

CONFIDENTIAL - SECURITY INFORMATION

**DONATO, MINX & BROWN, P.C.  
LAWYERS**

3200 Southwest Freeway, Suite 2310

Houston, Texas 77027-7525

e-mail: wsebesta@donatominxbrown.com

www.donatominxbrown.com

William T. Sebesta  
Direct Dial: (713) 403-8121

Telephone: (713) 877-1112  
Facsimile: (713) 877-1138

November 30, 2004

Via fax: (313) 845-4089  
Ms. Shawn L. Norton  
Ford Motor Company  
Office of the General Counsel  
Suite 900  
Three Parklane Blvd.  
Dearborn, MI 48128-2568

Re:	Our clients:	[REDACTED]
	DOL:	November 24, 2004
	Loss Location:	[REDACTED]
		Los Fresnos, TX [REDACTED]
	Our File No.:	TBD
	Vehicle Involved:	2000 Ford Explorer, Eddie Bauer
	VIN:	1FMZU64E9Y [REDACTED]

Dear Ms. Norton:

As I explained in my voice mail of earlier today and in my email of earlier today, I represent USAA for the above loss. Please do not make any contact with either USAA or [REDACTED] regarding this fire loss. This loss involves a fire that started in the garage and spread to the insured's house. Parked in the garage was a 2000 Ford Explorer, Eddie Bauer.

The exact cause of the loss has not been determined, but it is possible that the subject Ford vehicle may have been involved in causing the fire. If our investigation determines that the subject vehicle caused the fire, then USAA will look to Ford for reimbursement of the monies that it pays for this insured loss. Accordingly, please accept this letter as notice to Ford of a potential subrogation claim by USAA against Ford.

Shawn Norton  
Ford Motor Company  
November 30, 2004  
Page 2

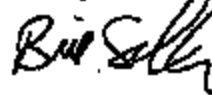
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The loss scene is still intact and you are invited to inspect the scene and participate in the investigation. Unfortunately, the loss site cannot remain undisturbed indefinitely, so time is of the essence in conducting the investigation. If you would like to have your expert(s) inspect the site before it is disturbed, please have your experts call Tom Frankum at (281) 732-1815 to arrange an inspection. If Mr. Frankum does not hear from you or your expert by 5 p.m. this Friday, December 3, 2004, then we will assume that Ford does not desire to inspect the scene or conduct its own investigation and we will proceed with our own investigation. Therefore, please have your expert contact Mr. Frankum as soon as possible.

If you have any questions, please do not hesitate to call me.

Yours very truly,

DONATO, MINX & BROWN, P.C.



William T. Sebasta

Cc:

Newell Investigations  
Tom Frankum  
Dave Reiter

Via Fax: (770) 297-9133  
Via Fax: (281) 486-1949  
Via Fax: (281) 548-3562

CAUSE NO. 2005-01-537-4

[REDACTED]

IN THE DISTRICT COURT

VS.

404th JUDICIAL DISTRICT

FORD MOTOR COMPANY; and

SOUTHWAY FORD, INC.

CLERK OF DISTRICT COURT

CAMERON COUNTY

FILED <u>4:55</u> O'CLOCK <u>PM</u>
COURT CLERK
<b>JAN 28 2005</b>
DISTRICT COURT OF CAMERON COUNTY, TEXAS
<u>R. [Signature]</u> DEPUTY

**PLAINTIFFS' ORIGINAL PETITION**

TO THE HONORABLE JUDGE OF SAID COURT:

NOW COMES, [REDACTED], hereinafter referred to as Plaintiff, complaining of FORD MOTOR COMPANY and SOUTHWAY FORD, INC. hereinafter referred to as Defendants, and for cause of action would show unto this Honorable Court as follows:

**I.**

Pursuant to Texas Rule of Civil Procedure 190.1, this case is to be governed by the provisions of Texas Rule of Civil Procedure 190.4 as discovery is intended to be conducted under Level 3 of Rule 190.1 of the Texas Rules of Civil Procedure.

