE OIL, 1 QT--FULL							
99	1	0	0	2	1	1.09	1.09	.00	1.09
		NAPKIS, BOX OF 150							
99	1	0	0	2	1	2.99	2.99	.00	2.99
		PLASTIC PLANT POT, 2 GAL.							
99	1	0	0	2	0	4.99	4.99	1.25	3.74
		PLASTIC PLANT POT, 1 GAL.							
99	1	0	0	2	0	4.99	4.99	1.25	3.74
		INDIAN MEDALION							
99	1	0	0	2	0	10.00	10.00	5.00	5.00
		PICTURE, INDIAN CHEWING TOBACO							
99	1	0	0	2	0	10.00	10.00	5.00	5.00
		INDIAN MOTORCYCLE PLATE							
99	1	0	0	2	0	20.00	20.00	10.00	10.00
		VAN LICENSE PLATE, MADE IN AMERICA							
99	1	0	0	2	0	5.00	5.00	2.50	2.50
		INDIAN PLATE							
99	1	0	0	2	0	5.00	5.00	1.50	3.50
		BUD BRIGADE PICTURE AND FRAME							
99	1	0	0	2	0	2.00	2.00	.60	1.40
		DOG SCOOP							
99	1	0	0	2	0	4.99	4.99	2.50	2.49
		COMPACT DISC							
99	20	0	0	2	0	12.00	240.00	60.00	180.00

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CONTENTS DAMAGE ESTIMATE

CLAIM NUMBER [REDACTED] DESK LOCATION: NTN CLAIMANT: 01 ADJUSTMENT: 00
 CLAIM REP: NQWAK DATE OF LOSS: 3/30/99

** INVENTORY ITEM DETAILS **

** DAMAGE AREA: GARAGE

LEVEL: 1 **

CAT	QTY	AGE		DRIG.	-----REPLACEMENT-----		DEPRECIATION	ACV	
		YR/MO	USE A/C		UNIT COST	TOTAL COST			TOTAL
ACTION PACKER, RUBBER MAID									
99	1	0	0	2	0	50.00	50.00	10.00	40.00
PRESSURE TREATED LUMBER--SEE INVOICE									
99	1	0	0	2	I	471.11	471.11	.00	471.11
DECORATIVE FENCE, 6' WIDE X 1' HIGH									
99	1	0	0	2	D	6.99	6.99	1.75	5.24
TOP SOIL, 30LB									
99	1	0	0	2	I	1.39	1.39	.00	1.39
WINDOW FILM, BOX									
99	1	0	0	2	I	2.99	2.99	.00	2.99
BUNGY CORD									
99	3	0	0	2	D	3.99	11.97	2.39	9.58
VINYL CLEANER--FULL									
99	1	0	0	2	I	2.49	2.49	.00	2.49
PVC PIPE, 4' DIA., 12'									
99	1	0	0	2	I	6.95	6.95	.00	6.95
4"X4"-8', CONSTRUCTION GRADE									
99	1	0	0	2	I	5.18	5.18	.00	5.18
5 PC VINYL, MISC.									
99	1	0	0	2	I	12.95	12.95	.00	12.95
ROOF SHINGLES, 1/3 SQ/BUNDLE									
99	3	0	0	2	I	7.29	21.87	.00	21.87
PAINT, PARTIAL GALLON									
99	1	0	0	2	D	14.86	14.86	7.43	7.43
PAINT, PINT, PARTIAL									
99	5	0	0	2	I	4.34	21.70	.00	21.70
INSECT SPRY									
99	1	0	0	2	I	1.99	1.99	.00	1.99
SPRAY PAINT--FULL									
99	1	0	0	2	I	2.99	2.99	.00	2.99
CAR BATTERY, MOTOR CRAFT									
99	1	0	0	2	D	34.99	34.99	8.75	26.24
TIMER, WALL, PLUG-IN									
99	1	0	0	2	D	9.99	9.99	2.00	7.99
MILK CRATE									
99	4	0	0	2	D	2.99	11.96	5.98	5.98
FLOOR JACK CLEAR--FULL									
99	1	0	0	2	I	2.99	2.99	.00	2.99
TARP									
99	1	0	0	2	D	4.99	4.99	1.00	3.99

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CONTENTS DAMAGE ESTIMATE

CLAIM NUMBER: [REDACTED] DESK LOCATION: NTN CLAIMANT: 01 ADJUSTMENT: 00
 CLAIM REP: NDUAK DATE OF LOSS: 3/30/99

** INVENTORY ITEM DETAILS **

** DAMAGE AREA: GARAGE

LEVEL: 1 **

CAT	QTY	AGE			ORIG. COST	-----REPLACEMENT-----		DEPRECIATION TOTAL	ACV
		YR/MO	USE	A/C		UNIT COST	TOTAL COST		
TRANSMISSION LINKAGE									
99	1	0	2	I	28.00	28.00	28.00	.00	28.00
CARPET REMNANT, 4'X4'									
99	1	0	2	I		5.00	5.00	.00	5.00
WATER PISTOL, PLASTIC, TOY									
99	1	0	2	D		.99	.99	.50	.49
SHELF UNIT, 4'X6', CLEAN AND PAINT									
99	1	0	2	I		66.08	66.08	.00	66.08
SHELF UNIT, 3'X3', CLEAN AND PAINT									
99	1	0	2	I		42.44	42.44	.00	42.44
BOG FOOD, LARGE BAG--FULL									
99	1	0	2	I		5.99	5.99	.00	5.99
ROMEX WIRE, ROLL, 12/2									
99	1	0	2	I		25.99	25.99	.00	25.99
FLOURESENT LIGHT FIXTURE, 3'									
99	1	0	2	D		47.86	47.86	11.97	35.89
HOT WHEELS TOY CAR									
99	160	0	0	I	.90	.90	144.00	.00	144.00
MATTTEL MATCH BOX TOY CAR									
99	104	0	0	I	.85	.85	88.40	.00	88.40
RACING CHAMPION TOY CAR									
99	112	0	0	I	3.99	3.99	446.88	.00	446.88
JOHNNY LIGHTING TOY CAR									
99	48	0	0	I	2.99	2.99	143.52	.00	143.52
ALAN KULWICKI ASA CAR, TOY CAR									
99	1	0	0	I	7.50	7.50	7.50	.00	7.50
ALAN KULWICKI 1992 NASCAR CHAMPIONSHIP CAR, TOY CAR									
99	1	0	0	I	15.00	15.00	15.00	.00	15.00
RUSTY WALLACE MILLER LIGHT CAR, TOY CAR									
99	1	0	0	I	15.00	15.00	15.00	.00	15.00
DONNIE ALLSION TEXACO NO 28 WHITEBACK, TOY CAR									
99	1	0	0	I	12.00	12.00	12.00	.00	12.00
MATCH BOX COLLECTION OF THE LINE & PAINTED VERSION, TOY CAR									
99	2	0	0	I	10.00	10.00	20.00	.00	20.00
1923 MODEL T FORD TRUCK, TOY CAR									
99	4	0	0	I	2.50	2.50	10.00	.00	10.00
1925 MODEL A FORD TRUCK, TOY CAR									
99	6	0	0	I	3.00	3.00	18.00	.00	18.00
MAISTO COLLECTOR 1948 FORD PICK UP, TOY CAR									
99	1	0	0	I	24.00	24.00	24.00	.00	24.00

WORK COPY

CONTENTS DAMAGE ESTIMATE

CLAIM NUMBER: [REDACTED] DESK LOCATION: NTN CLAIMANT: 01 ADJUSTMENT: 00
 CLAIM REP: NOLIAK DATE OF LOSS: 3/30/99

** INVENTORY ITEM DETAILS **

** DAMAGE AREA: GARAGE

LEVEL: 1 **

QTY	YR/NO	USE	AGE	ORIG. COST	-----REPLACEMENT-----		DEPRECIATION TOTAL	ACV			
					UNIT COST	TOTAL COST					
NAISTO COLLECTOR 1950 CHEVY PICK UP, TOY CAR											
99	1	0	0	0	I	24.00	24.00	24.00	.00	24.00	
1928 FORD DELIVERY TRUCK, TOY CAR											
99	1	0	0	0	I	4.00	4.00	4.00	.00	4.00	
COCA COLA DELIVERY TRUCK, TOY CAR											
99	1	0	0	0	I	17.50	17.50	17.50	.00	17.50	
COCA COLA DELIVERY TRUCK, TOY CAR											
99	1	0	0	0	I	15.00	15.00	15.00	.00	15.00	
1930 CHEVY DELIVERY VAN, TOY CAR											
99	1	0	0	0	I	10.00	10.00	10.00	.00	10.00	
1956 FORD MILK TRUCK, TOY CAR											
99	1	0	0	0	I	5.00	5.00	5.00	.00	5.00	
1970 SUPER BEE HOT WHEEL COLLECTOR, TOY CAR											
99	1	0	0	0	I	8.00	8.00	8.00	.00	8.00	
1970 BARRICUDA HOT WHEEL COLLECTOR, TOY CAR											
99	1	0	0	0	I	8.00	8.00	8.00	.00	8.00	
BERTL FARM TRUCK, TOY CAR											
99	4	0	0	0	I	3.00	3.00	12.00	.00	12.00	
BLUE SERIES HOT WHEEL COLLECTION											
99	4	0	0	0	I	5.00	5.00	20.00	.00	20.00	
PRESCRIPTION SUN GLASSES											
99	1	0	0	2	D	125.00	125.00	125.00	31.25	93.75	
TOTALS:							4513.46	613.70	3699.76		

INSURED		POLICY NUMBER		CLAIM NUMBER	
[REDACTED]		[REDACTED]		[REDACTED]	
CLAIMANT		SSN/TIN		DESK LOC	
[REDACTED]		[REDACTED]		[REDACTED]	
BY PAYMENT OF		DATE		BY	
[REDACTED]		3-30-99		[REDACTED]	
AMOUNT		DATE		BY	
Eleven Thousand Six Hundred Twelve ⁷⁷ / ₁₀₀		04 21 99		[REDACTED]	
Allstate		60648430 5		60648430	
[REDACTED]		ALLSTATE INSURANCE COMPANY OR ONE OF ITS AFFILIATES		[REDACTED]	
Merton, WI		COMPANY NAME		[REDACTED]	

BBob
closed
COVERILE COPY
4/24/99

NON-NEGOTIABLE
Richard X. Powell

DP99-005-1-C1-3783

Phone: Fax:

Claim Number: [Redacted]
Policy Number: [Redacted]

Insured: [Redacted]
Address: [Redacted]
MERTON, WI

Phone Number: [Redacted]

Peril: 05-Fire (hostile)
Loss Date: 03/30/99
Inspect Date: 03/31/99
Adjuster: Terrence L Nowak
Phone Number: 414-821-2522

Price Area / Database: 53056 / Marshall & Swift

200
4-91
Maureen White

Building Repair Estimate

* = Min. Charge
^ = Exempt from Overhead, Profit, or Taxes
= Overrides
= Waste Applied

Claim Number: [Redacted]
Insured: [Redacted]

Operation	Description	Quantity/Unit	Unit/Cost	Repl/Cost	Depr	ACV/Loss
User Defined						
DETACHED PRIVATE GARAGE						
		22.33 X 28.50 X 14.00	SFC = 417.77	SFW = 1,206.10	SFLW = 316.41	SFSW = 288.66
			SFR = 1,663.87	Perimeter = 85.66		

Operation	Description	Quantity/Unit	Unit/Cost	Repl/Cost	Depr	ACV/Loss
Roof - Gable						
ROOF						
		24.33 X 22.50 X 2.00	SFC = 671.51	Perimeter = 103.86	Rafter = 13.08	
2 Remove	JOIST, CEILING, 2" x 4"	198.00 LFF	0.40	79.20	0.00	79.20
3 Replace	JOIST, CEILING, 2" x 4"	198.00 LFF	0.85	174.95	0.00	174.95
4 Remove	FLOOR, PINE, T & G	105.00 SFF	0.35	36.75	0.00	36.75
5 Replace	FLOOR, PINE, T & G	105.00 SFF	2.89	340.46	0.00	340.46
6 FLOORING IS ON TOP OF JOISTS.						
7 Remove	RAFTER, 2" x 6"	336.00 LFF	0.24	80.64	0.00	80.64
8 Replace	RAFTER, 2" x 6"	336.00 LFF	1.10	376.15	0.00	376.15
9 Remove	COLLAR TIE, 1" x 4"	81.00 LFW	0.24	19.44	0.00	19.44
10 Replace	COLLAR TIE, 1" x 4"	81.00 LFW	0.73	60.10	0.00	60.10
11 Remove	SHEATHING, ROOF, 1" X 6"	671.51 SFC	0.45	302.18	0.00	302.18
12 Replace	SHEATHING, ROOF, PLYWD, 5/8"	671.51 SFC	0.85	582.54	0.00	582.54
13 Remove	WD SHAKE, 3/4-5/4", 10" EXP	6.72 SQC	31.42	211.14	0.00	211.14
14 Remove	ASPHALT SHINGLES, 240#/SQ	6.72 SQC	28.40	190.85	0.00	190.85
15 Replace	ASPHALT SHINGLES, 240#/SQ	6.72 SQC	78.33	548.39	0.00	548.39
16 Remove	ASPHALT RIDGE SHINGLES	24.33 LF	0.38	9.25	0.00	9.25
17 Replace	ASPHALT RIDGE SHINGLES	24.33 LF	1.56	38.63	0.00	38.63

ENR-083-1C1-3794

Building Repair Estimate

Claim Number:

* = Min. Charge

Insured:

^ = Exempt from Overhead, Profit, or Taxes

= Overrides

-- = Waste Applied

Operation	Description	Quantity/ Unit	Unit/Cost	Repl/Cost	Depr	ACV/Loss
18 Replace	FELT, 15 LB	6.72 SQC	9.50	63.84	0.00	63.84
19 Remove	FASCIA, 1" X 8"	48.66 LFW	0.19	9.25	0.00	9.25
- 20 Replace	FASCIA, 1" X 8"	48.66 LFW	1.50	74.42	0.00	74.42
21 Remove	FASCIA, 1" X 3"	48.66 LFW	0.28	13.62	0.00	13.62
- 22 Replace	FASCIA, 1" X 3"	48.66 LFW	0.69	34.16	0.00	34.16
23 Remove	SOFFIT, PLYWOOD, 3/8"	48.66 SF	0.35	17.03	0.00	17.03
- 24 Replace	SOFFIT, PLYWOOD, 3/8"	48.66 SF	1.37	67.93	0.00	67.93
25 Remove	FASCIA, ALUMINUM	48.66 LFW	0.40	19.46	0.00	19.46
- 26 Replace	FASCIA, ALUMINUM	48.66 LFW	2.88	146.96	0.00	146.96
27 Remove	SOFFIT, ALUMINUM	48.66 LFW	0.42	20.44	0.00	20.44
- 28 Replace	SOFFIT, ALUMINUM	48.66 SFW	2.67	132.60	0.00	132.60

Exterior

WEST GABLE

18.17 X 0.00 X 1.83 SFC=0.00 SFW=211.86 SFLW=185.93 SPSW=0.00 SFR=211.86 Perimeter=36.34

29 Remove	WALL STUD, 2" x 4"	48.96 LFF	0.42	20.56	0.00	20.56
- 30 Replace	WALL STUD, 2" x 4"	48.96 LFF	1.20	59.39	0.00	59.39
31 Remove	SHEATHING, WALL, 1" X 8"	59.77 SFW	0.38	22.71	0.00	22.71
- 32 Replace	SHEATHING, WALL, PLYWD, 1/2"	59.77 SFW	0.79	49.30	0.00	49.30
33 Replace	FELT, 30 LB	0.60 SQC	12.66	7.60	0.00	7.60
34 Remove	SIDING, ALUMINUM, DOUBLE, 5"	52.96 SFW	0.49	25.95	0.00	25.95
- 35 Replace	SIDING, ALUMINUM, DOUBLE, 5"	52.96 SFW	2.24	128.40	0.00	128.40
36 Remove	FASCIA, 1" X 10"	27.66 LFW	0.19	5.26	0.00	5.26
- 37 Replace	FASCIA, 1" X 10"	27.66 LFW	1.50	42.30	0.00	42.30
38 Remove	FASCIA, 1" X 3"	27.66 LFW	0.28	7.74	0.00	7.74
- 39 Replace	FASCIA, 1" X 3"	27.66 LFW	0.69	19.42	0.00	19.42
40 Remove	SOFFIT, PLYWOOD, 3/8"	27.66 SF	0.35	9.68	0.00	9.68
- 41 Replace	SOFFIT, PLYWOOD, 3/8"	27.66 SF	1.37	38.61	0.00	38.61
42 Remove	FASCIA, ALUMINUM	27.66 LFW	0.40	11.06	0.00	11.06
- 43 Replace	FASCIA, ALUMINUM	27.66 LFW	2.88	83.54	0.00	83.54
44 Remove	SOFFIT, ALUMINUM	27.66 LFW	0.42	11.62	0.00	11.62
- 45 Replace	SOFFIT, ALUMINUM	27.66 SFW	2.67	75.38	0.00	75.38
46 Remove	MOTION SENSOR WITH LIGHT	1.00 EA	4.53	4.53	0.00	4.53
47 Replace	MOTION SENSOR WITH LIGHT	1.00 EA	49.14	49.14	0.00	49.14

Exterior

EAST GABLE

18.17 X 0.00 X 1.83 SFC=0.00 SFW=211.86 SFLW=185.93 SPSW=0.00 SFR=211.86 Perimeter=36.34

48 Remove	WALL STUD, 2" x 4"	48.96 LFF	0.42	20.56	0.00	20.56
- 49 Replace	WALL STUD, 2" x 4"	48.96 LFF	1.20	59.39	0.00	59.39
50 Remove	SHEATHING, WALL, 1" X 8"	59.77 SFW	0.38	22.71	0.00	22.71
- 51 Replace	SHEATHING, WALL, PLYWD, 1/2"	59.77 SFW	0.79	49.30	0.00	49.30
52 Replace	FELT, 30 LB	0.60 SQC	12.66	7.60	0.00	7.60
53 Remove	SIDING, ALUMINUM, DOUBLE, 5"	70.10 SFW	0.49	34.35	0.00	34.35
- 54 Replace	SIDING, ALUMINUM, DOUBLE, 5"	70.10 SFW	2.24	169.95	0.00	169.95
55 Remove	FASCIA, 1" X 10"	27.66 LFW	0.19	5.26	0.00	5.26
- 56 Replace	FASCIA, 1" X 10"	27.66 LFW	1.50	42.30	0.00	42.30
57 Remove	FASCIA, 1" X 3"	27.66 LFW	0.28	7.74	0.00	7.74

Unit Cost Estimate

04/01/99 1:46:43 PM

Building Repair Estimate

Claim Number:

* = Min. Charge

Insured:

^ = Exempt from Overhead, Profit, or Taxes

= Overrides

~ = Waste Applied

Operation	Description	Quantity/ Unit	Unit/Cost	Repl/Cost	Depr	ACV/Loss
- 58 Replace	FASCIA, 1" X 3"	27.66 LFW	0.69	19.42	0.00	19.42
59 Remove	SOFFIT, PLYWOOD, 3/8"	27.66 SF	0.35	9.68	0.00	9.68
- 60 Replace	SOFFIT, PLYWOOD, 3/8"	27.66 SF	1.37	38.61	0.00	38.61
61 Remove	FASCIA, ALUMINUM	27.66 LFW	0.40	11.06	0.00	11.06
- 62 Replace	FASCIA, ALUMINUM	27.66 LFW	2.88	83.54	0.00	83.54
63 Remove	SOFFIT, ALUMINUM	27.66 LFW	0.42	11.62	0.00	11.62
- 64 Replace	SOFFIT, ALUMINUM	27.66 SFW	2.67	75.38	0.00	75.38

Exterior

WEST EXPOSURE

20.50 X 0.00 X 0.50 SFC=0.00 SFW=348.50 SFLW=174.25 SFSW=0.00 SFR=348.50 Perimeter=41.00

65 Clean	TRIM	162.16 LFW	0.08	12.97	0.00	12.97
66 Paint	EXTERIOR TRIM, 1 COAT	162.16 LFW	0.31	50.27	0.00	50.27
67 ABOVE CLEAN AND PAINT OPERATIONS INCLUDE THE FLASHINGS ABOVE THE OVERHEAD DOORS.						
68 Remove	GARAGE DOOR, METAL, 9'X 7'	2.00EA	42.10	84.20	0.00	84.20
69 Replace	GARAGE DOOR, METAL, 9'X 7'	2.00EA	364.98	729.96	0.00	729.96