**II.**

All parties are citizens of the State of Texas. Plaintiffs are citizens and residents of Cameron County. Venue is proper in Cameron County, Texas pursuant to Section 15.002 of the Texas Civil Practice and Remedies Code in that the transaction and/or occurrence made the subject of this case and the acts or omissions giving rise to the cause of action all occurred in Cameron County, Texas.

**III.**

Defendant, Ford Motor Company, may be served with citation by serving its registered agent for service CT Corporation System, 350 N. St. Paul, Dallas, Texas 75201 by certified mail, return receipt requested.

**COPY**

ERES-005-LC1-4747

Defendant, Southway Ford, Inc., may be served with citation by serving its registered agent for service CT Corporation System, 350 North St. Paul, Dallas, Texas 75201, by certified mail, return receipt requested.

IV.

██████████ purchased a 2000 Ford Explorer made, manufactured and designed by Defendant Ford Motor Company and marketed and sold by Defendant Southway Ford, Inc. in Bexar County, Texas, with the specific representations by the Defendant Southway Ford, Inc. that the vehicle was safe and had no defects. These representations proved to be false and the vehicle did, in fact, prove to be defective as made, manufactured, designed and marketed by Defendant Ford Motor Company which productingly caused, and or proximately caused the vehicle to catch fire on or about November 25, 2004, while it was parked in the garage and ██████████ were asleep in the residence. They barely escaped with their lives and have suffered personal injuries and psychological injuries as well as the loss of all their worldly possessions, their home as well as their vehicle as a result of such defects, negligence and fraudulent misrepresentations which productingly cause or proximately caused their injuries and damages as were committed by both Defendants.

V.

Plaintiffs demand a trial by jury for which the fee is separately tendered.

VII.

Plaintiffs demand legal interest at the legal rate both pre- and post- judgment.

VIII.

Plaintiffs pray for all relief at law and equity as to which they may be entitled.

IX.

The amount of Plaintiffs' damages exceeds the minimum jurisdictional limits of the Court.

X

WHEREFORE, PREMISES CONSIDERED, Plaintiffs pray that the Defendants be cited to appear and answer herein, and for a trial by a jury, that they have judgment against the Defendants, as may be allowed by law, and such other and further relief to which Plaintiffs are entitled, at law and at equity.

Respectfully submitted,

LAW OFFICES OF WILLIAM J. TINNING  
1013 Bluff Drive  
Portland, Texas 78374  
Telephone: (361) 643-9200  
Facsimile: (361) 643-9600

By:

  
\_\_\_\_\_  
William J. Tinning  
State Bar No. 20060500  
LEAD ATTORNEY FOR PLAINTIFFS

**CO-COUNSEL:**

Louis Sorola  
SOROLA & GARCIA, P.L.L.C.  
2355 Barnard Road  
Suite A  
Brownsville, Texas 78520  
Telephone: (956) 504-2911  
Facsimile: (956) 544-7766

**DEMAND FOR JURY TRIAL**

COME NOW Plaintiffs, in the above-styled and numbered cause and respectfully demands a jury for trial of all issues in this case.

Respectfully submitted,

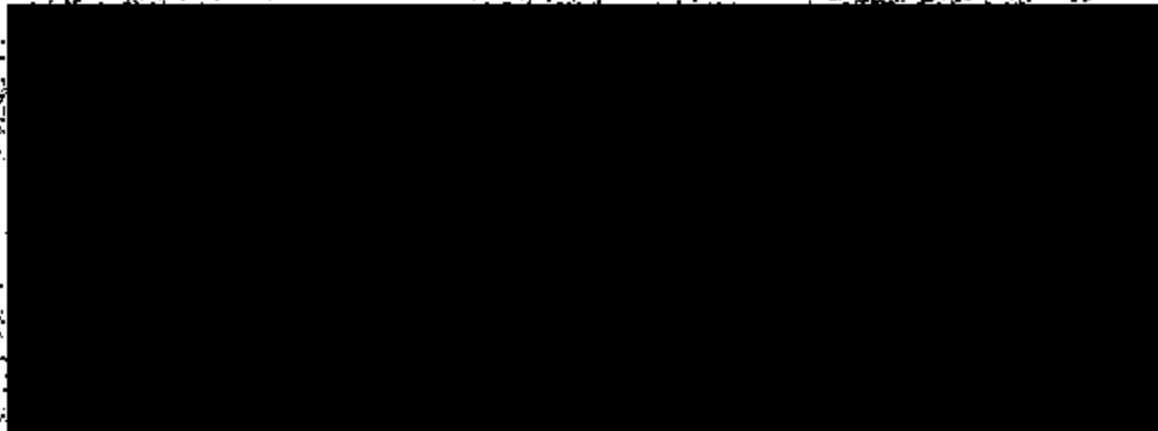
LAW OFFICES OF WILLIAM J. TINNING  
1013 Bluff Drive  
Portland, Texas 78374  
Telephone: (361) 643-9200  
Facsimile: (361) 643-9600