Exterior

SOUTH EXPOSURE

22.33 X 0.00 X 2.50 SFC=0.00 SFW=378.67 SFLW=189.81 SFSW=0.00 SFR=378.67 Perimeter=44.66

70 Remove	SIDING, ALUMINUM, DOUBLE, 5"	171.27 SFW	0.49	83.92	0.00	83.92
- 71 Replace	SIDING, ALUMINUM, DOUBLE, 5"	171.27 SFW	2.24	415.24	0.00	415.24
72 Replace	FELT, 30 LB	2.00 SQC	12.66	25.32	0.00	25.32
73 Remove	SHEATHING, WALL, 1" X 12"	189.81 SFC	0.40	75.92	0.00	75.92
- 74 Replace	SHEATHING, WALL, 1" X 12"	189.81 SFC	1.10	211.59	0.00	211.59

Interior

INTERIOR

0.00 X 0.00 X 0.00 SFC=0.00 SFW=0.00 SFLW=0.00 SFSW=0.00 SFR=0.00 Perimeter=0.00

75

Interior

SOUTH WALL

20.50 X 0.00 X 2.50 SFC=0.00 SFW=348.50 SFLW=174.25 SFSW=0.00 SFR=348.50 Perimeter=41.00

76 Remove	BOTTOM PLATE, 2" X 4"	20.50 LFW	0.31	6.36	0.00	6.36
- 77 Replace	BOTTOM PLATE, 2" X 4"	22.00 LFW	0.90	20.09	0.00	20.09
78 Remove	WALL STUD, 2" X 4"	85.00 LFF	0.42	35.70	0.00	35.70
- 79 Replace	WALL STUD, 2" X 4"	100.00 LFF	1.20	121.30	0.00	121.30
80 Remove	DIAG. BRACE, WALL STUD, 2" X 4"	16.00 LFF	0.42	6.72	0.00	6.72
- 81 Replace	DIAG. BRACE, WALL STUD, 2" X 4"	20.00 LFP	1.20	24.26	0.00	24.26
82 Remove	TOP PLATE, 2EA 2" X 4"	20.50 LFW	0.31	6.36	0.00	6.36
- 83 Replace	TOP PLATE, 2EA 2" X 4"	22.00 LFW	1.20	26.98	0.00	26.98
84 Remove	HEADER, 2" X 4"	15.32 LFF	0.42	6.43	0.00	6.43
- 85 Replace	HEADER, 2" X 4"	16.00 LFF	1.20	19.41	0.00	19.41
86 Special	SEAL FRAMING	253.30 SFL	0.29	73.46	0.00	73.46

Unit Cost Estimate

040199 1:46:41 PM

Building Repair Estimate

Claim Number: [REDACTED]

* = Min. Charge

Insured: [REDACTED]

^ = Exempt from Overhead, Profit, or Taxes

= Overrides

~ = Waste Applied

Operation	Description	Quantity/ Unit	Unit/Cost	Repl/Cost	Depr	ACV/Loss
Interior						
EAST WALL						
		0.00 X 0.00 X 0.00 Perimeter = 0.00	SFC = 0.00	SFW = 0.00	SFLW = 0.00	SFSW = 0.00
87 Special	SEAL FRAMING	227.88 SFL	0.29	66.09	0.00	66.09
Interior						
NORTH WALL						
		0.00 X 0.00 X 0.00 Perimeter = 0.00	SFC = 0.00	SFW = 0.00	SFLW = 0.00	SFSW = 0.00
88 Clean	SHELF	36.00 LF	0.42	15.12	0.00	15.12
89 Paint	SHELF, 1" x 12"	36.00 LFW	0.99	35.64	0.00	35.64
90 Remove	PEGBOARD - (SF)	20.00 BFF	0.31	6.20	0.00	6.20
- 91 Replace	PEGBOARD - (SF)	32.00 SF	1.05	34.05	0.00	34.05
92 Special	SEAL FRAMING	253.30 SFL	0.29	73.46	0.00	73.46
93 Special	SCRAPE FRAMING	4.00 HR	30.12	120.48	0.00	120.48
94	ABOVE ITEM IS CALCULATED ON A PER HOUR BASIS AND INCLUDES ALL SMOKED AND CHARRED FRAMING					
95	ON THE J WALLS NOT BEING REPLACED.					
Interior						
WEST WALL						
		0.00 X 0.00 X 0.00 Perimeter = 0.00	SFC = 0.00	SFW = 0.00	SFLW = 0.00	SFSW = 0.00
96 Special	SEAL FRAMING	49.06 SFL	0.29	14.23	0.00	14.23
Interior						
ELECTRICAL						
		0.00 X 0.00 X 0.00 Perimeter = 0.00	SFC = 0.00	SFW = 0.00	SFLW = 0.00	SFSW = 0.00
97 Remove	GARAGE DOOR OPENER	2.00 EA	15.72	31.44	0.00	31.44
98 Replace	GARAGE DOOR OPENER	2.00 EA	245.19	490.38	0.00	490.38
99 Remove	CONDUIT	54.83 LF	1.89	103.63	0.00	103.63
- 100 Replace	CONDUIT	54.83 LF	3.18	177.89	-0.00	177.89
101 Remove	SWITCH, SINGLE	4.00 EA	3.02	12.08	0.00	12.08
102 Replace	SWITCH, SINGLE	4.00 EA	29.37	117.48	0.00	117.48
103 Remove	OUTLET 110-VOLT, 20' RUN	3.00 EA	3.02	9.06	0.00	9.06
104 Replace	OUTLET 110-VOLT, 20' RUN	3.00 EA	71.10	213.30	0.00	213.30
105 Remove	CEILING FIXTURE, GOOD	3.00 EA	4.53	13.59	0.00	13.59
106 Replace	CEILING FIXTURE, GOOD	3.00 EA	39.09	117.27	0.00	117.27
- 107 Replace	FEED FROM DWELLING TO GARA	25.00 EA	9.32	236.46	0.00	236.46
General						
108 Special	DUMPSTER, 30 YARD	1.00 EA	332.77	332.77	0.00	332.77
109 Special	GENERAL BUILDING PERMITS & F	1.57 LS	58.65	92.08	0.00	92.08
110 Special	ELECTRICAL PERMITS & FEES	0.77 LS	58.65	45.16	0.00	45.16

BROS-005-L01-3757

Building Repair Estimate

* = Min. Charge

^ = Exempt from Overhead, Profit, or Taxes

= Overrides

- = Waste Applied

Claim Number: [REDACTED]

Insured: [REDACTED]

Operation	Description	Quantity/ Unit	Unit/Cost	Repl/Cost	Depr	ACV/Loss
				\$9,392.36	\$0.00	\$9,392.36
Calculation Method: Overhead & Then Profit						
Overhead	@	10.00%		\$939.24		\$939.24
Profit	@	10.00%		\$1,033.16		\$1,033.16
Taxes				\$248.01	\$0.00	\$248.01
Material	@	5.60%				
Labor	@	0.00%				
Equipment	@	0.00%				
				\$11,612.77	\$0.00	\$11,612.77
Less Deductible						\$0.00
TOTAL						\$11,612.77

ENR-808-LC1-3758

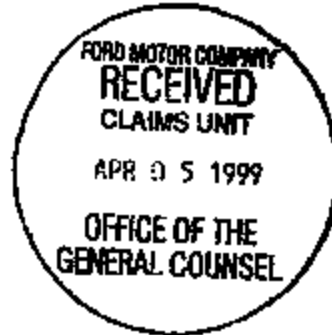
North Central Property Market Claim Office
555 S. Executive Dr.
Brookfield, WI 53005

April 1, 1999

415836
NB

Faxed and mailed by certified
mail, return receipt requested,
number Z 730 449 419.

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



RE:
Our Claim #: [redacted]
Insured: [redacted]
Loss Location: [redacted]
Merton, WI [redacted]
Type of Loss: Fire
D/L: 3-30-99

To whom it may concern;

We are the insurance carrier for [redacted]. A fire occurred at the above listed location and involved a 1995 Ford Pick Up Truck, F-100, VIN 1FTEX14Y5SE [redacted]. The fire also damaged the detached private garage and personal property of [redacted]. The preliminary determination is that the fire originated inside the vehicle in the steering column wiring. We are placing you on notice of our anticipated subrogation interest in this case. At this time we have the vehicle and other evidence preserved. It is imperative that a representative of your company contact me to let us know whether you would like to inspect the loss scene. If I do not receive written confirmation of your interest to inspect the loss scene by the close of business (4:15PM CST) on Monday April 5, 1999, we will assume that you have no intention to view the scene as it presently exists.

Sincerely,

Terrence L. Nowak

Terrence L. Nowak
Sr. Claim Representative
414-821-2522

< secured >
< Vehicle to Auto Pool >
< Garage + clean up >
< Contents - few thousand >
< Structure - \$11,612.77 >

fax # (414) 821-2573
exp. [redacted]
Raym Kelm
photo 2 of
scan
JWS
BWS
JEP

*Per
#15836*

Allstate
You're in good hands.

North Central Property Market Claim Office *N.6.*
555 S. Executive Dr.
Brookfield, WI 53005

April 1, 1999

Faxed and mailed by certified
mail, return receipt requested,
number Z 730 449 419.

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

RE:

Our Claim # [REDACTED]
Insured: [REDACTED]
Loss Location: [REDACTED]
Merton, WI [REDACTED]
Type of Loss: Fire
D/L: 3-30-99



To whom it may concern;

We are the insurance carrier for [REDACTED]. A fire occurred at the above listed location and involved a 1995 Ford Pick Up Truck, F-100, VIN 1FTEX14Y5SE [REDACTED]. The fire also damaged the detached private garage and personal property of [REDACTED]. The preliminary determination is that the fire originated inside the vehicle in the steering column wiring. We are placing you on notice of our anticipated subrogation interest in this case. At this time we have the vehicle and other evidence preserved. It is imperative that a representative of your company contact me to let us know whether you would like to inspect the loss scene. If I do not receive written confirmation of your interest to inspect the loss scene by the close of business (4:15PM CST) on Monday April 5, 1999, we will assume that you have no intention to view the scene as it presently exists.

Sincerely,

Terrence L. Nowak

Terrence L. Nowak
Sr. Claim Representative
414-821-2522



Bloomington/Plain Cities
1600 West 82nd Street
Suite 200
Bloomington, MN 55431-1430
1-800-854-8011

MetLife Auto & Home

February 19, 2002

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

Our Customer: [REDACTED]
Our Claim Number: [REDACTED]
Date of Accident: 12-25-2001

- NO PHOTOS
- NO EXP RPT.
460200

Dear Ford Motor Company:

This letter is a follow up to your letter dated February 12, 2002, requesting further information about this vehicle and incident. The following answers are in response to the corresponding requests from your letter.

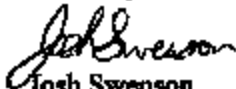
1. Date of incident was 12-25-01. Accident happened in Sioux Falls, South Dakota.
2. On 12-25-01, [REDACTED] was driving the 2001 Ford F150 XLT (VIN 2FTRX18L1 [REDACTED]) in Sioux Falls at approx. 9:30 a.m. He was driving towards his home when he noticed that his exhaust was giving out black smoke. The engine temperature was not hot and he was only a couple miles from home so he kept driving. When he got home he parked the vehicle in the driveway and then noticed that flames were shooting up from underneath the truck in between the box and cab. He called the Sioux Falls Fire Department and they responded and put the fire out. The fire was concentrated in the middle of the truck both inside and out.
3. We do not have a police or fire report.
6. 23,000 miles on truck at time of incident.
7. We do not have original color photos from several different angles showing the defective part (e). You will have to inspect vehicle for your own photos.
10. The alleged defect is the failure of factory installed original equipment (thermal anomaly in wiring harness).
11. Our expert conducted a preliminary inspection to find the cause of the fire, which is noted above. Once you have had a chance to examine the vehicle we may then have our expert complete the inspection of the wiring harness and its surroundings.
12. The alleged defective part has not been repaired or replaced according to the insured's knowledge.
13. The location of the vehicle is: Sioux Falls Ford, 101 W. 41st St., Sioux Falls, SD, (605)-361-0361.
14. See enclosed Total Loss Report.
15. We do not have a complete service history. The vehicle was purchased from Sioux Falls Ford, which is the same place that the vehicle is located at.

Serviced by MetLife Auto & Home, a brand of Metropolitan Property and Casualty Insurance Company and its Affiliates, Warwick, RI

- 16. No known after market additions or modifications made to vehicle.
- 21. Yes the engine was running
- 22. Yes the keys were in the ignition
- 25. This vehicle was leased from Sioux Falls Ford in March of 2001 as a new vehicle.

Please contact me at 1-800-854-6011, extension 7817 with any questions. Thank you.

Sincerely,



Josh Swenson
MetLife Auto & Home
Claim Adjuster
Ext. 7817

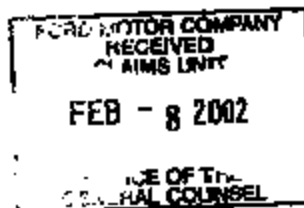
Bloomington/Twin Cities
1600 West 82nd Street
Suite 200
Bloomington, MN 55431-1430
1-800-854-6011

2002 FEB -7 11:21

MetLife Auto & Home

February 1, 2002

Ford Motor Company
Customer Relationship Center
P.O. Box 6248
Dearborn, MI 48126



Our Customer: [REDACTED]
Our Claim Number: [REDACTED]
Date of Loss: December 25, 2001

Dear Ford Motor Company:

MetLife Auto and Home Insurance Company is notifying you of a fire claim to a 2001 Ford F150 XLT. The insured [REDACTED] purchased this vehicle from Sioux Falls Ford in Sioux Falls, South Dakota. The VIN is 2FTRX18L11C [REDACTED]. The truck did not completely burn, but the damage is extensive enough that it is considered a total loss. We hired a Cause & Origin expert to inspect the truck at Sioux Falls Ford, 101 W. 41st St., Sioux Falls, SD, (605)-361-0361. This expert found that the fire started in the lower right rear quarter of the passenger cab. Furthermore, the expert found that this loss appears to be the result of a failure of factory installed original equipment. We will be seeking full reimbursement for our payments in this loss. We are putting you on notice of the fire and vehicle location. This vehicle will be available for inspection for 30 days at the above mentioned Sioux Falls Ford.

If you have any questions for me, please call me at (800)-854-6011 extension 7817.

Sincerely,

Josh Swenson
MetLife Auto & Home
Claim Adjuster
Ext. 7817

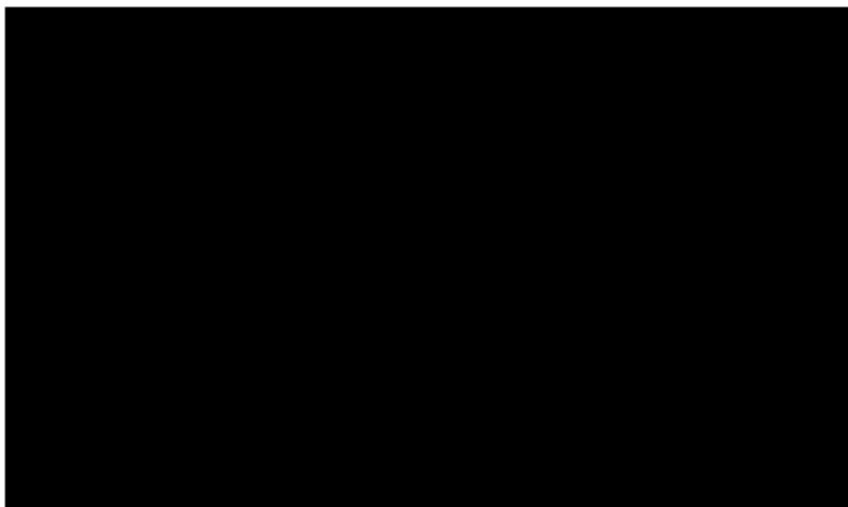
- F150
- 12/25/01
- '01 F-150
- VIN

Service by MetLife Auto & Home, a brand of Metropolitan Property and Casualty Insurance Company and its Affiliates, Warwick, RI

MPL 10DAYCLOSE

Printed in U.S.A. 02

EG85-805-LC1-3783



A <input type="checkbox"/> Police <input type="checkbox"/> Change <input type="checkbox"/> No Activity <input type="checkbox"/> Revised Basis			
ECL53 11 03 11 2001 1 01-1030045 000	Year * State * Incident Date * Station Dispatch Number * Report # *		
B Location <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the selected fire company's "Alternative Location Specifications". Use only for structured fires.			
<input type="checkbox"/> Street address <input checked="" type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions	Number/Highway Prefix Street or Highway Street type Suffix Yorkville IL Hopkins RD Cross street or direction, as applicable		
C Incident Type * 131 Passenger vehicle fire Incident Type	E1 Date & Times Midnight is 0000 Check boxes if dates are same as Alarm Base. Alarm always required. Alarm * 03 11 2001 16:55:00 Arrival * 03 11 2001 17:08:00 Controlled 03 11 2001 17:10:00 Last Unit Cleared 03 11 2001 17:12:00	E2 Shift & Alarm Local option 1 01 0 Shift or Alarm Barrier Platoon E3 Special Studies Local Option Special Study ID# Special Study Value	
D Aid Given or Received 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid received 3 <input checked="" type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given 6 <input type="checkbox"/> None	G1 Resources * <input type="checkbox"/> Check this box and skip this section if an apparatus or personnel form is used. Apparatus Personnel Suppression 0001 0004 EMS 0001 0002 Other 0001 0004 <input type="checkbox"/> Check box if resources include aid received resources.	G2 Estimated Dollar Losses & Values LOSSER: Required for all fires if known. Optional for non fires. Property \$ 000 000 Contents \$ 000 000 PRE-INCIDENT VALUE: optional Property \$ 000 000 Contents \$ 000 000	
F Actions Taken * 11 Extinguish Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)	H1 Casualties None Deaths Injuries Fire Service Civilian H2 Detector required for structured fires. 1 Detector alerted occupants 2 Detector did not alert them 0 Unknown	H3 Hazardous Materials Release None 1 Natural Gas: gas leak, no propane or other released 2 Propane gas: see 2b, leak (see form 004 p.12) 3 Unsolids: volatile and not on portable container 4 Explosives: hot burning equipment or portable cylinder 5 Diesel fuel/fuel oil: volatile and not on portable 6 Household solvents: toxic/irritant spill, cleanup only 7 Motor oil: does not spill or portable container 8 Paint: does not spill or portable container 0 Other: Special HAZMAT notice required on report - check box on this form	I Mixed Use Property None 10 Not Mixed 20 Assembly use 30 Education use 40 Medical use 50 Residential use 60 Show of stores 70 Enclosed mall 80 Bus. & Residential 90 Office use 00 Industrial use 00 Military use 00 Farm use 00 Other mixed use
J Property Use Structures 131 Church, place of worship 161 Restaurant or cafeteria 162 Bar/Tavern or nightclub 213 Elementary school or kindergarten 215 High school or junior high 241 College, adult education 311 Care facility for the aged 331 Hospital Outside 124 Playground or park 655 Crops or orchard 669 Forest (timberland) 807 Outdoor storage area 919 Dump or sanitary landfill 931 Open land or field	342 Clinic, clinic type infirmary 361 Doctor/dentist office 419 Prison or jail, not juvenile 429 1- or 2-family dwelling 439 Multi-family dwelling 439 Rooming/boarding house 449 Commercial hotel or motel 459 Residential, board and care 464 Dormitory/hallways 519 Food and beverage sales 936 Vacant lot 938 Graded/care for plot of land 946 Lake, river, stream 951 Railroad right of way 960 Other street 962 Highway/divided highway 962 Residential street/driveway	539 Household goods, sales, repairs 579 Motor vehicle/book sales/repair 571 Gas or service station 599 Business office 615 Electric generating plant 629 Laboratory/science lab 700 Manufacturing plant 619 Livestock/poultry storage (barn) 882 Non-residential parking garage 891 Warehouse 981 Construction site 984 Industrial plant yard Looking and area: Property Use code only if you have not checked a Property Use box: Property Use 962 Residential street, road or NFPA-1 Revision 05/11/99	

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

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

Mr., Mr., Mrs. First Name

NI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Building/Room

City

State

Zip Code

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

K2 Owner

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

Local Option

Business name (if applicable)