By: \_\_\_\_\_

  
William J. Tinning  
State Bar No. 20060500  
LEAD ATTORNEY FOR PLAINTIFFS

**CO-COUNSEL:**

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SOROLA & GARCIA, P.L.L.C.  
2355 Bernard Road  
Suite A  
Brownsville, Texas 78520  
Telephone: (956) 504-2911  
Facsimile: (956) 344-7766





New York City Office

65 Wall Street  
22nd Floor  
New York, NY 10005  
Tel (212) 719-8290  
Fax (212) 813-2388

RECEIVED FEB - 8 2005



**SHEPS LAW GROUP**  
*Attorneys at Law*

25 Pinelawn Road • Suite 106 East • Melville, NY 11747 • Tel (631) 219-5600 • Fax (631) 219-5675

CONSUMER AFFAIRS  
SECTION

S FEB -2 2005

Newark Office

One Gateway Center  
Suite 2600  
Newark, NJ 07102  
Tel (973) 286-1611  
Fax (973) 286-1612

RECEIVED  
FEB 07 2005

January 26, 2005

**VIA FAX  
& REGULAR US MAIL**  
Ford Motor Company  
16899 Executive Plaza Drive  
P.O. Box 6248  
Dearborn, Michigan 48121

Re:

[REDACTED]

Bartkowiak  
LOL: [REDACTED], Cheektowaga, NY  
DOL: 1/06/05  
Our file no: 6671-SPRS

Dear Sirs or Madams,

Our firm represents St. Paul Travelers Insurance Company the property insurance carrier for the residence located at 18 Dennis Lane, Cheektowaga, NY, with respect to a potential subrogation action arising from a fire that occurred on January 6, 2005. Our investigation has revealed that the fire was caused due to negligent manufacture of a 2001 Ford Truck, VIN Number: 1FMZU77E311 [REDACTED]. Unfortunately, due to your negligence the resulting damages occurred in an amount in excess of ONE HUNDRED AND FIFTY THOUSAND DOLLARS (\$150,000.00).

I recommend that you immediately turn this letter over to your attorney or liability insurance carrier with a recommendation that they promptly contact me upon receipt of same. In the event that you are uninsured, please correspond with me immediately indicating your intentions with respect to resolving this claim.

If you, your attorney or your insurance carrier's representatives wish to examine the loss premises, please contact me immediately to make the necessary arrangements. You should understand that in an attempt to mitigate damages, my client must begin the necessary repairs and clean up in the premises as soon as possible. As such, if I do not hear from you or your representative in the next (72) hours, I will presume that you are not interested in examining the damages and the components in the area of origin and will allow my clients representatives to proceed to clean the building, discard damaged materials and otherwise commenced repairs.

Since it is likely that a claim will be made against your company for the aforesaid damages, I request that you retain and preserve all physical evidence and documentation relating to the work performed by your company, its employees, agents, representative's contractors and/or subcontractors of the vehicle. Our request seeks the preservation, of among other things, all written contracts, subcontracts, correspondence, work tickets, daily logs, reports, invoices, bills, permits, estimates, plans, proposals, photographs, and payroll records. I also request that you retain any other records pertaining to work performed by your company or its representatives at the premises.

You should further understand that the destruction or alteration with any of the foregoing records and/or evidence will undoubtedly have serious adverse consequences for your company in this litigation that is likely to ensue.