Area Code

Phone Number

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

Mr., Mr., Mrs. First Name

NI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Building/Room

City

State

Zip Code

L Remarks

Local Option

More Remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

I. Authorization

502

Officer in charge ID

Wooley, Frank

Signature

2

Position or rank

Assignment

03

11

2001

Month Day Year

Check box if

an Officer

Number making report ID in charge

46

Fish, Mick

Signature

8

Position or rank

Assignment

03

21

2001

Month Day Year

22

EC153	36	3	11	2001	2	01-1030045	000	<input type="checkbox"/> Delete	MFIRS - 12
FORM #	STATE #	Incident Date		Station	Incident Number #	Exposure #	<input type="checkbox"/> Change	Supplemental	

K1 Person/Entity Involved _____ - _____ - _____
Business name if applicable Phone Number

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

Mr., Ms., Mrs. First Name _____ Suffix _____
 or Last Name _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____
 Post office box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

K2 Person/Entity Involved _____ - _____ - _____
Business name if applicable Phone Number

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

Mr., Ms., Mrs. First Name _____ Suffix _____
 or Last Name _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____
 Post office box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

K3 Person/Entity Involved _____ - _____ - _____
Business name if applicable Phone Number

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

Mr., Ms., Mrs. First Name _____ Suffix _____
 or Last Name _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____
 Post office box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

K4 Person/Entity Involved _____ - _____ - _____
Business name if applicable Phone Number

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

Mr., Ms., Mrs. First Name _____ Suffix _____
 or Last Name _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____
 Post office box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

K5 Person/Entity Involved _____ - _____ - _____
Business name if applicable Phone Number

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

Mr., Ms., Mrs. First Name _____ Suffix _____
 or Last Name _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____
 Post office box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

43

PAGE: 1
COPY FOR: SUBPOENA
TELEPHONE: 630-553-7500

KENDALL COUNTY SHERIFF'S OFC.
INCIDENT REPORT
1102 CORNELL LANE
YORKVILLE IL 60560 9597

1118-01
RUN TIME 16:18:36
RUN DATE- 4/15/02

INCIDENT # - 1118-01 FILE CLASS-00000/ STATUS-REFERRED TO OTHER A
LOCATION - RT 126 AT HOPKINS ROAD
OFFENSE - 9001 ASSIST FIRE DEPARTMENT SERVICE TO ANOTHER AGENCY
MAIN BADGE: 4700-055
OCCURRED - 3/11/01 16:55 ZONE-
REPORTED - 3/11/01 16:55 RESPONSIBLE-4700-KENDALL COUNTY SHERIFF
ARRIVED - 3/11/01 17:00 RESPONDING -4700-KENDALL COUNTY SHERIFF

COPY

VICTIMS:

██████████ YORKVILLE IL ██████████ VI 9001
SEX: █ RACE: █ DOB: █ HAIR: BRO HEIGHT: █ WEIGHT: █
SS#: █ OL#: █ WORK#: █
EMPLOYER: CYPRESS OCCUP: BCCY NGR

VEHICLES:

██████████
VEHICLE LICENSE#: █ LIC. STATE: IL MAKE : FORD YEAR : 01
MODEL : F150 STYLE: PICK UP COLOR: BLACK
VIN : 2FTR18L81C █

REPORTING OFFICER _____ DATE ____/____/____
TYPIST - BW DEPUTY TODD BRAUTIGAM
REVIEWED BY _____ DATE ____/____/____

91

PAGE: 1

Mendall County Sheriff's Ofc.
INCIDENT REPORT
1102 CORNELL LANE
YORKVILLE IL 60560 9597

#0001118.01/REPORT01
RUN TIME-16:18:39
RUN DATE-04/15/02

TELEPHONE:630-553-7500

NARRATIVE:

On 031101 at approx. 1655 hours, I DEPUTY BRAUTIGAM #55 was dispatched to the area of Rt 126 and Hopkins Road for a vehicle fire.

Upon my arrival I met with [REDACTED] DOB [REDACTED] who related to me that there was an electrical fire in his vehicle on the drivers side and prior to my arrival a Y-Body Tow Truck stopped on the scene and used an extinguisher and put it out. Shortly thereafter, The Oswego Fire Department arrived on the scene and checked the vehicle to make sure everything was safe and the fire was out. After the fire department cleared [REDACTED] requested Y-Body Towing to come to the scene to tow his vehicle. I had Kencom contact Y-Body to see if they were available for the tow. Kencom advised me they were available and would be enroute for the tow.

Upon Y-Body arriving on the scene they removed the vehicle and [REDACTED] went with Y-Body.

I cleared with no further action taken at this time.

corr:mo

02
E005-625-LC1-3788

5. At all times relevant, defendant, FORD MOTOR COMPANY, was engaged in the business of designing, manufacturing and distributing vehicles for use to the general public in the State of Illinois.

6. Before March 11, 2001, Brian Blazek purchased the subject 2001 Ford F-150 truck new from Joe Madden Ford in Downers Grove, Illinois. Upon information and belief, the subject vehicle was sold with a standard 3 year / 36,000 mile manufacturers warranty. Plaintiff does not have the full warranty terms, but believes that the warranty covered this occurrence.

7. About 3 weeks before March 11, 2001, defendant or representatives of defendant, ZIEBART OF ILLINOIS, INC. at Ziebart Tidy Car on Ogden Avenue in Downers Grove, Illinois, installed a certain after market remote starter in the 2001 Ford F-150 truck.

8. On or before March 11, 2001, [REDACTED] was driving the subject 2001 Ford F-150 truck at Route 126 and Minkler Road in Yorkville, Illinois, when the passenger in the vehicle noticed that there was a fire on the driver's side and told him his feet were on fire. The cab of the truck immediately filled with smoke, and [REDACTED] pulled the vehicle to the side of the road. The fire was extinguished by the Kendall County Sheriff's Office.

9. It was determined that the fire originated at the bulkhead, within the engine compartment, at the exhaust manifold, where the rubber grommet for the shifter cable made contact with the exhaust manifold.

10. The cause of the fire was the grommet dislocating and making contact with the exhaust manifold, igniting, causing certain damage(s).

11. As a direct result of the fire, the plaintiffs / subrogors suffered damages to property.

COUNT [REDACTED] vs. ZIEBART OF ILLINOIS, INC.

1- 11. Plaintiff, [REDACTED], as

Subrogee, adopt and re-allege paragraphs 1- 11, inclusive, of the General Allegations Common to All Counts, as paragraphs 1- 11, inclusive, of this Count I, against Defendant, ZIEBART OF ILLINOIS, INC.

12. At all relevant times, it was the duty of defendant, ZIEBART OF ILLINOIS, INC., to act with due care and caution in the installation of reasonably safe remote starters, and to act in such a manner so as to not cause damage to the property of plaintiff/subrogor.

13. Notwithstanding this defendant's duties, defendant, ZIEBART OF ILLINOIS, INC. was careless and negligent in committing one or more of the following careless and negligent acts:

a) caused and permitted the remote starter to be installed in a careless manner with defects and omissions which allowed for the rubber grommet to become dislocated, and fire to start under normal use of the vehicle;

b) failed to provide adequate protective equipment on the remote starter or take precautions to safeguard the plaintiff's insured's automobile from damage from defective and unreasonably dangerous overheating and potential fire;

c) failed to warn plaintiffs/subrogors of the hazards and potential for fire if the rubber grommet is dislocated and comes into contact with the exhaust manifold, which can result in fire in the 2001 Ford F-150 truck; or,

d) was otherwise careless and negligent.

14. As a direct and proximate result of one or more of the forgoing careless and negligent acts or omissions by defendant, ZIEBART OF ILLINOIS, INC., the plaintiffs/subrogors' vehicles and property suffered damage.

15. Plaintiff [REDACTED] paid to or on behalf of its insured/subrogor [REDACTED] the sum of \$5,749.04 under the terms of the policies of insurance issued to him, and thereby became subrogated to his rights thereunder.

WHEREFORE, Plaintiff [REDACTED] E
COMPANY, as Subrogee of [REDACTED] demands judgment in its favor and against Defendant,
ZIEBART OF ILLINOIS, INC., and for damages in the amount of Five Thousand Seven Hundred
Forty-Nine and 04/100 Dollars (\$5,749.04), plus costs of suit and for any further relief which may
be just and necessary.

Count II - Breach of Express Warranty vs. FORD MOTOR COMPANY

1. - 11. Plaintiff, [REDACTED]
as Subrogee of [REDACTED] by their attorneys COSBY, OLTMAN & BELL, P.C., adopts and re-
alleges paragraphs 1 - 11, inclusive, of General Allegations Common to All Counts, as paragraphs
1 - 11, inclusive, of this Count II, against Defendant, FORD MOTOR COMPANY.

12. On and before March 11, 2001, Defendant, FORD MOTOR COMPANY, was in the
business of designing, manufacturing, and distributing motor vehicles for sale to the general public.

13. On and before March 11, 2001, Defendant, FORD MOTOR COMPANY, designed,
manufactured, and distributed a motor vehicle, and specifically a 2001 Ford F-150 truck having a
vehicle identification number (VIN) 2FTRX18L51[REDACTED]

14. Defendant, FORD MOTOR COMPANY, designed, manufactured and distributed the
subject vehicle in the regular course of business.

15. The subject vehicle was in substantially the same condition at the time of the fire as
when it left the control of the Defendant, FORD MOTOR COMPANY.

16. The subject 2001 Ford F-150 truck having a vehicle identification number (VIN)
2FTRX18L51C[REDACTED] as designed, manufactured and distributed was defective and unreasonably
dangerous when put to a reasonably anticipated use.

17. The subject 2001 Ford F-150 truck having a vehicle identification number (VIN) 2FTRX18L51C [REDACTED] as designed, manufactured and distributed was defective and unreasonably dangerous in that it was designed or manufactured in one or more of the following respects:

- a) caused and permitted the vehicle and the rubber grommet in the engine compartment to be designed, manufactured, assembled and distributed with defects and omissions which allowed for detachment and dislocating, causing a fire to start under normal use of the vehicle;
- b) caused and permitted the rubber grommet in the vehicle to be designed, manufactured and distributed in a way which allowed for the rubber grommet to become detached and dislocated and come into contact with the exhaust manifold resulting in a fire;
- c) failed to provide adequate protective equipment on the vehicle or take precautions to safeguard the plaintiff's insured's automobile and property from damage from defective and unreasonably dangerous overheating and potential fire;
- d) failed to provide adequate warnings, or notice or recall information to consumers purchasing the vehicle to alert them of the defective and unreasonably dangerous overheating problems and potential fire hazards when the rubber grommet comes into contact with the hot surface of the exhaust manifold;
- e) failed to warn plaintiffs/subrogors of the hazards and potential for detachment and dislocation of the rubber grommet, causing overheating and fire in the 2001 Ford F-150 truck; or,
- f) other defects not yet identified.

18. As a direct and proximate result of one or more of the forgoing defective and unreasonably dangerous conditions, the plaintiffs vehicle suffered damage.

19. At all relevant times, plaintiff's insured used the subject vehicle in the normal manner and for the purposes intended.

20. Upon information and belief Defendant, FORD MOTOR COMPANY provided an express written warranty covering the subject vehicle, which extended for 3 years or 36,000 miles from the date of purchase. Plaintiffs do not have a copy or documentation concerning the terms of

the warranty.

21. At the time of purchase and on the date of the fire, the manufacturers warranty covered the subject vehicle.

22. Upon information and belief, Defendant, FORD MOTOR COMPANY has failed to honor the terms of warranty.

23. As a direct and proximate result of the breach of the express warranty by Defendant, FORD MOTOR COMPANY, the plaintiffs suffered damages.

24. Plaintiff, STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY, paid to or on behalf of its insured/subrogor [REDACTED] the sum of \$5,749.04, under the terms of the policy of insurance issued to him, and thereby became subrogated to his rights thereunder.

WHEREFORE, Plaintiffs, STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY, as Subrogee of [REDACTED] demands judgment in its favor and against Defendant, FORD MOTOR COMPANY, and for damages in the amount of Five Thousand Seven Hundred Forty-Nine and 04/100 Dollars (\$5,749.04), plus costs of suit and for any further relief which may be just and necessary.

COUNT III - Breach of Implied Warranties vs. FORD MOTOR COMPANY

1- 11. Plaintiff, STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY, as Subrogee, adopt and re-allege paragraphs 1- 11, inclusive, of the General Allegations Common to All Counts, as paragraphs 1- 11, inclusive, of this Count III, against Defendant, FORD MOTOR COMPANY.

12. By virtue of Sections 2-314 and 2-315 of the Uniform Commercial Code (810 ILCS 5/2-314 and 315), Defendant, FORD MOTOR COMPANY warranted that the 2001 Ford F-150 truck having a vehicle identification number (VIN) 2FTRX18L51C [REDACTED] was merchantable and

fit for the particular purpose for which it was sold and being used at the time of the fire; and in reliance upon the implied warranties, the subject vehicle was used in the normal manner intended.

13. Notwithstanding the implied warranty of fitness and merchantability, the 2001 Ford F-150 truck having a vehicle identification number (VIN) 2FTRX18L51 [REDACTED] was not reasonably safe in design and/or manufacture.

14. As a direct and proximate result of the breach of implied warranties by Defendant, FORD MOTOR COMPANY, the plaintiffs suffered damages.

15. Plaintiff, STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY, paid to or on behalf of its insured/subrogo [REDACTED] the sum of \$5749.04, under the terms of the policy of insurance, and thereby became subrogated to his rights thereunder.

WHEREFORE, Plaintiffs, STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY, as Subrogee of [REDACTED], demands judgment in its favor and against Defendant, FORD MOTOR COMPANY, and for damages in the amount of Five Thousand Seven Hundred Forty-Nine and 04/100 Dollars (\$5,749.04), plus costs of suit and for any further relief which may be just and necessary.

STATE FARM MUTUAL AUTOMOBILE INSURANCE
COMPANY as Subrogee of Brian Blazek

By: _____

Gregory Oltman
GREGORY OLTMAN
One of its attorneys

Attorney ID. 32137
Gregory Oltman
COSBY, OLTMAN & BELL, P.C.
77 West Washington St., Ste 1605
Chicago, IL 60602
(312) 263-7180

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
MUNICIPAL DEPARTMENT, FIRST DISTRICT

[REDACTED]

Plaintiffs,

vs.

ZIEBART OF ILLINOIS, INC. and
FORD MOTOR COMPANY,

Defendants.

)
) Court no.
)
) Amount claimed: \$5,749.04
) Plus costs
)
)
)
)
)

VERIFICATION BY SUBROGEE

I, Barbara Edens, on oath and based upon personal knowledge, state that if called to testify in the captioned matter, would testify as follows:

1. I am a Subrogation Claim Specialist with STATE FARM INSURANCE COMPANIES and am familiar with the claim file for claim number [REDACTED] (VIP).

2. To date, STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY has paid to or on behalf of its insured/subrogor [REDACTED] the sum of \$5,749.04, pursuant to the terms of the insurance policy number [REDACTED] issued to him.

3. STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY is the actual bona fide subrogor in the captioned matter, and is pursuing this action as subrogor of it's insured, [REDACTED]

STATE FARM INSURANCE COMPANIES

By: _____
BARBARA EDENS

VERIFICATION BY CERTIFICATION

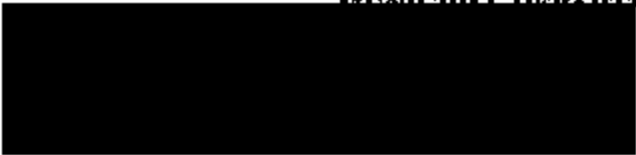
Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.

By: _____
BARBARA EDENS

Attorney ID 32137
Cosby, Oltman & Bell, P.C.
77 West Washington St., Suite 1605
Chicago, IL 60602
(312) 263-7180

EXHIBIT "A"

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
MUNICIPAL DEPARTMENT, FIRST DISTRICT



Plaintiffs,

vs.

ZIEBART OF ILLINOIS, INC. and
FORD MOTOR COMPANY,

Defendants.

)
)
)
)
)
)
)
)
)
)
)

Court no.

Amount claimed: \$5,749.04

Plus costs

AFFIDAVIT PURSUANT TO RULE 222

I, Gregory Oltman, on oath states as follows:

1. That your affiant is one of the attorneys representing the plaintiff(s) in the captioned matter.

2. That pursuant to Supreme Court Rule 222(b), the total money damages sought in this litigation does not exceed \$50,000.

FURTHER YOUR AFFIANT SAYETH NOT.

STATE FARM MUTUAL AUTOMOBILE
INSURANCE COMPANY

By:

GREGORY OLTMAN

One of its attorneys

Attorneys for plaintiff
Cosby, Oltman & Bell, P.C.
77 West Washington St., Suite 1605
Chicago, IL 60602
(312) 263-7180
Attorney L. D. 32137



05/08/96 MASTER OWNER RELATIONS SYSTEM II 02.49.00
 TEAM: 03 22647K INQUIRY CONTACT VEH TYPE: TRUCK
 DALLAS 52 24/TR: C1 CONTACT NBR: 104901884 OPENED: 05/07/1996
 VIN: 1FTDF15Y28LC02358 CLOSED: 05/07/1996
 LAST NAME: [REDACTED] STATUS: CLOSED
 TITLE: [REDACTED] FIRST NAME: [REDACTED] MI: [REDACTED]
 ADDRESS: [REDACTED]
 CITY: FORT WORTH STATE: TX ZIP: [REDACTED]
 HOME PHONE: [REDACTED] BUS. PHONE: [REDACTED]
 MODEL YEAR: [REDACTED] MODEL: F-SERIES
 MILEAGE: 9200 MSD:
 DEALER NAME: PAYTON-WRIGHT FORD SALES CODE: 152018 PA CODE: 02413
 CAUSAL CODE: [REDACTED] SYMPTOMS:
 INQUIRY CODE: 1420 ALLEGED PERSONAL INJURY - INQUIRY



FOLLOW UP: M COMM TYPE: P MICRO NBR: LETTER CODE:

COMMENTS:
 1996/05/07

*** MAVIS: ORIGINAL ***

CUSTOMER SAYS:

- TAMMIE BOWRON CALLING REGARDING ACCIDENT - SHE CAN BE REACHED AT HOME NUMBER GIVEN IN CONTACT
- CUSTOMER WAS IN AN ACCIDENT 3/27/96
- CUSTOMER WAS GOING AROUND A CORNER ON AN INTERSTATE AT A REASONABLE SPEED
- IT HAD BEEN RAINING
- REAR END FISH TAILED AND CUSTOMER REGAINED CONTROL
- THE CUSTOMER HIT ANOTHER PUDDLE
- VEHICLE SPUN AROUND BACKWARDS
- VEHICLE'S SLAMMING INTO LIGHTPOST KEPT HER FROM FLIPPING
- VEHICLE WENT ACROSS MEDIAN AND THEN HIT A TREE
- AIR BAGS DID NOT DEPLOY
- WHEN VEHICLE STOPPED THE CUSTOMER TURNED OFF THE MOTOR
- THE HEADLIGHTS REMAINED ON
- CUSTOMER WENT TO CALL POLICE
- WHEN SHE RETURNED THE ENTIRE INSIDE OF THE CAB AND THE AREA UNDER THE HOOD HAD BURNED
- FIRE DEPT. HAD EXTINGUISHED THE FIRE
- INSURANCE IS PAYING EVERYTHING EXCEPT FOR \$2000
- CUSTOMER WAS HIT IN THE HEAD A COUPLE TIMES
- CUSTOMER HAS STIFFNESS IN THE NECK AND BACK AND HAD BRUISES

✓
 AC
 96-4564
 FIO
 ABBY

8803-005-1C1-3778

05/08/96 MASTER OWNER RELATIONS SYSTEM II 02.49.00
=====

TEAM: 03 22641E INQUIRY CONTACT VEH TYPE: TRUCK
DALLAS 52 ZH/TR: C1 CONTACT NBR: 106901884 OPENED: 05/07/1996
VIN: 1FTDF15Y2SU CONTACT NBR: 106901884 CLOSED: 05/07/1996
=====

1996/05/07

- CUSTOMER IS PRIMARILY CONCERNED ABOUT FIRE THAT OCCURED

* PER CUSTOMER, DEALER SAYS:

- DEALER IS CANCELLING ESP
- DEALER SAID IT WOULD TAKE 7 DAYS FOR AN INVESTIGATOR TO INSPECT THE VEHICLE
- DEALER WAS NOTIFIED OF THE ACCIDENT ON 3/28/96

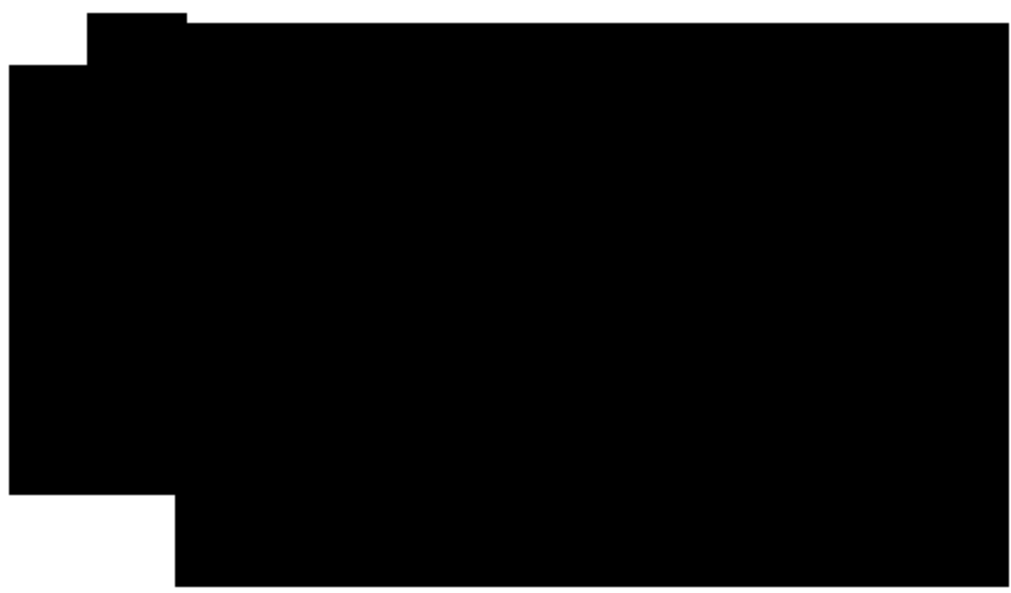
* CUSTOMER SEEKS:

- TO NOTIFY FORD OF VEHICLE FIRE AND NONDEPLOYMENT OF AIRBAGS
- TO HAVE FORD INVESTIGATOR LOOK AT VEHICLE

* CAC ADVISED:

- OFFICE OF THE GENERAL COUNSEL WILL REVIEW THE CONTACT AND DETERMINE THE APPROPRIATE ACTION
- TIME FRAME CAN NOT BE SPECIFIED

EMMS-085-LC1-3779



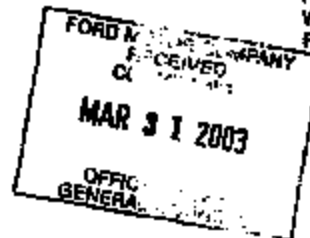
State Farm Insurance Companies®



March 25, 2003

8500 State Farm Way
P.O. Box 26026
Woodbury, MN 55125-0026
Fax: 1-888-677-4870

Ford Motor Company
3 Parklane Blvd.
Parklane Towers West, Ste. 300
Dearborn, MI 48126-2568



RE: Claim Number: [REDACTED]
Our Insured: [REDACTED]
Date of Loss: January 9, 2002
Vehicle: 1995 Ford F-150 Pickup
VIN: 1FTDF15Y8SN [REDACTED]

Dear Mr. Norton:

This State Farm® insured vehicle was involved in a fire loss. We settled the claim with our insured in the amount of \$8,313.19 which does not include our insured's deductible of \$50.00.

Our investigation revealed the cause of loss was due to the ignition failure on the 1995 Ford F-150 Pickup. We are aware of a settlement among Ford Motor Company and Northeast Terminal & Storage and Crow Wing Transportation for property damage. It is also my understanding that you have already inspected the vehicle and have photographs of the vehicle and property damage.

Enclosed is the documentation of State Farm's claim.

Please consider this letter as our demand to Ford Motor Company for reimbursement of \$8,363.19.

Sincerely,

Kevin Norem
Claim Representative
State Farm Mutual Automobile Insurance Company
(952) 895-3987

KN/013/0326015.57

- F105
- 1/9/02
- 195 F-150
- VIN
- \$ 8383.19



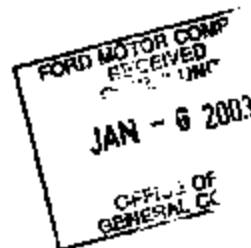
State Farm Insurance Companies



Subrogation Department
Post Office Box 100081
Duluth, Georgia 30096-9381

January 2, 2003

OFFICE OF GENERAL COUNSEL
Ford Motor Company
PARKLANE TOWER WEST, SUITE 400, 3 PARKLANE BLVD
Dearborn, MI 48126



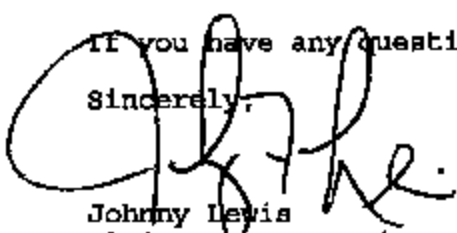
RE: Claim Number: [REDACTED]
Date of Loss: September 30, 2002
Our Insured: [REDACTED]

Dear Sir:

This State Farm insured 1995 Ford F-150 was involved in a fire loss. State Farm has settled the claim for \$2036.32 which includes our insured's deductible. Our investigation revealed the cause of the loss was a defective wiring harness. State Farm is holding the defective part for your review. Please consider this letter as demand for payment.

If you have any questions, please call me at the number below.

Sincerely,


Johnny Lewis
Claim Representative
(770) 418-3252
1-866-796-4787 (Outside Metro Atlanta)

State Farm Mutual Automobile Insurance Company

-FI
- 3/30/02
- 195F-150
- \$2036.32
- 130,331 (M)



Travelers

THE TRAVELERS INDEMNITY COMPANY OF ILLINOIS
11747-8928
631-577-7181

April 17 2003

FORD MOTOR COMPANY
P O BOX 4248
DEARBORN MI 48126

Our Client: [REDACTED]
Claim/File #: [REDACTED]
Date of Loss: 12/22/2001
Your Insured: FORD-SELF-INSURED
Your File #: unknown
Reference: Subrogation Claim

FORD MOTOR COMPANY
RECEIVED
APR 25 2003
OFFICE OF THE
GENERAL COUNSEL

Dear FORD MOTOR COMPANY:

We are managing a claim on behalf of [REDACTED] who sustained damages on 12/22/2001. Our investigation of the incident shows that your insured is liable for damages.

We have made payments of \$13,884.00 for this loss. We are requesting reimbursement for that amount and [REDACTED] deductible of \$250 for a total of \$14,134.00.

We expect payment within 30 days and we will forward the deductible amount to [REDACTED]

We appreciate your prompt attention.

Sincerely,
DIANE MCKENNA
CL REP
(631) 577-7181
Fax: 631-577-7878
Email: dcmckenna@travelers.com

Handwritten notes:
- F100
- 12/22/01
- \$13,884.00
- 195 F25
- VIN
- 100,000
3 APR 25 10:31
CONSUMER AFFAIRS SECTION
2

Ford Motor Company

MAY 16 2003

Office of the General Counsel

Ford Motor Company
Paddens Towers West
Suite 300
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

May 8, 2003

Travelers Insurance
PO BOX 8928
Melville, NY 11747-8928
ATTENTION: DIANE MCKENNA

RE: Claimant: [REDACTED]
Your Claim # [REDACTED]
DOL: December 22, 2001

Dear Ms. McKenna,

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

- 1. The date of incident and the city and state in which it occurred. *Holbrook, NY*
- 2. A complete description of the incident, including events which occurred prior to and subsequent to the loss. *see note of 2/18/02*
- 3. A copy of the police and/or fire report. *sent*
- 4. For each person alleged injured: full name, date of birth, home address, marital status and name of spouse, social security number, occupation, a complete description of the injuries, the names and addresses of all treating physicians, and copies of all medical bills and reports.
- 5. The vehicle year, model, and serial number.
- 6. The mileage on the vehicle at the time of the incident.
- 7. Original color photographs of the vehicle's collision / fire damage & the alleged defective part(s), from several different angles.
- 8. Original color photographs of the inside of the vehicle showing the steering wheel, dash and roof areas.
- 9. Original color photographs of the accident / fire scene showing the grade of the road, and / or the scene damages.
- 10. What is the alleged defect? *wire harness for power seat conceal fire.*
- 11. Documentation to substantiate your defect allegation, including a copy of your expert's report and the expert's original photographs. *preliminary report done only.*
- 12. Has the alleged defective part been repaired or replaced?
- 13. The present location of the alleged defective part and the vehicle.
- 14. The repair estimate, repair order, or your total loss worksheet for the vehicle's damage and any losses associated with this incident, and copies of draft payments.
- 15. A complete service history for the subject vehicle, including any tune-ups or oil changes. *not available*
- 16. List any after market additions or modifications that were made to the vehicle.

- 17. We will be pleased to conduct non-destructive testing on your alleged defective part should you choose to remove the part and assembly and ship it at your own expense. Please follow the directions listed in the attached shipping instructions.
- 18. Lost wage verification (if applicable).
- 19. Was the parking brake fully engaged?
- 20. What gear was the vehicle in at the time of the incident?
- 21. Was the engine running? *NO*
- 22. Were the keys in the ignition? *NO*
- 23. Has any insurance company been advised of this incident? If so, please state the name, address, and telephone number of those insurance companies; their claim number; and the agent's name.
- 24. If an attorney has been retained by you to settle this claim, please include his/her name, telephone number, and address.
- 25. If this vehicle was purchased as used by the insured please provide: the date of purchase, mileage at the time of purchase, and from whom the vehicle was purchased.

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

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

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

Sincerely,



Shawn L. Norton
 Claims Analyst /
 Corporate Legal Assistant

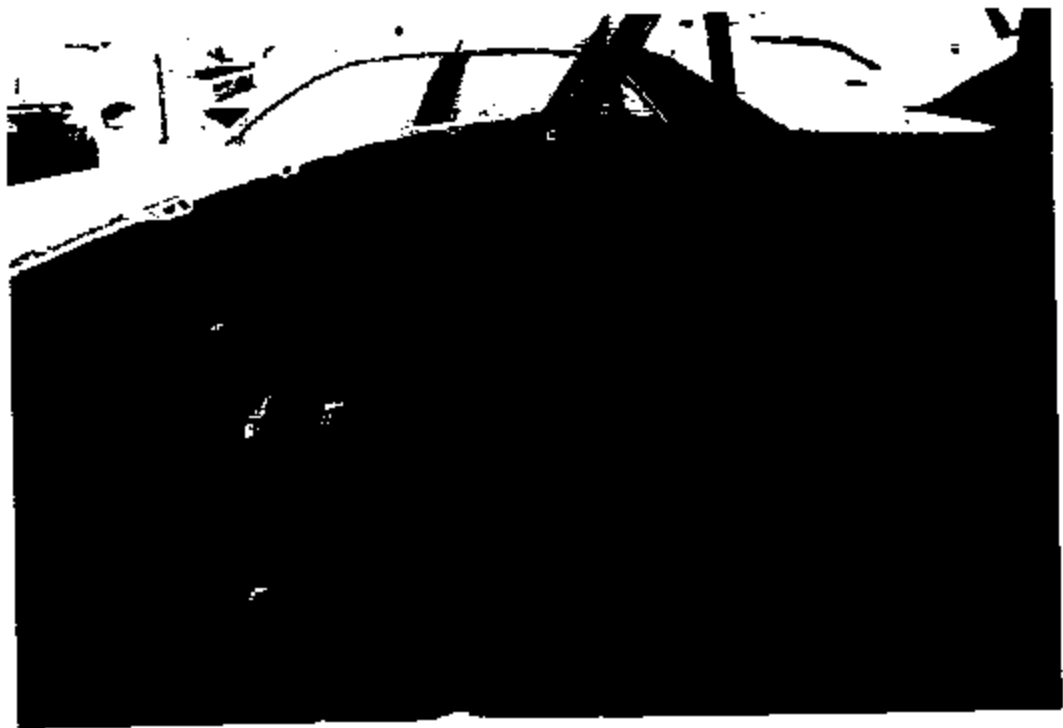
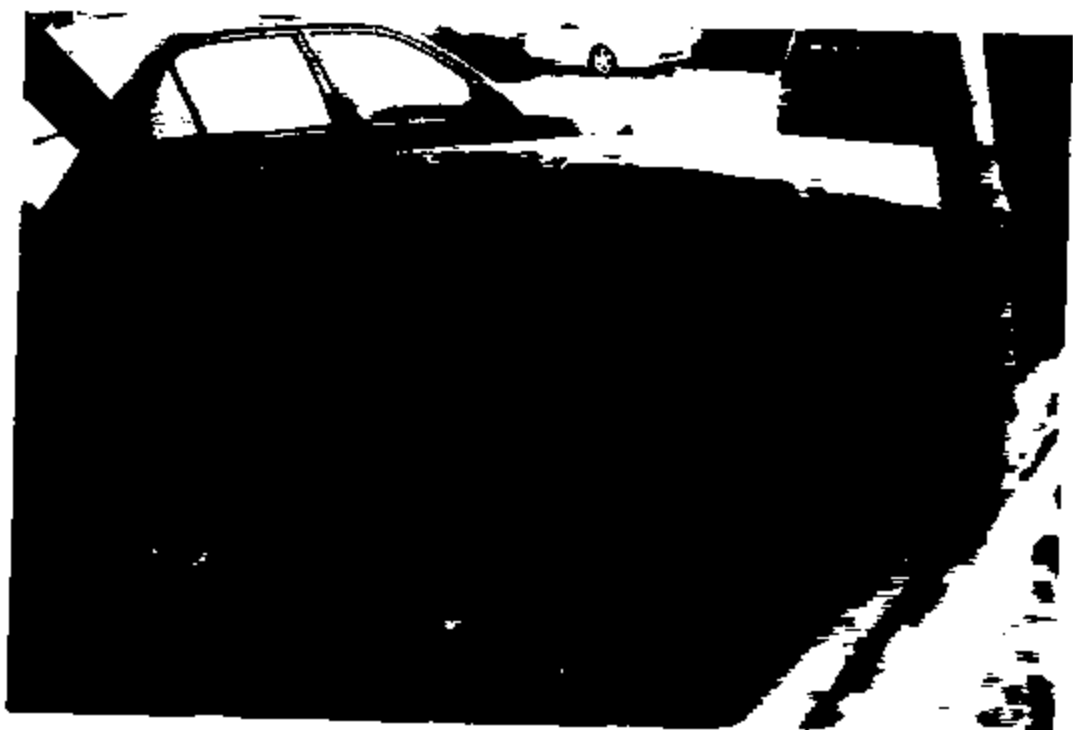


F/V 116439

DM Sub.



AVH 6424 (2nd) sub.



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AVH 6434 (62)
sub-2



146116439 (Am)
cb 2/22

ERS-500-LC1-3788



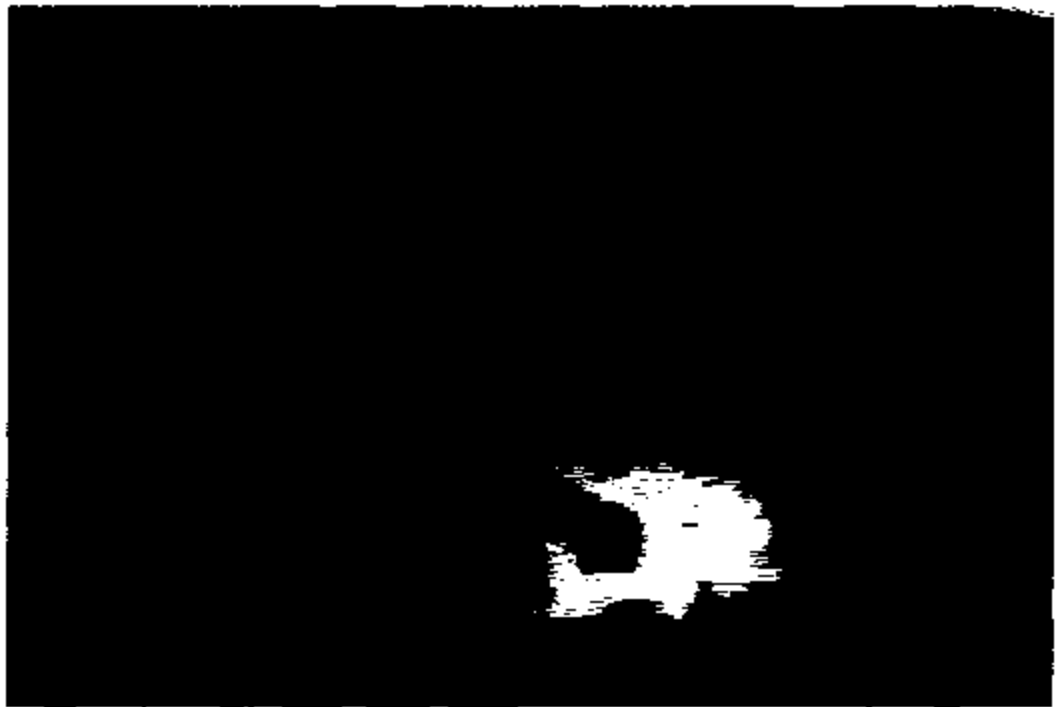
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ALV H 6439 (1380)