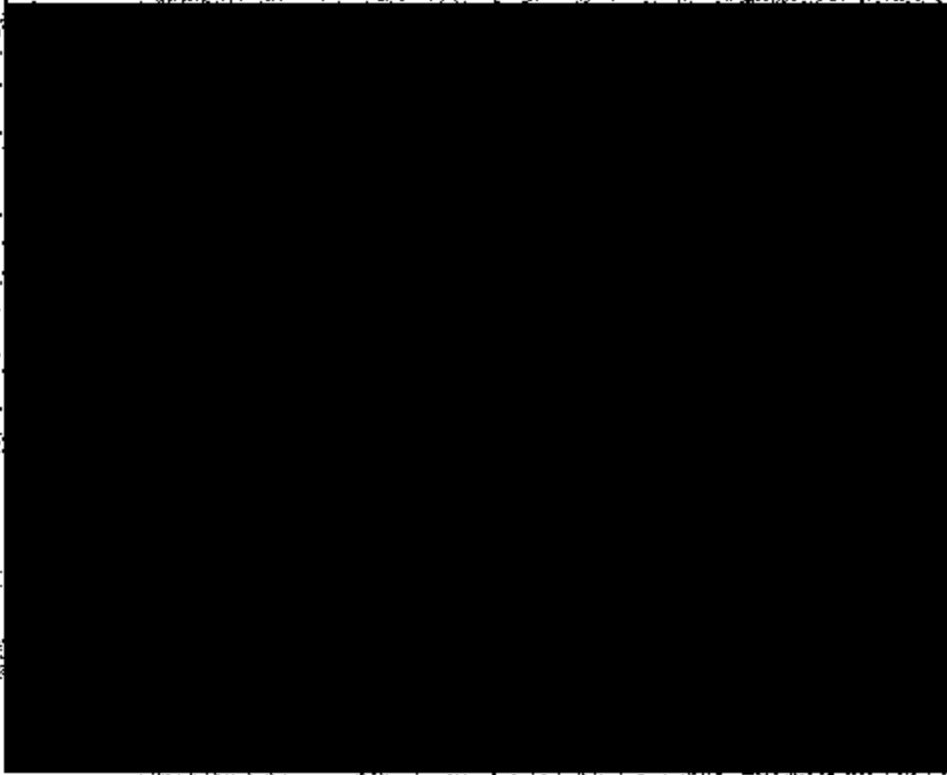
Your prompt attention to this matter is anticipated.

Very Truly Yours,

SHEPS LAW GROUP P.C.

ROBERT C. SHEPS

RCS/bm



VIN: 1PMZU57E91U Year: 2001 Model: EXPLORER  
 Name: [REDACTED]  
 Trmt: [REDACTED] Case: 1828913332  
 Issue Type: 07 LEGAL Issue Status: C ACKNOWLEDG  
 Comm Type: PH PHONE Odometer Reading: 5000  
 Dealer: 00427 SUPERIOR FORD L-M IN Odometer Type: MI  
 Symptom Desc: FUEL SYSTEM ATTACHMENT TANK Document Number: \_\_\_\_\_  
 Reason Desc: LEGAL - ACCIDENT / FIRE Legal Issue Type: \_\_\_\_\_  
 Origin Desc: CONSUMER AFFAIRS - LITIGATION CAN Court Code: \_\_\_\_\_  
 Action Desc: REDIRECT TO OGC - PROPERTY DAM CAN Award Code: \_\_\_\_\_  
 Comments: LPA CALLED CUSTOMER. HE ALLEGES THAT THE CAR CAUGHT ON  
 FIRE AND BURNED THE HOUSE DOWN. THE HOUSE IS VALUED AT  
 @ \$30,000 PLUS THE CONTENTS @ \$15,000. THE FIRE DEPARTMENT  
 IS STILL INVESTIGATING. CUSTOMER SEEKS A DIFFERENT VEHICLE  
 WHILE INVESTIGATION CONTINUES AS HE HAS TB AND NEEDS TO GET  
 TO TREATMENT. LPA INFORMED WE WOULD FORWARD TO OGC.