AV176439

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AVH 6434

8085-808-LC1-3701



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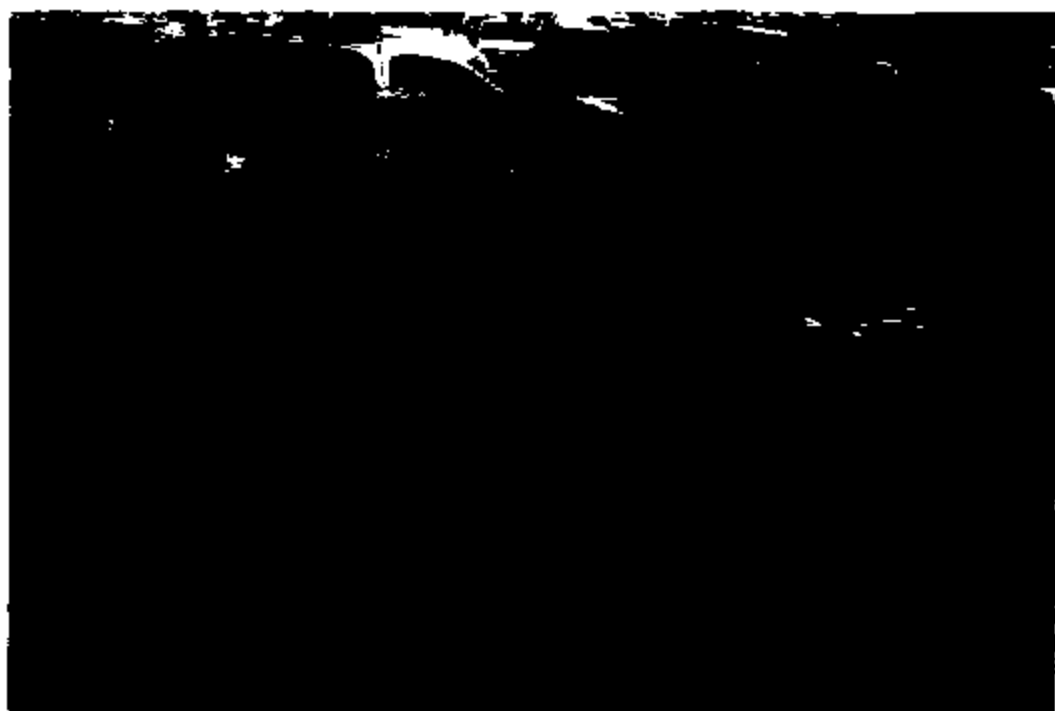
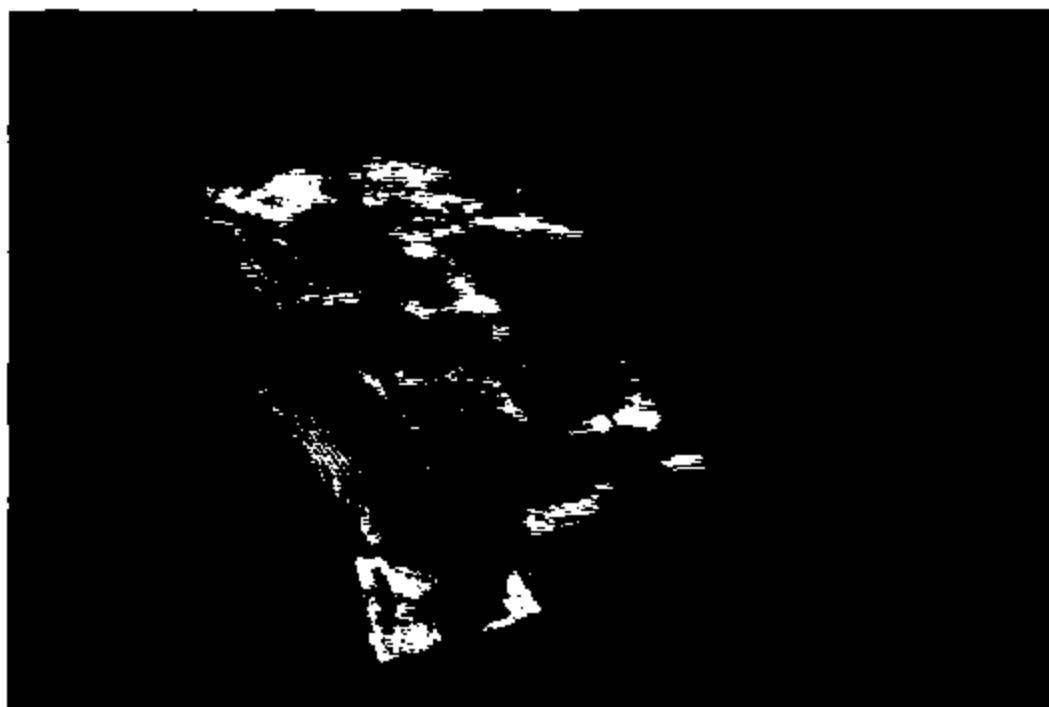
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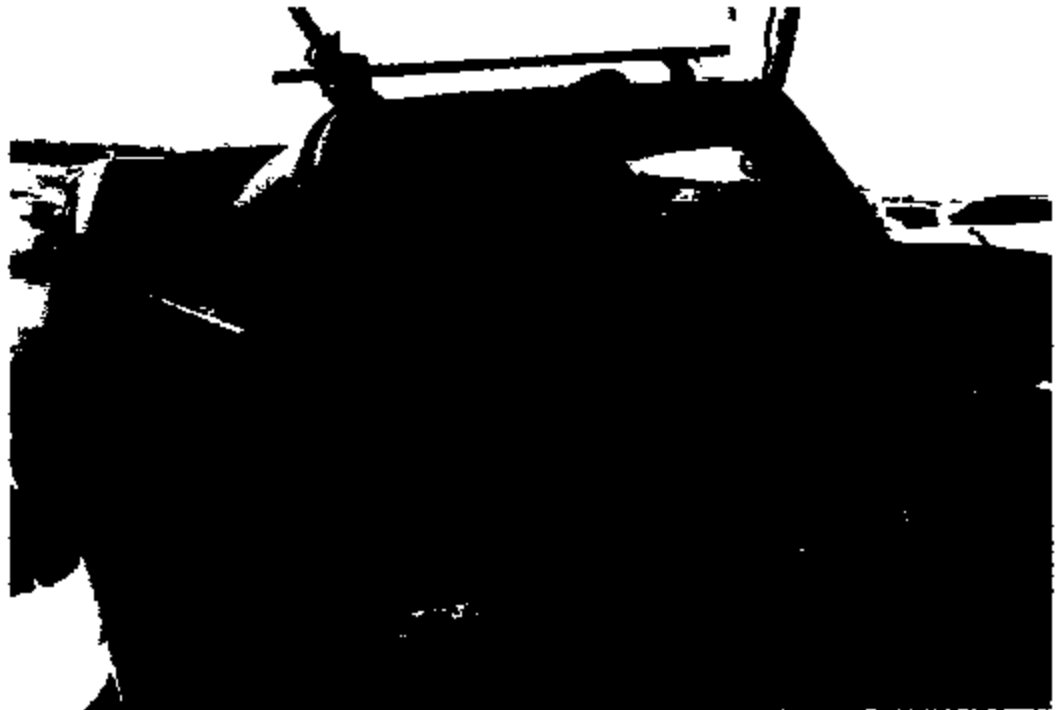
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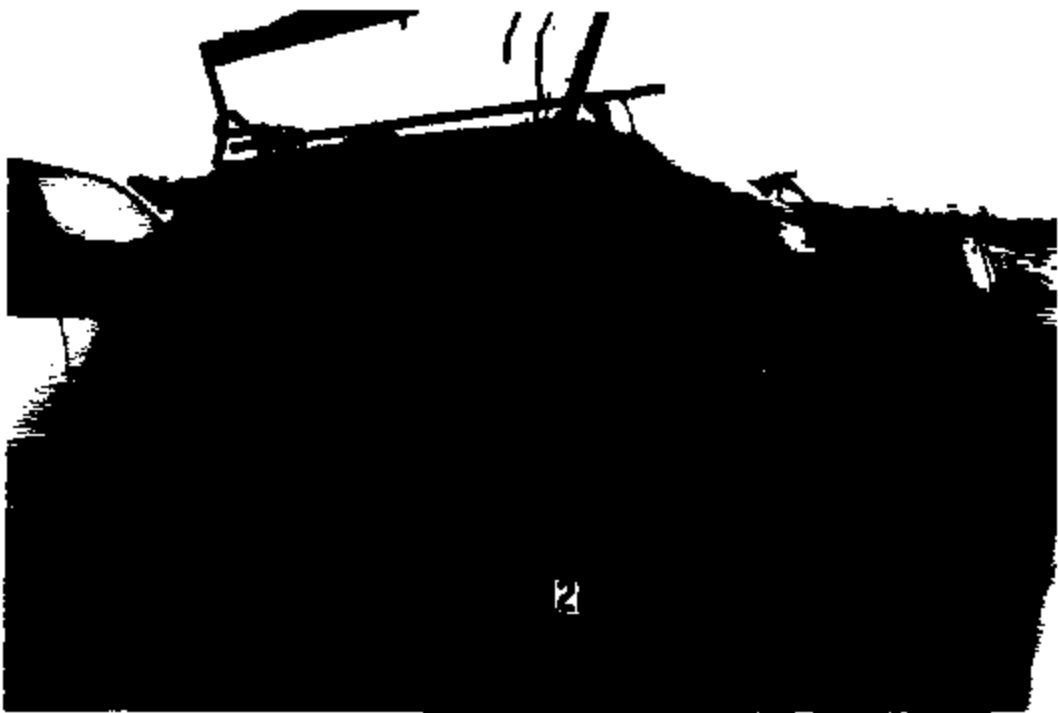


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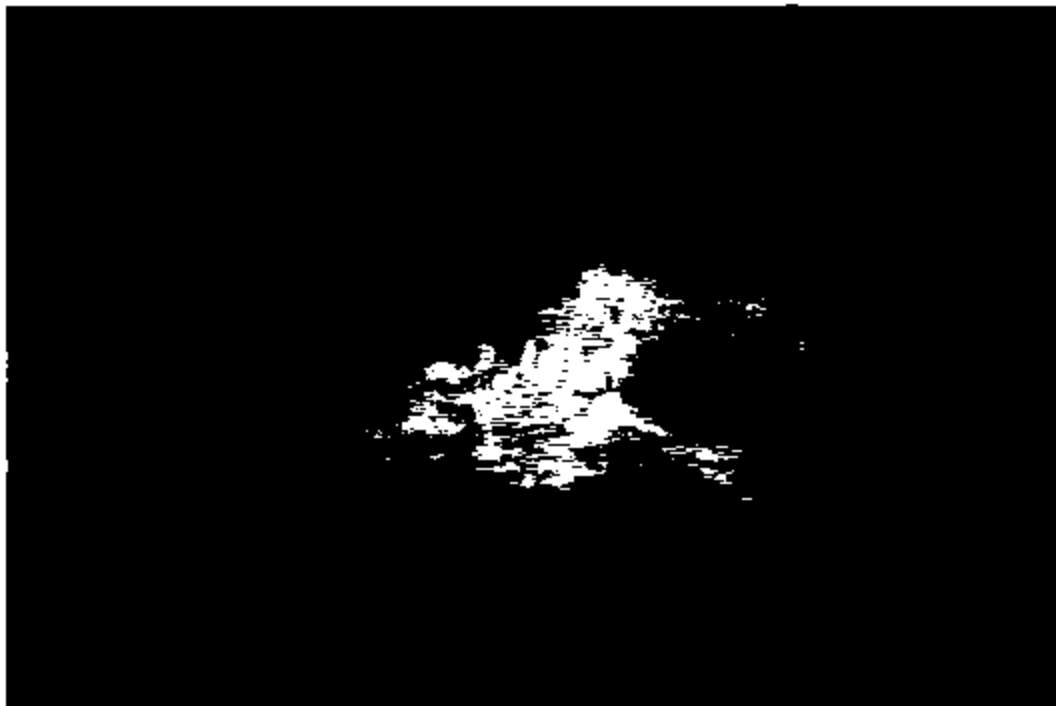


APR 6/89



April 6 439

EP05-003-LC1-3787



AVH 6439

EROS-005-LC1-3790



AVH 6439

EROS-685-LC1-3798



40116439

BR05-005-LC1-3000



AV 11 6439



ENC-885-LG1-3882

Av 11 6 1 39

LANGE TECHNICAL SERVICES, LTD.

1 Ames Court, Suite 210 Plainview, New York 11803

(516) 576-3102 Fax (516) 576-3105

PRELIMINARY VEHICLE EVALUATION REPORT

Date: 3/8/02

To: Maureen Foote, Travelers Insurance Company

Date of Examination: 2/20/02

Claim No: [REDACTED]

Insured: Above All Maintenance

Vehicle: 1995 Ford F250

Mileage: Not available

Our File No: 2202-TR-089

Preliminary Evaluation By: M. Neumar & J. Lange

The above vehicle was examined to identify a malfunction which may have caused or contributed to a fire. The following are the preliminary findings and opinions. The opinions expressed are based on the conditions of the examination, information available at the time of examination and accuracy of reported statements. Additional information, laboratory analysis or further evaluation may change the preliminary opinions.

Damage Analysis:

Exterior: Severely Burned from cab forward

Passenger Compartment: Totally consumed

Engine Compartment: Severely damaged

Mechanical Systems:

Fuel Injection System: Destroyed by fire and/or suppression

Exhaust System: No indications of involvement

Power Steering System: Destroyed by fire and/or suppression

Transmission: No malfunction identified

Cooling System: No indication of malfunction

Air Conditioning System: Created secondary fire load

Electrical System:

Body: No indications of malfunction identified

Passenger Compartment: No electrical activity identified

Engine Compartment: No indications of electrical activity

Charging system: Destroyed by fire and/or suppression

Starting system: No indications of malfunction

Fuses and relays: Destroyed by fire and/or suppression

Battery and power distribution: Destroyed by fire and/or suppression

Samples:Engine oil Transmission fluid Fire debris

Other:

Unstored fire debris samples are held 90 days and oil/fluid samples 180 days, before disposal. No disposal notification will be sent.

Fire Classification: Severity of damage prevented classificationRecall/Service relationship: NoneRecommendations:Preliminary Conclusions:

The fire in the above vehicle originated in the truck cab and continued forward to the engine compartment. Do to the extensive amount of debris thrown into the cab after the fire and the severity of the damage, the cause of the fire could not be determined. However, the circumstances of the fire suggest that if the vehicle is the cause, the most likely cause of the fire would be an electrical malfunction in the dashboard area.

Thank you for this opportunity to be of service. Please call if questions remain or additional analysis is required. A full report will be prepared upon request.



of South Carolina.

FOR A SECOND CAUSE OF ACTION

7. Plaintiff hereby reiterates all allegations as contained in paragraphs 1 through 6 as if repeated verbatim.


8. That Defendant should have know that the vehicle sold to Plaintiff contained a design defect in the pressurized fuel supply system, but placed this vehicle on the market regardless of said defect.

9. That Defendant's negligent assembly and/or defective manufacturing which caused the fire of which Plaintiff complains was the proximate cause of his damages and losses herein.

10. That your Plaintiff is informed and believes that he is entitled to a judgment against Defendant for his damages in an amount not to exceed \$25,000.00, for the cost of this action and for such other and further relief as the Court might deem proper.

WHEREFORE, Plaintiff prays for judgment against Defendant in an amount not to exceed \$25,000.00 and for the cost of this action.

ALLEN, GANTT & BEST


Jamie M. Best, III
Attorney for Plaintiff
6116 Garners Ferry Road 29209
Post Office Box 9507
Columbia, SC 29290-0507
(803) 776-8380 Office
(803) 776-2988 Fax

Columbia, South Carolina

August 14, 1998.

Company Claim No. RESITUM Police No. _____

Insured _____ File No. _____

Claimant _____

Film X Polaroid Negative Picture No. _____

Date Taken 5/27/96

Time PM

By RA

Location and View ADVISORY

1/1/96

Film _____ Polaroid Negative Picture No. _____

Date Taken _____

Time _____

By _____

Location and View _____



FORM NO. 104

PHOTOGRAPH

Company Claim No. _____ Policy No. _____

Insured _____ File No. _____

Claimant _____

Film _____ Roll No. _____

Film _____ Roll No. _____

_____ Negative Picture No. _____

_____ Negative Picture No. _____

Date Taken _____

Date Taken _____

Time _____

Time _____

By _____

By _____

Location and View _____

Location and View _____



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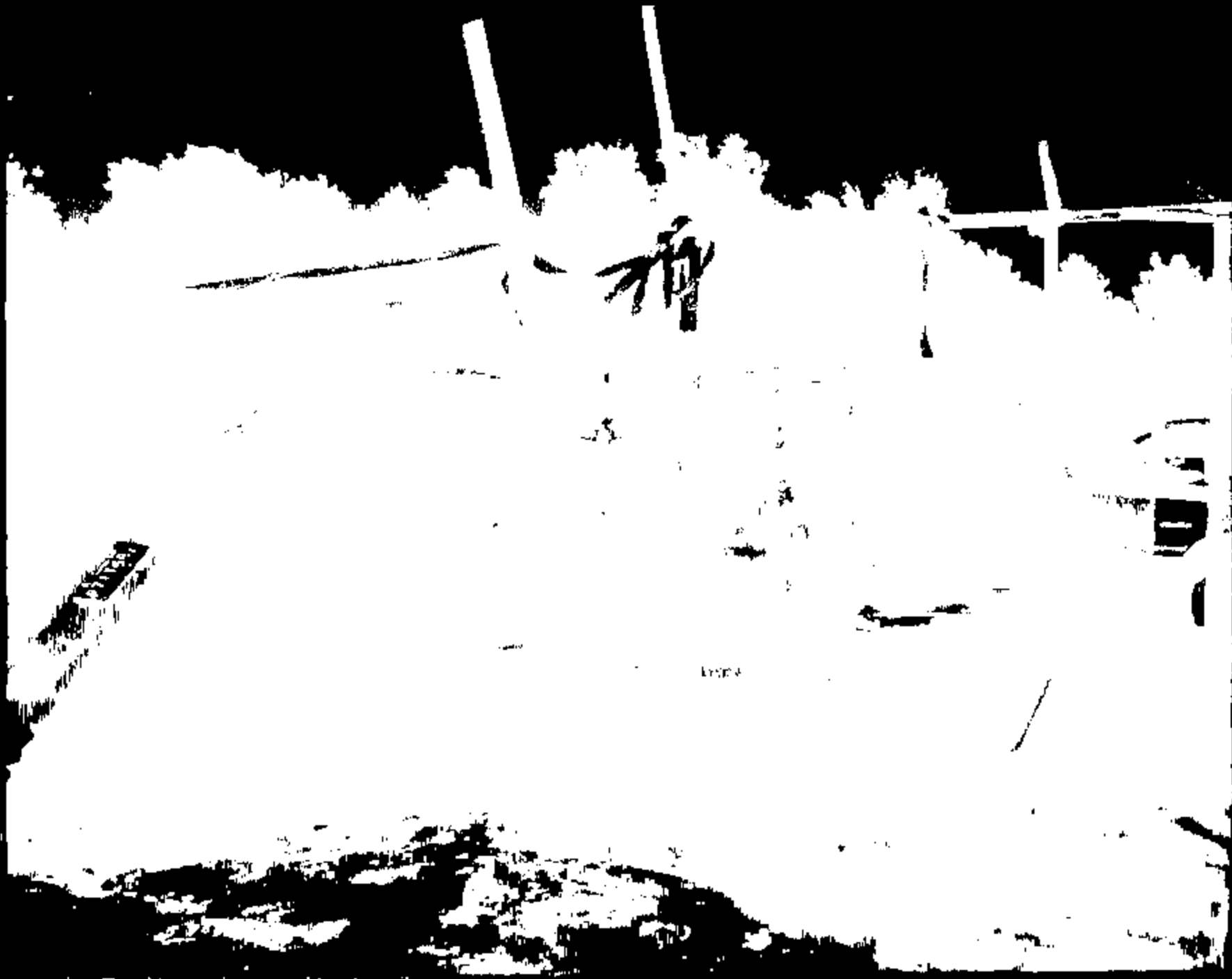
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PHOTOS





PHOTOS

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PHOTOS





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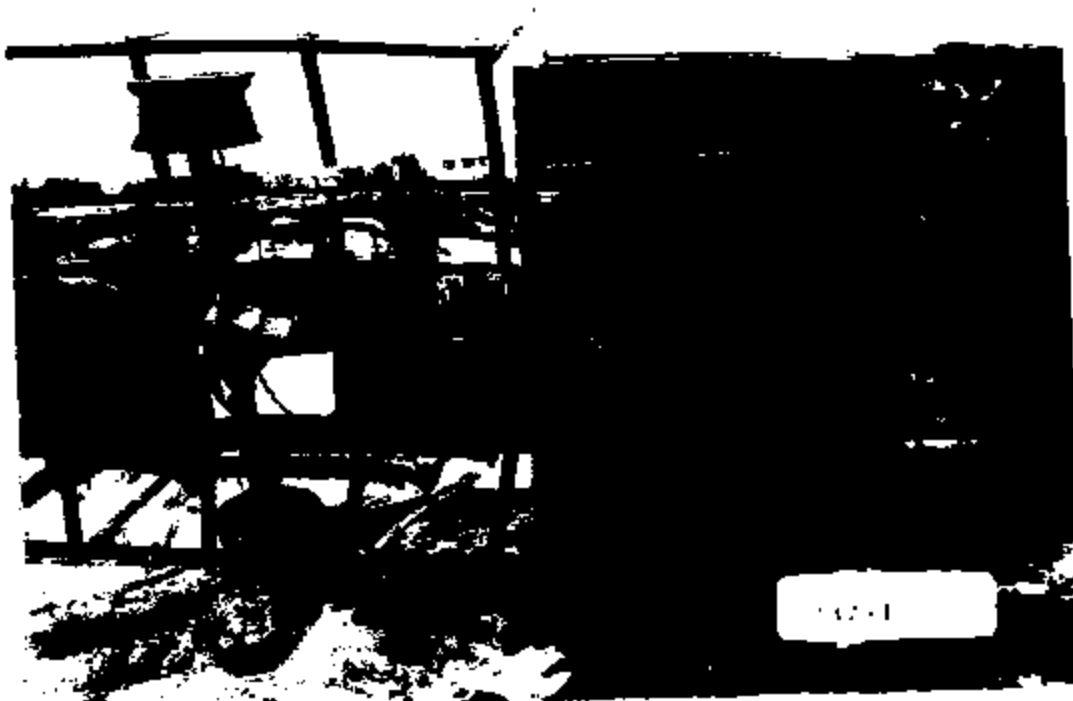