F1=Help F2=ActionList F5=Add F6=DealerInfo  
 F9=PrevComments F10=NextComments F11=Menu F12=Return F13=DealerList  
 RECORD FOUND IPREL331

SFCHADMA

Action Detail

12/02/02 10:51:33

=>

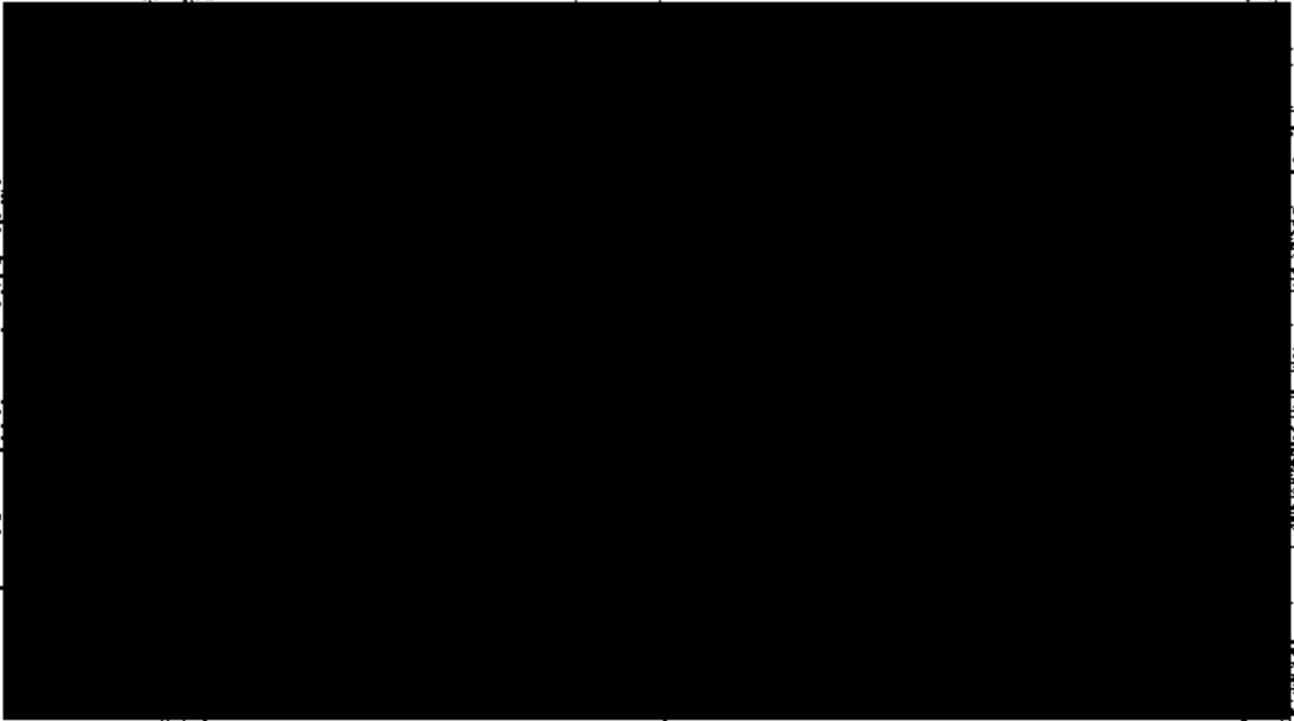
VIN: 1FMZU67E91U [REDACTED] Year: 2001 Model: EXPLORER  
 Owner Status: ORIGINAL WSD: 01/17/02  
 Name: [REDACTED] Em Ph: [REDACTED]  
 Trmt: [REDACTED] Case: 1828913333 Day Ph: [REDACTED]  
 Symptom Desc: FUEL SYSTEM ATTACHMENT TANK  
 Reason Desc: LEGAL - ACCIDENT / FIRE  
 Dealer: SUPERIOR FORD L-M INC  
 Issue Type: 07 LEGAL Issue Status: 0 OPEN  
 Comm Type: PH PHONE Odometer Reading: 5000 MI  
 Analyst: ASYED1 ASIM KAMRAN SYED Document Number:  
 Action Date: 11/29/02 Action Data: Y Action Time: 23:00:53 EST  
 Origin Desc: US CONCERN CASE BASE  
 Action Desc: ADVISE CUST INFORMATION WILL BE SENT TO CONSUMER AFFAIRS