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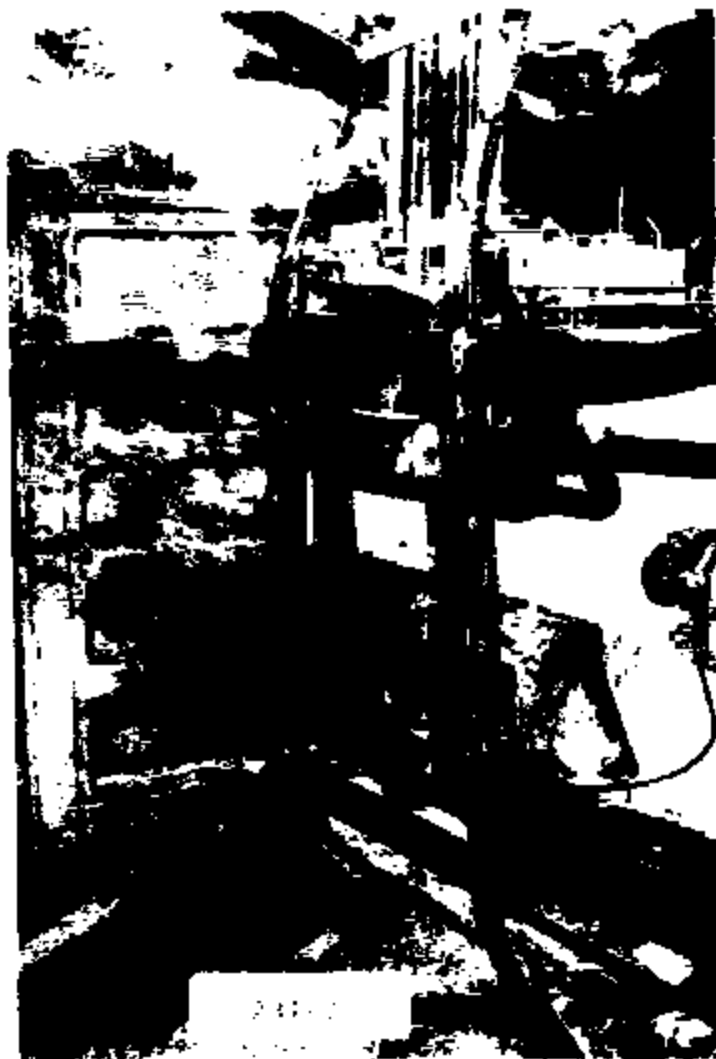
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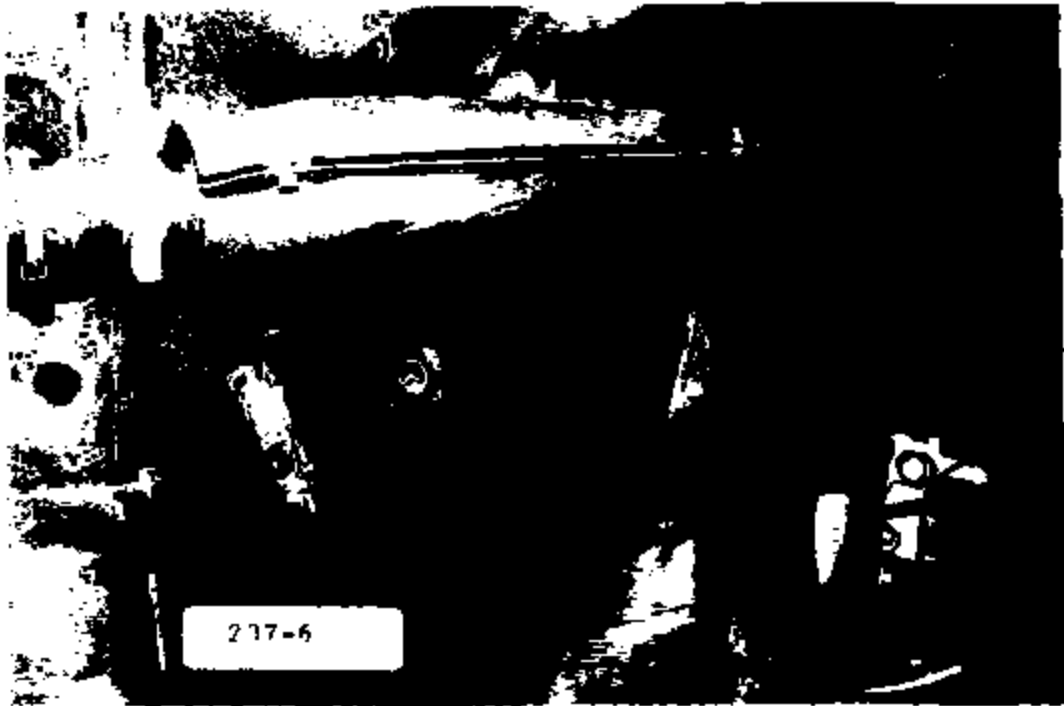
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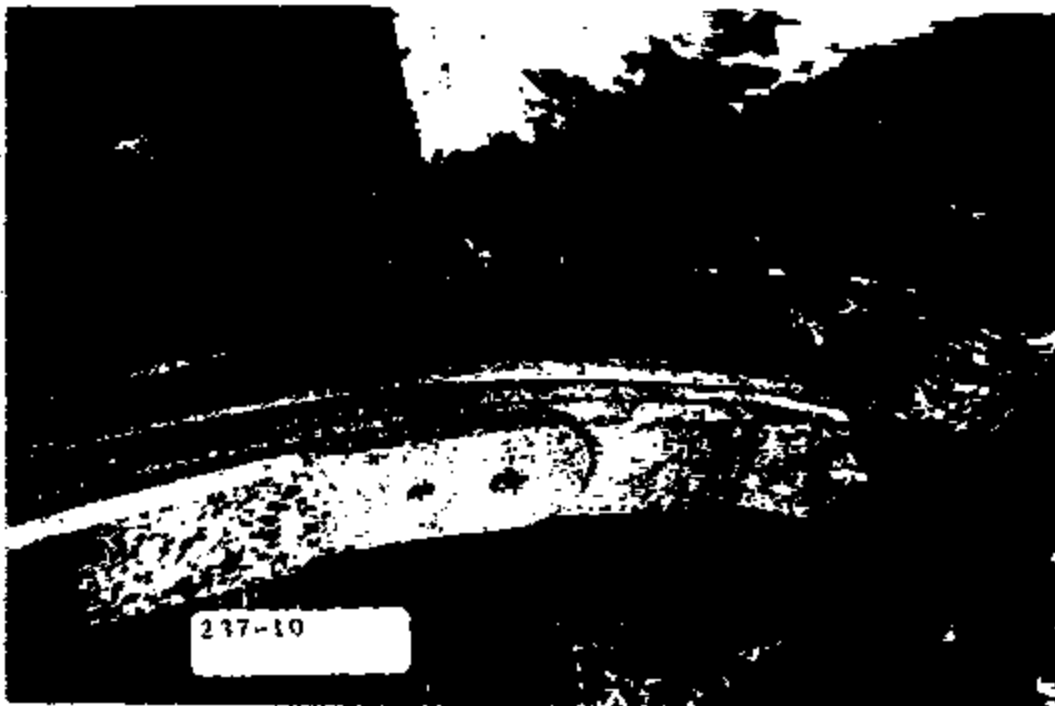
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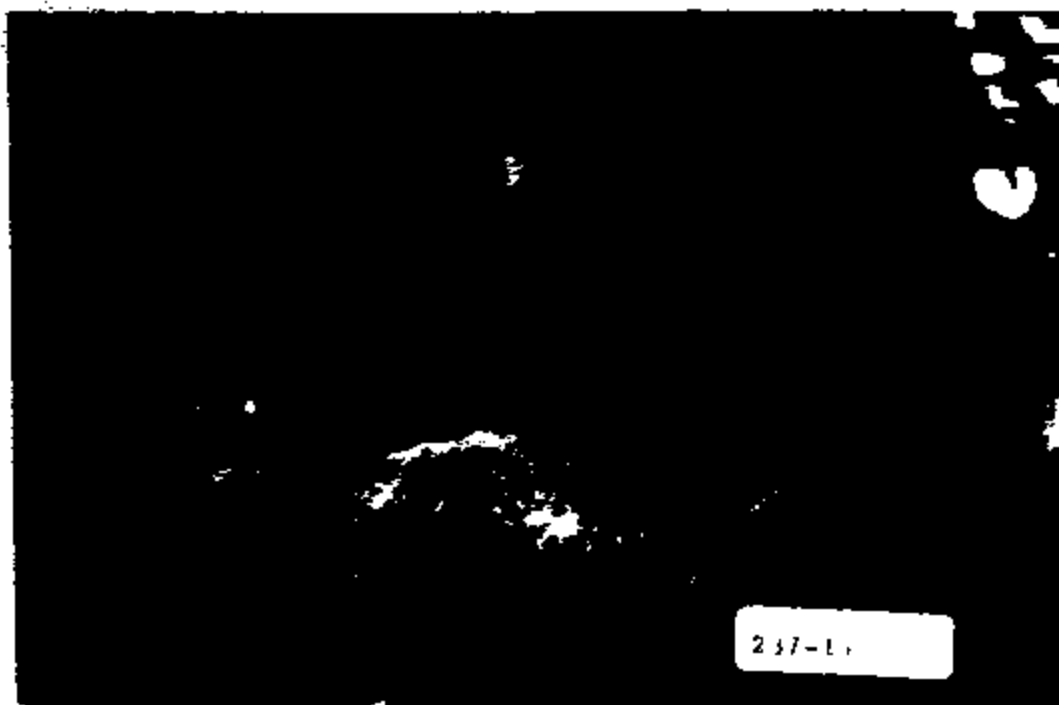
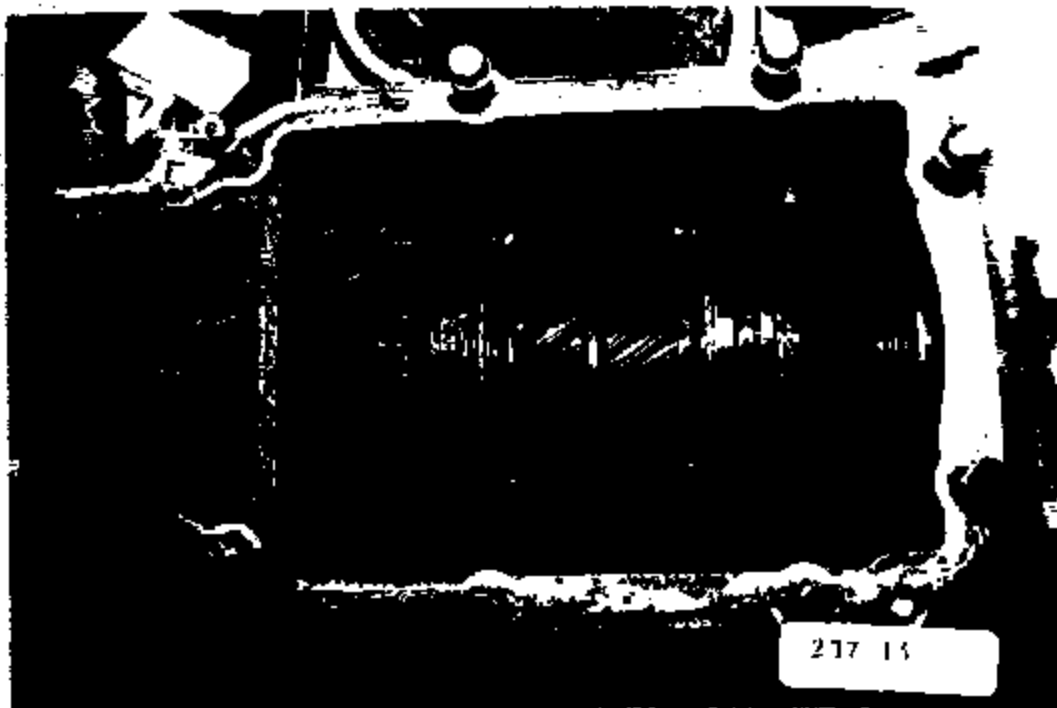


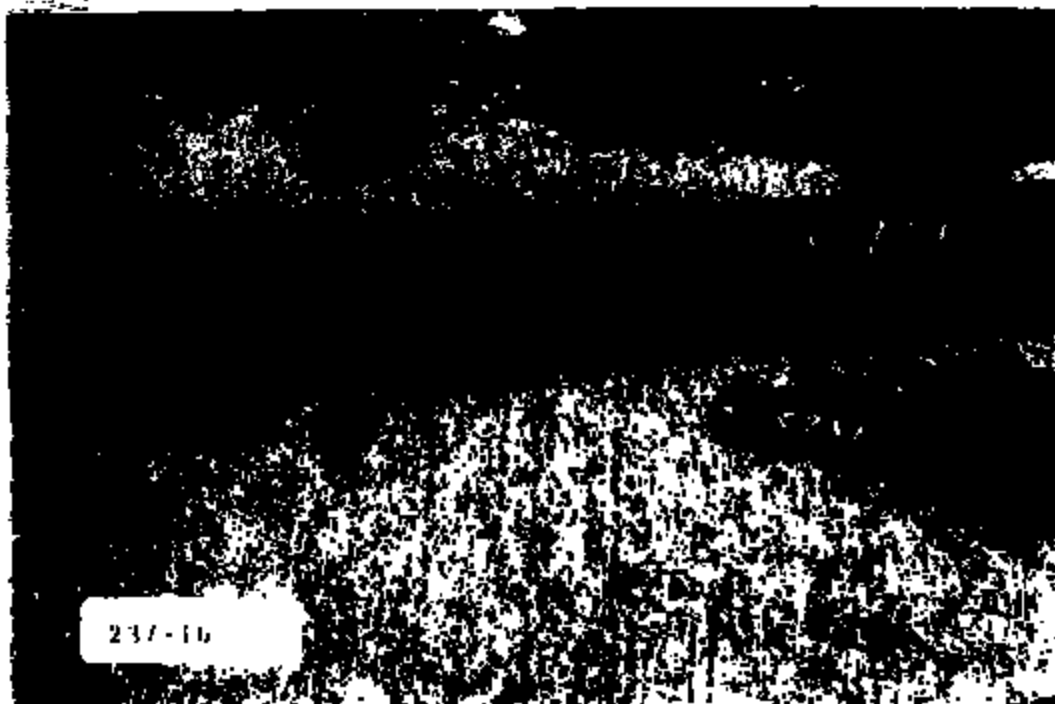




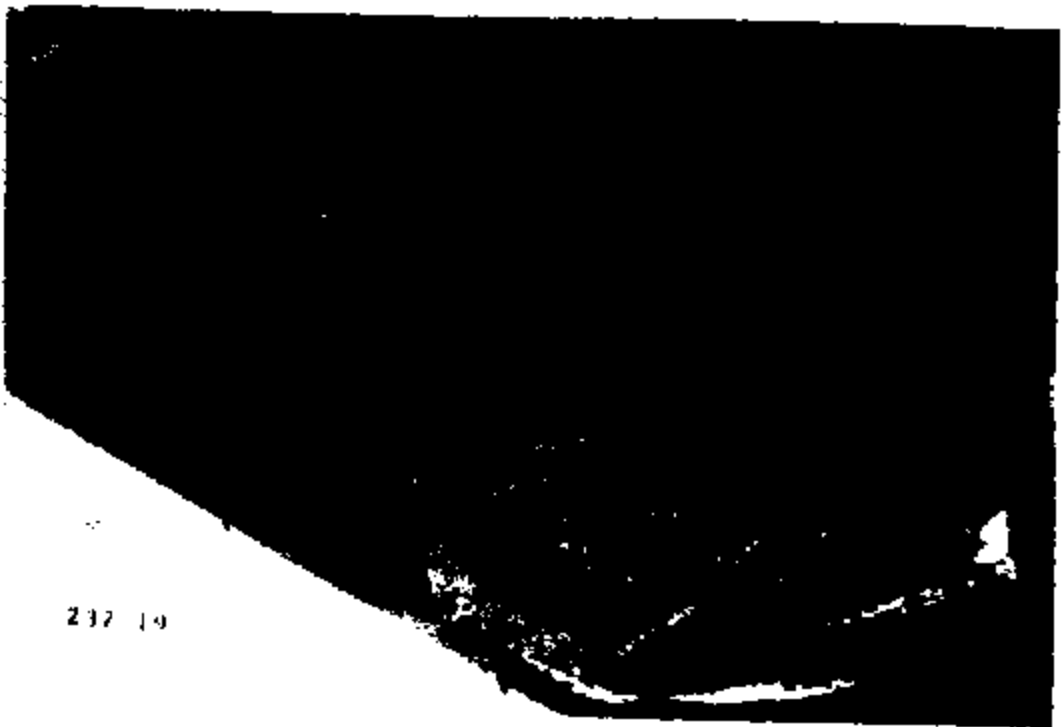






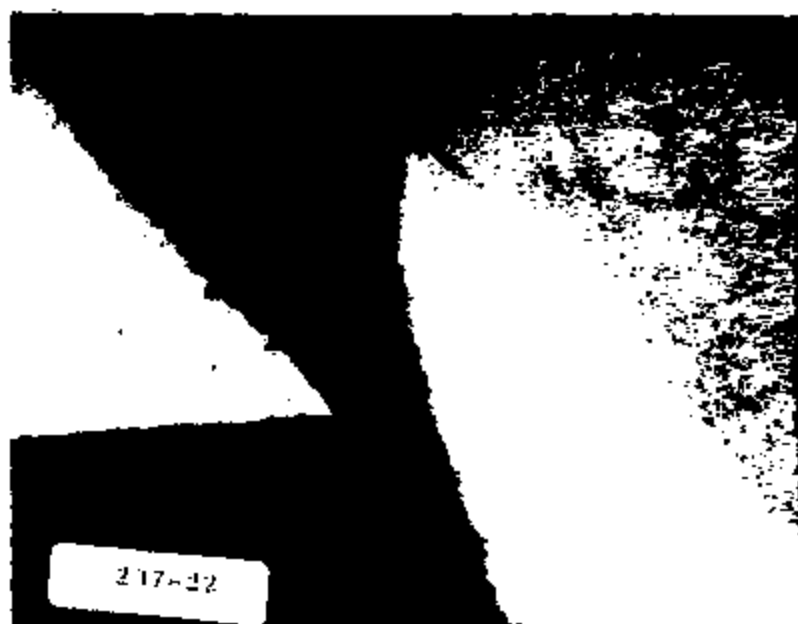
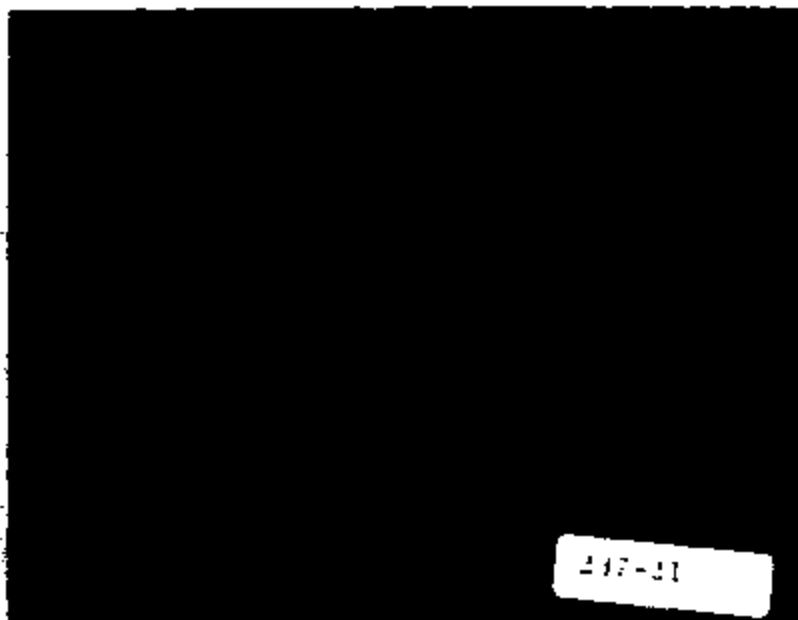


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Engineering Report

237

October, 1996

Investigation & Inspection

of

Vehicle Fire

1996 Ford Pickup Truck

Owner: [REDACTED]

Claim No. [REDACTED]

Report of the Findings



Prepared by:

Harlan R. Carroll, P.E.
Forensic Engineering, Inc.
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Rock Hill, South Carolina 29732-5188
Phone (803) 329-1150
FAX (803) 328-2420

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[REDACTED]

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1. Introduction

- 1.1 On May 30, 1996, Mr. Rick Myers, South Carolina Farm Bureau, West Columbia, South Carolina, telephoned Forensic Engineering, Inc. of Rock Hill, South Carolina, reporting a fire in a 1996 Ford pickup truck.
- 1.2 The vehicle was reported as being at SADISCO, Lexington, South Carolina, under control number 100968.
- 1.3 The insured person is [REDACTED] and the claim number is [REDACTED]
- 1.4 It was reported that on or about May 21, 1996 the subject vehicle was destroyed by fire.
- 1.5 Mr. Myers, South Carolina Farm Bureau, requested Forensic Engineering to examine the subject vehicle and determine the probable cause of this fire.
- 1.6 A certified engineering report of the findings is to be forwarded to Mr. Rick Myers' office in West Columbia, South Carolina.
- 1.7 Arrangements were made with SADISCO to examine the subject vehicle on April 18, 1996.