*Correct #*

Comments: VLC083UCUSTOMER SAYS: -VEH CAUGHT FIRE IN FRONT OF THE HOUSE  
 -THE HOUSE WAS TOTALLY BURNT. -THERE WAS A EXPLOSION.  
 THE WAY IT'S BURNT IT'S TOTALLY DAMAGED -HAPPENED NOV 28, 2002  
 AT 1:30 AM IN THE MORNING -IN MARSHALL, TEXAS -CURRENT LOCATION OF VEH IS  
 2460 FIVE NOTCH ROAD. THAT AREA IS LOCKED UP DUE TO INVESTIGATION. THE FIRE DEPT IS INVESTIGATION -

F1=Help F2=AddAction F4=PrevAction F5=NextAction F6=ActionData  
 F9=PrevComments F10=NextComments F11=Menu F12=Return F13=ESP  
 MORE COMMENTS AVAILABLE

LPREL33



SECRET



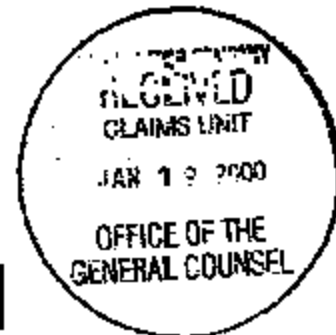
Integon General Insurance Corporation  
Integon Indemnity Corporation  
New South Insurance Company  
Integon Specialty Company  
P.O. Box 2026  
Burlington, NC 27215

January 7, 2000

Ford Motor Co.  
P. O. Box 6248  
Dearborn, MI 48126

RE: Subrogation Claim

Our Insured: [REDACTED]  
Claim No.: [REDACTED]  
Date of Loss: 6-20-99  
Amount of Claim: \$18,625.00  
Vehicle ID No.: 1FMYU22K7WU [REDACTED]



Dear Madam or Sir,

Our investigation reveals the above referenced vehicle burned as a result of an overheating problem.

We have enclosed supporting documents, including bulletins from the Office of Defects Investigation, pertaining to the power train transmission.

Kindly provide payment or contact me to discuss.

Sincerely,

*Susan DuBois*

Susan DuBois  
Sr. Subrogation Examiner  
P & C Claims Department  
1-800-323-6848 ext. 5238

33 6 7 61 1117 032  
12/21/2000

EA05-085-LC1-4735

**EFI**

**PHOTO SHEET**

EFI No. 94508-80124

Insured. [REDACTED]



No. 1



No. 2



**EFI**

**PHOTO SHEET**

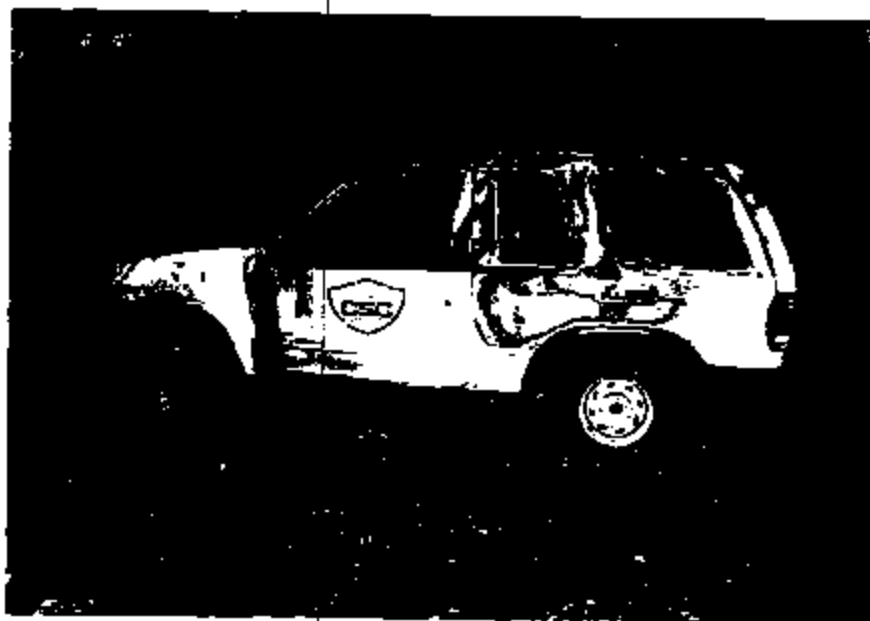
EFI No.