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2. General

- 2.1 The subject vehicle was inspected by Mr. W. Beaver at SADISCO, Lexington, South Carolina on April 18, 1996.
- 2.2 Subsequent inspections were made on July 12 and August 2, 1996, by Mr. W. Beaver, Mr. G. Thomas and Mr. H. Carroll of Forensic Engineering.
- 2.3 Subject vehicle was confirmed as being a Ford pickup truck with SADISCO control # 517174.
- 2.4 Photography was used during the examination and evaluation.
- 2.5 Parts from the drive train were removed from the vehicle for examination at Forensic Engineering, Inc.
- 2.6 No written confirmation was received from South Carolina Farm Bureau for this investigation.

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3. Findings

- 3.1 The subject Ford pickup truck was found to be severely damaged by fire, having virtually all flammable and combustible materials consumed in the fire.
- 3.2 The transmission bellhousing and tailshaft housing were melted from the intense heat of the fire. The transmission cover and shift lever were also partially melted.
- 3.3 The drive shaft tube was found to be separated from the front U-joint yoke, and was split longitudinally for a length of 14+ inches.
- 3.4 Intense heat had softened the steel and iron used in this vehicle to the extent that rear springs had a reverse bend at the shackles and the axle housings had sagged under the weight of the differential.
- 3.5 Removal and inspection of the clutch and pressure plate revealed no adverse conditions which could not have been caused by fire.
- 3.6 Removal of the transmission top and shifter and inspection of the transmission gears and bearings indicated no conditions of damage which could not have been caused by the fire.
- 3.7 The input and output shafts of the transmission rotated when turned by hand and each turned the other with gears engaged.
- 3.8 The driver reported no engine or drive train problems prior to his discovery of the fire.
- 3.9 The forward U-joint yoke was torn from the drive shaft tube adjacent to the circumferential weld connecting the two parts.
- 3.10 Analysis of photomicrographs of a cross section of the failed weld joint between yoke and drive tube showed a failure of the tube metal adjacent to the weld.

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- 3.11 Inspection of the longitudinal tear in the drive shaft tube, or torque tube, revealed a thin cross-section $4\frac{1}{4}$ inches long beginning approximately 1 inch from the front yoke.
- 3.12 The longitudinal tear in the torque tube did not involve the seam weld used to manufacture the tubing.
- 3.13 Measurements of circumferential lengths taken at one inch intervals from the front end of the torque tube indicate that stretching of the tube metal occurred. (See Table 1).

Distance From Front End of Torque Tube	Equivalent Circumference
0	9 5/8"
1 inch	9 3/4"
2 inches	10 1/2"
3 inches	10 3/4"
5 inches	10"

- 3.14 Measurements taken of thickness in the thinned section and standard sections confirmed that deformation under tension had occurred. (See Table 2).

Distance From Edge of Thinned Section	Thickness
1/16"	0.025"
1/8"	0.034"
1/4"	0.042"
Std. Section	0.062"

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4. Photographs - In order to further clarify in detail the description of the damage, it was necessary to produce photographs of the damage, which photographs will be considered a part of this report. This report will incorporate 20 prints size 4" x 6" and 2 photomicrographs size 3½ x 4½. There will be two original reports which will incorporate the original photographs. The remaining copies of this report will include machine copies of the original photographs, which may not reveal specifics or produce sufficient clarification for the reader to ascertain extreme details. Since Forensic Engineering, Inc. maintains the negatives of each of these photographs, duplicate prints may be purchased in any quantity found necessary for the purpose of clarification to the recipient of this report. Photographs are explained in this section:

4.1 Explanation of each photograph.

- | | |
|-------|---|
| 237-1 | Bottom view of subject Ford pickup truck showing torque tube separated from front universal joint yoke. |
| 237-2 | View from top looking forward illustrating heat affected steel framing of cargo bed. |
| 237-3 | Engine compartment illustrating total destruction. |
| 237-4 | View of transmission bellhousing and flywheel. |
| 237-5 | Rear of engine pan and front of transmission showing melting and distortion of aluminum bellhousing. |
| 237-6 | Rear transmission mount and tailshaft housing with front universal joint yoke in place. |
| 237-7 | Drive shaft torque tube showing damage from separation of front U-joint weld and longitudinal splitting. Left (port) side fuel tank is shown; also front U-joint in upper right corner. |

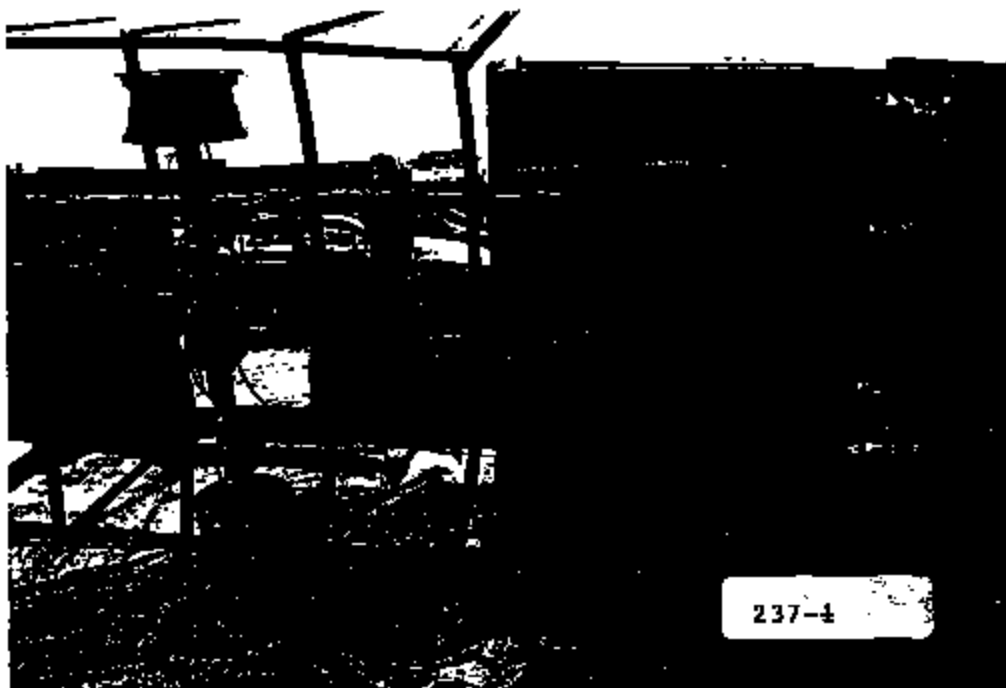
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- 237-8 Front, left corner of port fuel tank, fuel filter and fuel line fittings, and wires from chassis wiring harness.
- 237-9 View, in similar Ford vehicle, of front left corner of port fuel tank, fuel filter and fuel lines, and chassis wiring harness.
- 237-10 Rear leaf spring showing deformation from intense heat.
- 237-11 Rear leaf spring of similar Ford vehicle showing undamaged configuration.
- 237-12 Transmission bellhousing and hydraulic clutch operator damaged by heat.
- 237-13 Output shaft gears at rear of transmission showing no broken gear teeth or shaft deformation.
- 237-14 Top view of transmission showing undamaged sliding gears and synchronizers.
- 237-15 View of forward end of damaged drive shaft torque tube.
- 237-16 Damaged torque tube and U-joint assembly shown marked with Forensic Engineering, Inc. case number, prior to analysis of weld cross section.
- 237-17 U-joint yoke showing where torque tube separated at the weld. Notch at right is location of torque tube seam weld.
- 237-18 U-joint yoke approximately 90 degrees CCW (as viewed from vehicle front) from weld seam notch.
- 237-19 End of damaged torque tube with weld separation edge running the width of photograph and longitudinal torn edge running from center right to bottom of photograph.

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- 237-20 End of torque tube with weld separation edge curving from center to the right and up to top of photograph. Edge of longitudinal tear goes from center to left edge of photograph and includes the thinned section.
- 237-21 Photomicrograph of cross section taken from U-joint yoke and torque tube approximately 1 1/4 inches CW (as viewed from vehicle front) from the torque tube weld seam. Shows the weld and area of heat affected metal on both the yoke and tube.
- 237-22 Closer view of separation area showing differences in grain structure of tube metal as a result of welding process.

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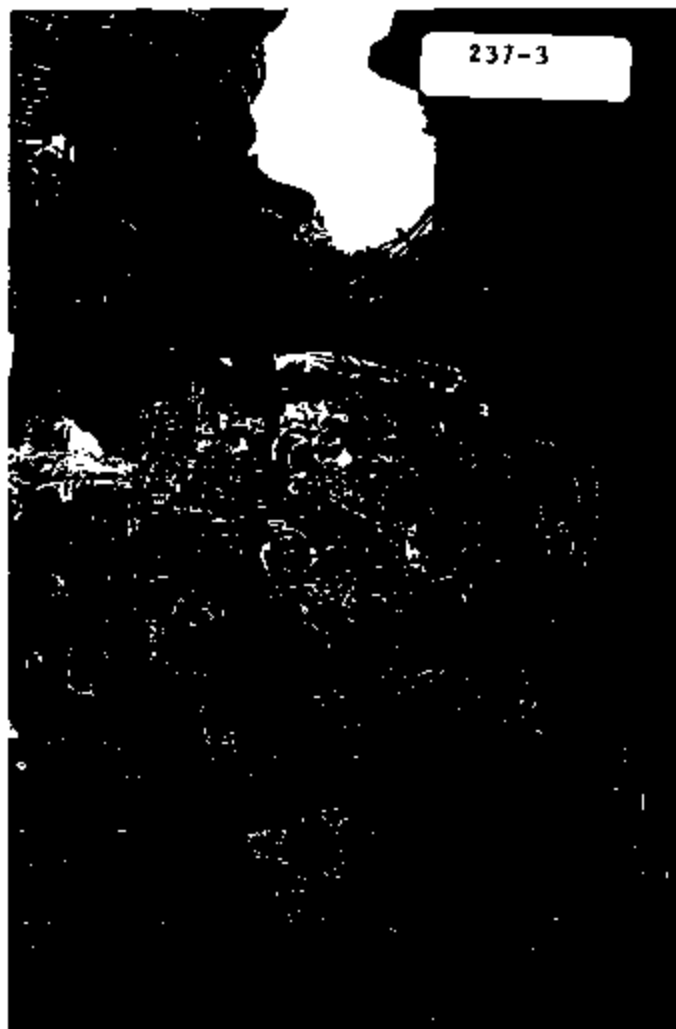
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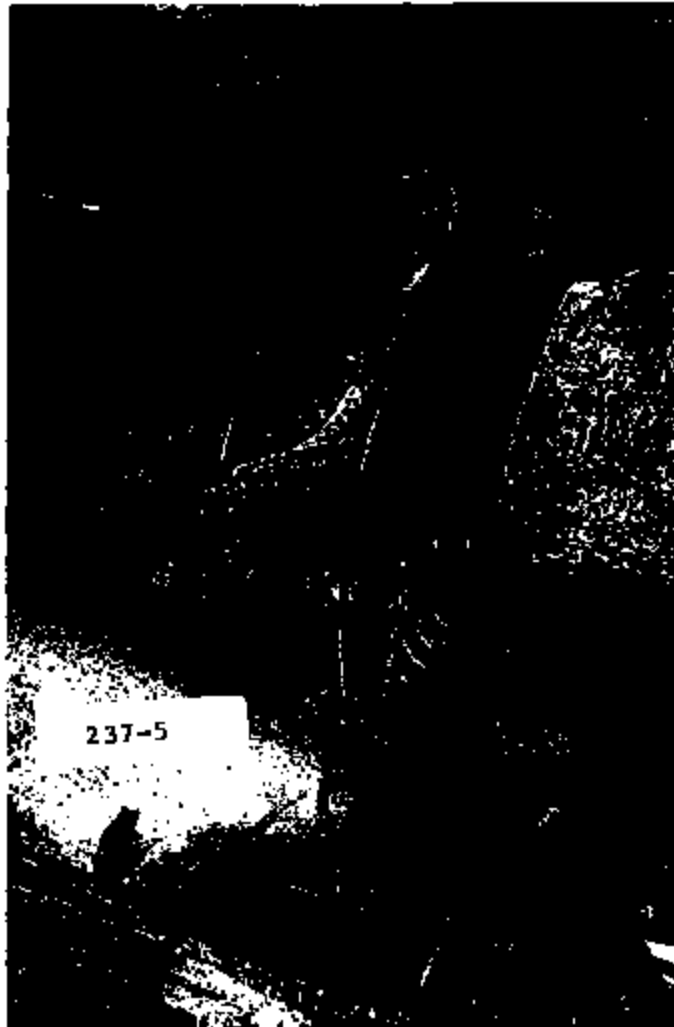
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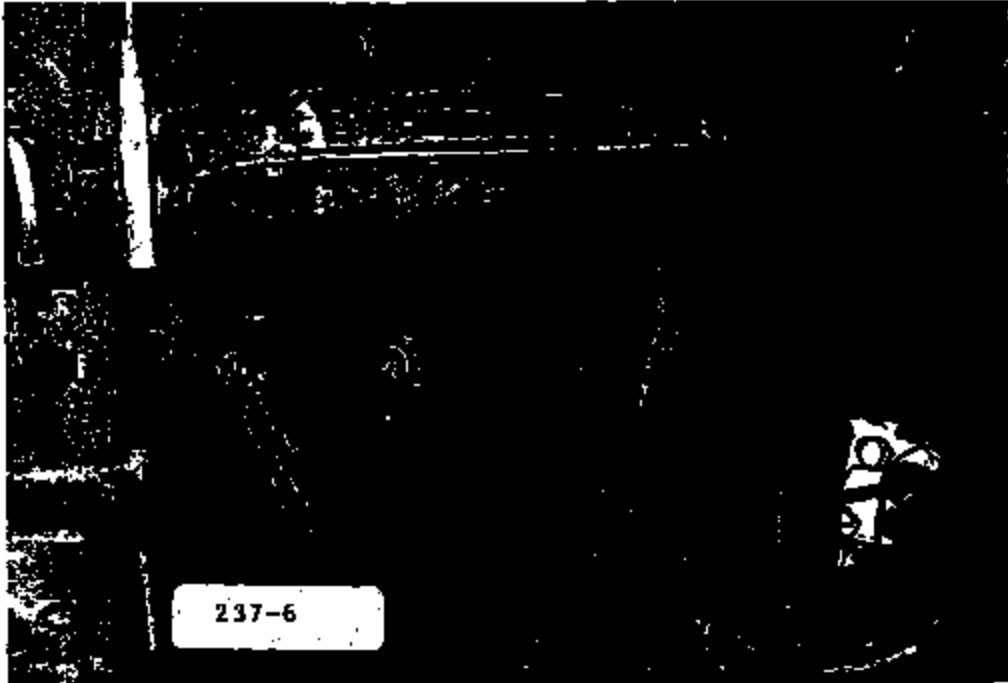
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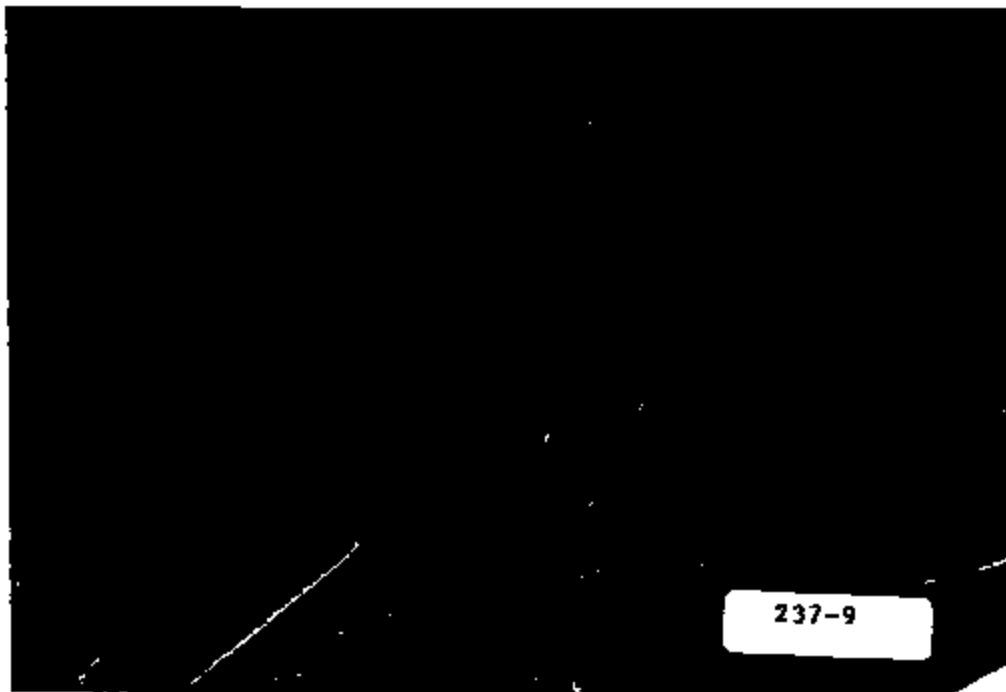


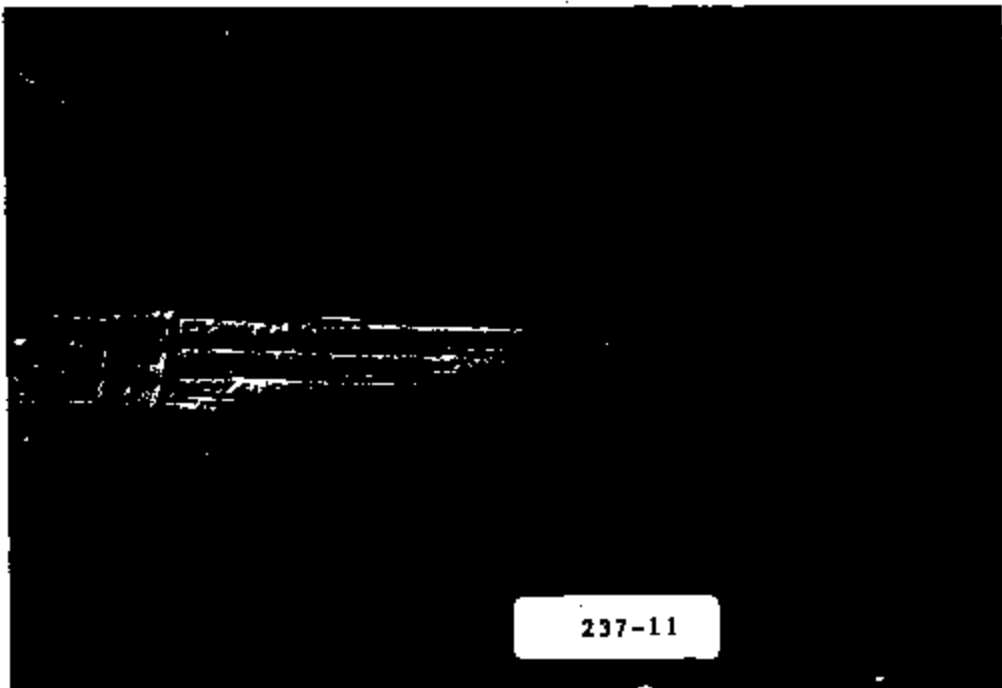
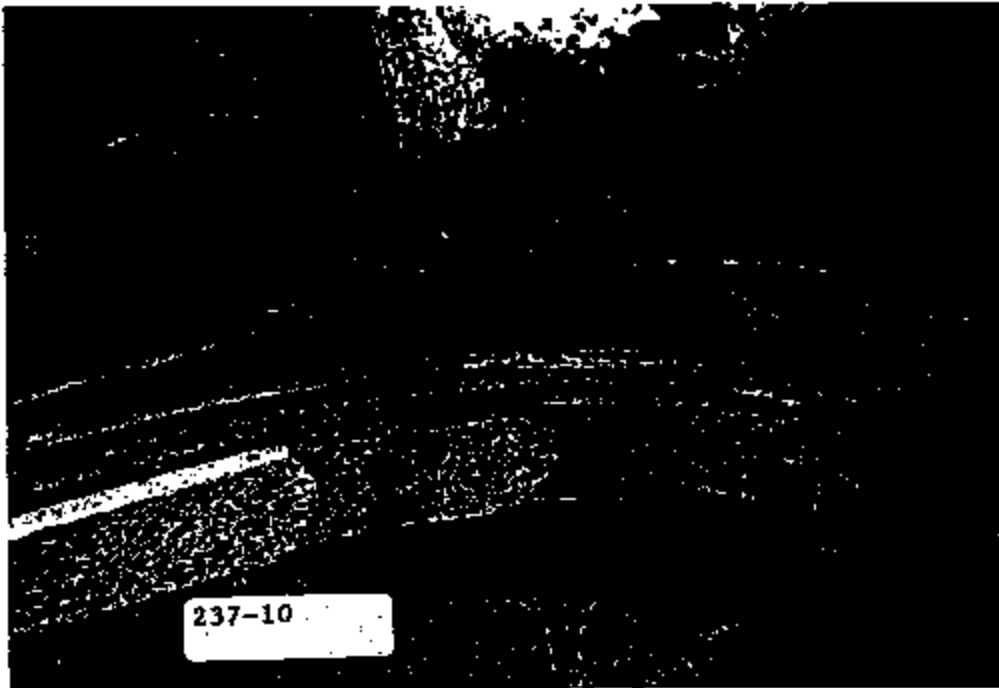
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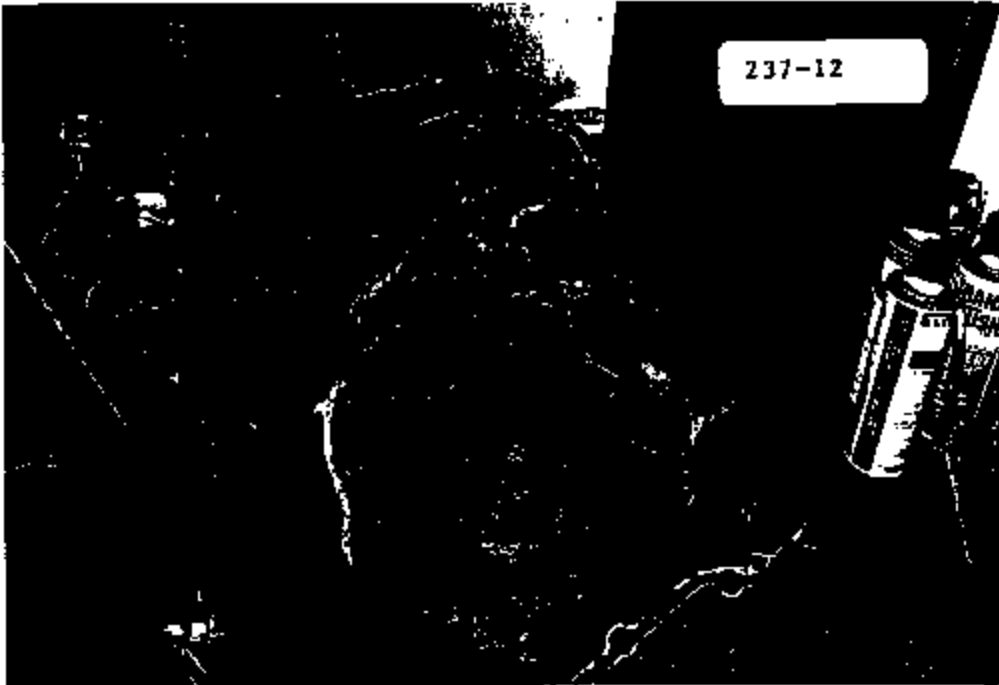


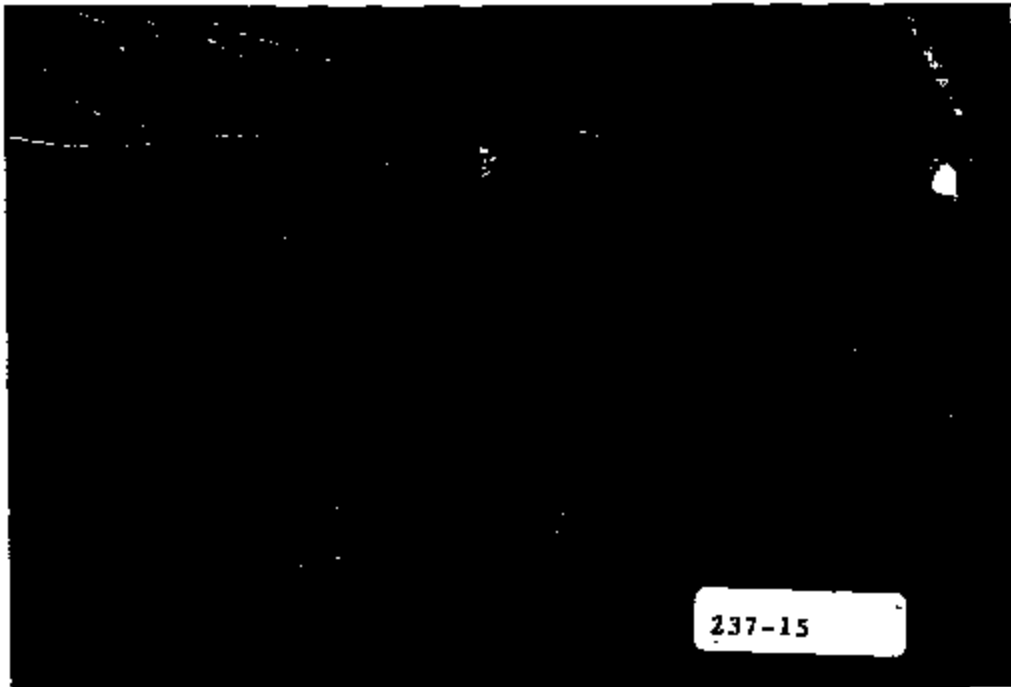
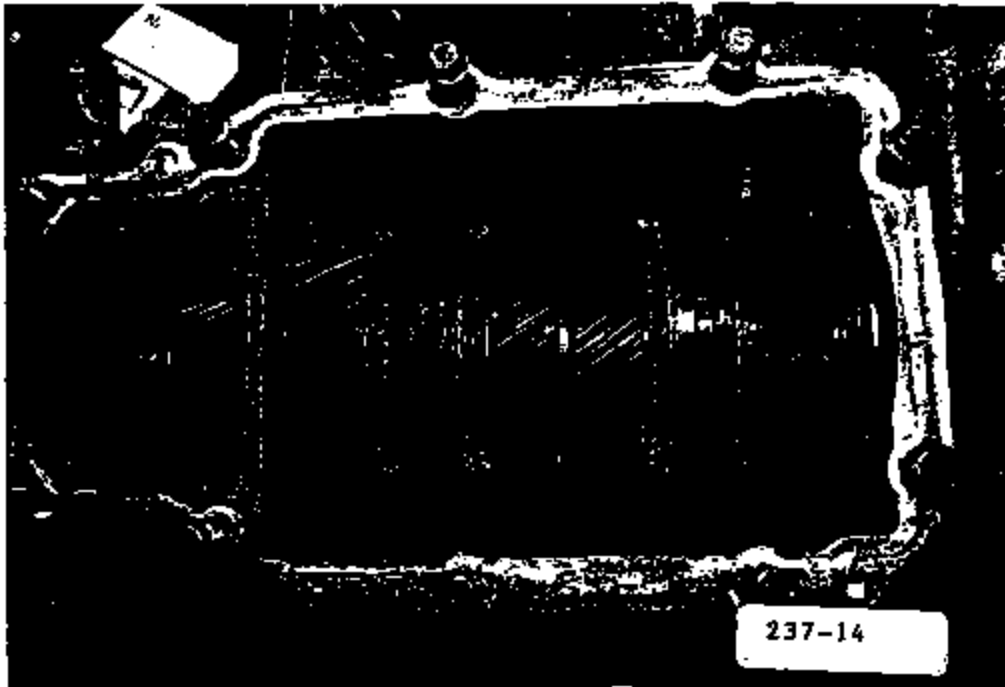
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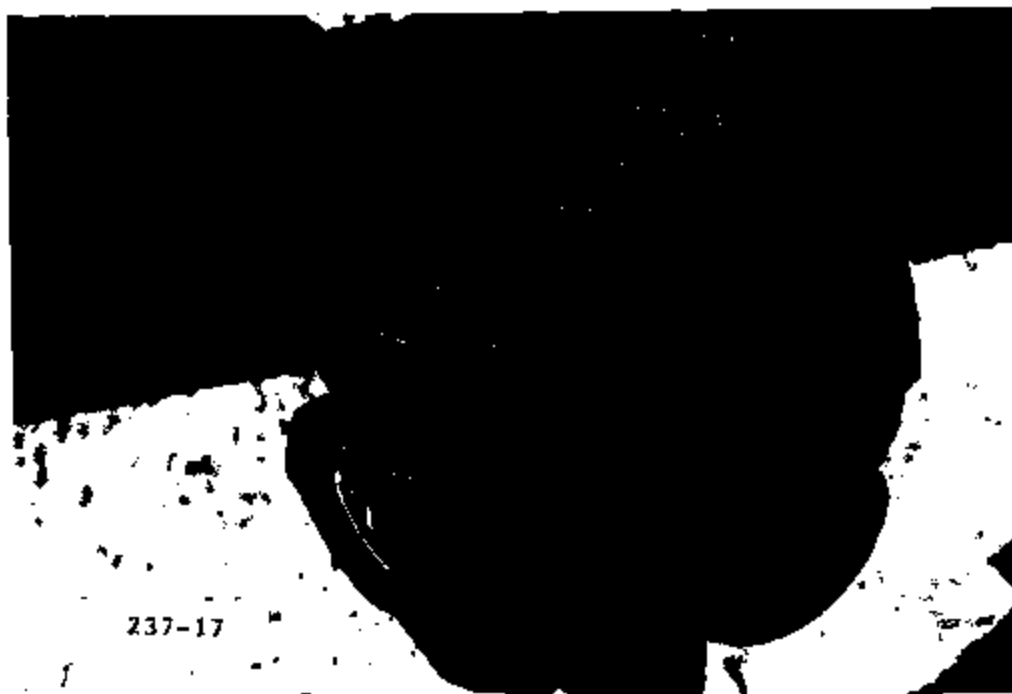
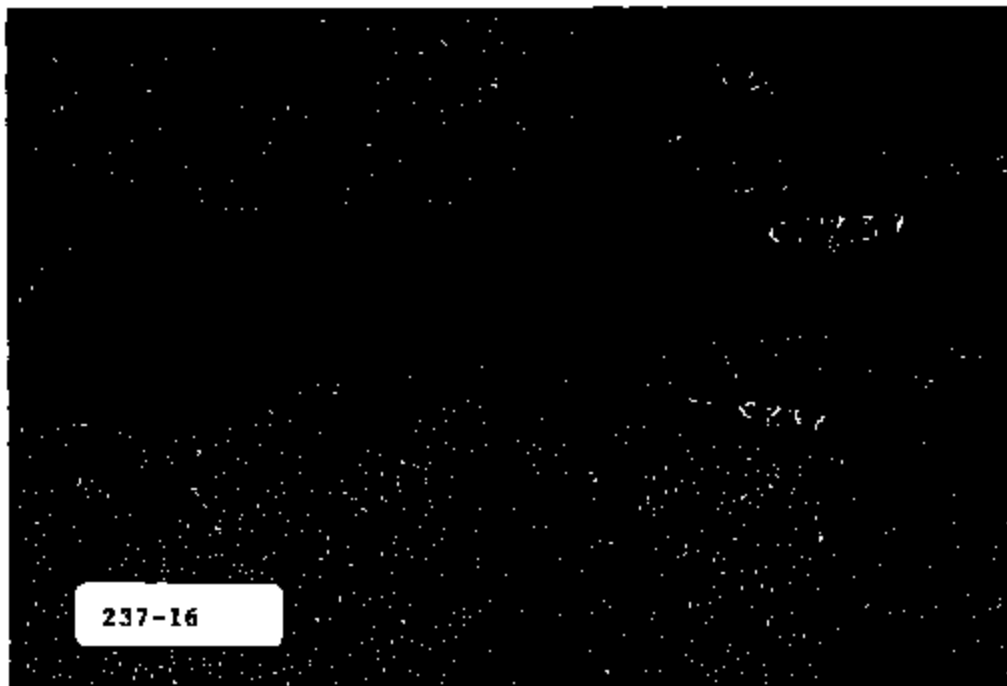








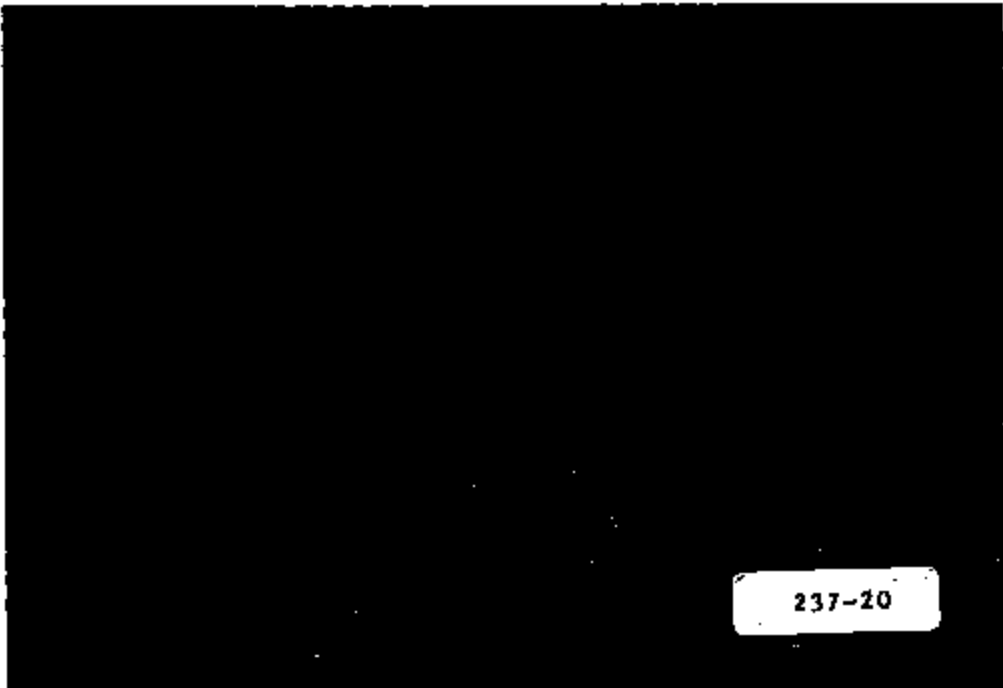




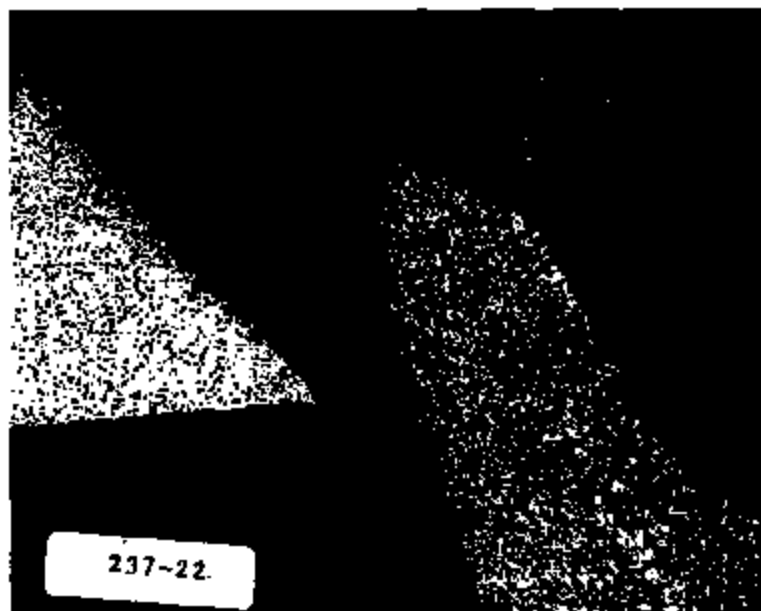
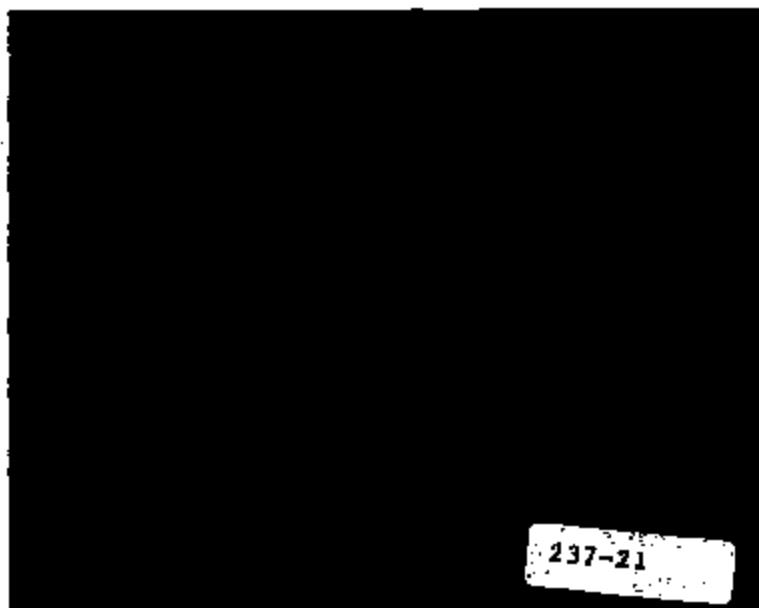
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5. Salient Remarks

- 5.1 Salient remarks allow the writer the opportunity to discuss conspicuously related matters of noteworthy consideration with regard to the findings.
- 5.2 The greatest source of fuel for this fire came from gasoline released from the two onboard fuel tanks.
- 5.3 Initial indications of a fire possibly originating in the clutch area could not be verified based on the physical evidence.
- 5.4 If, as the driver stated, the first indication of trouble was a visual sighting of flames between the cab and bed, there is no indication of a mechanical failure while traveling at speed down the highway.
- 5.5 The driver made no references to any unusual vibrations or noises occurring at any time prior to his exiting the burning vehicle after bringing it to a stop on the highway shoulder.
- 5.6 Evidence suggests that the mechanical drive train was intact and functioning as expected from the time before fire was discovered until the vehicle was almost stopped on the shoulder.
- 5.7 Failure of the torque tube to U-joint yoke connection must have occurred just before the vehicle came to a stop since no major damage appeared to be caused by the loose torque tube whipping around and flailing at parts of the truck undercarriage, including fuel tank and exhaust system.
- 5.8 Fuel system components such as filter and fuel lines are mounted inside the channel forming the left side frame rail and could not be damaged by the torque tube because the fuel tank restricts movement in that direction.
- 5.9 Torque tube failure probably occurred as a result of overheating of the tube wall at the forward end, pressurization of the drive shaft due to temperatures above 1000°F from burning gasoline, softening of the steel tube wall and a rupture progressing fore and aft.

- 5.10 Torque tube to U-joint yoke failure occurred as a result of torque applied to the weakened joint from the rear wheels as the vehicle rolled to a stop against the compression of the dead engine.
- 5.11 Initial fire was probably caused by a leak in the engine fuel supply line just forward of the fuel filter located in the left (port) side frame rail.
- 5.12 Fuel under pressure streamed across the chassis and ignited on the catalytic converter resulting in a jet of fire directed at the front universal joint connection.
- 5.13 The fire spread to combustible materials in the area under the cab until flames were visible at the rear window of the cab.
- 5.14 The jet of flame impinged on the torque tube, heating the atmosphere inside at the same time it raised the temperature of the low carbon steel torque tube past 900°F, at which point steel begins to soften.
- 5.15 Drive shafts are of all welded construction and can become pressure vessels when exposed to extreme heat due to energy imparted to the atmosphere trapped inside during construction.
- 5.16 If one assumes air at atmospheric pressure (14.7psia) is trapped in a driveshaft during the manufacturing process, then a rise in temperature from ambient to 1000°F will produce a pressure of approximately 40psia.
- 5.17 A pressure of 40psia inside a low carbon steel vessel at or above 1000°F is sufficient to produce deformation and rupture of the vessel.
- 5.18 Gasoline burns at atmospheric pressure at approximately 1800°F.
- 5.19 The condition of various steel and aluminum parts of subject vehicle confirm the fact that temperature reached and exceeded the point at which plastic deformation occurs in these materials.

6. Conclusion

- 6.1 It is concluded that a fuel leak occurred in the pressurized supply line just forward of the fuel filter.
- 6.2 Further, it is concluded that the escaping stream of gasoline reached the catalytic converter and was ignited.
- 6.3 It is also concluded that mechanical damage to the drive shaft is a result of the fire, not a cause of the fire.

7. Conception

7.1 The conclusions and statements mentioned are based on the examination and observations described in this report and constitute the opinion of Harlan R. Carroll, P.E. This report is intended as a report of the factual findings of the writer.



Harlan R. Carroll

Harlan R. Carroll, P.E.

South Carolina License #6069

License Certification

Harlan R. Carroll
10/25/96