94508-90124

Insured.



No. 3



No. 4

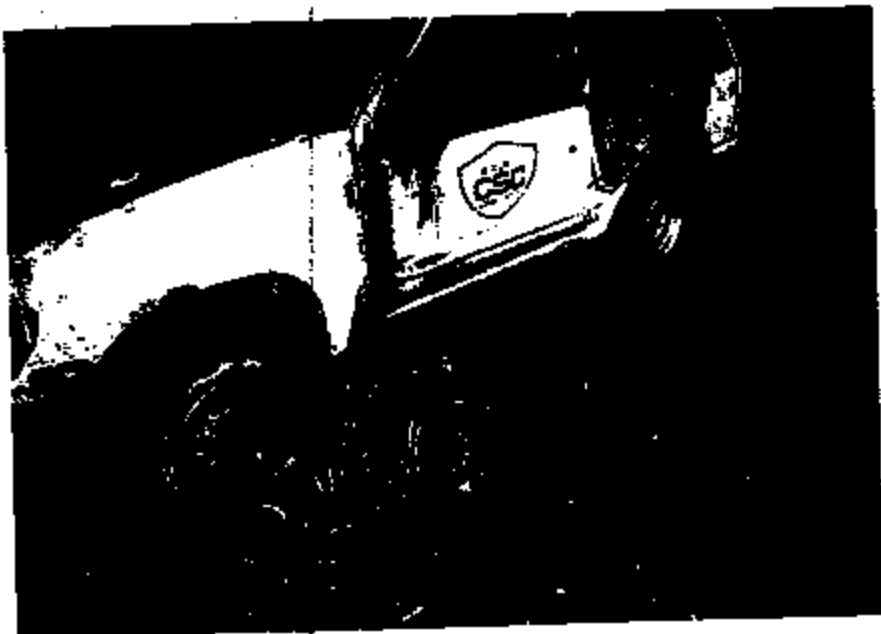
EFI

PHOTO SHEET

EFI No.

94508-90124

Insured.



No. 5



No. 6

EFI

PHOTO SHEET

EFI No.

94508-90124

Insured.



No. 7



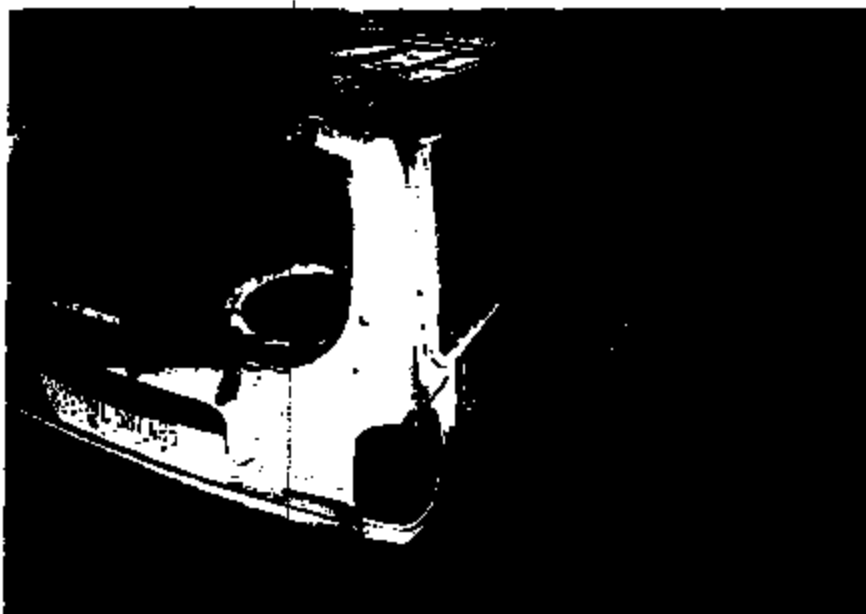
No. 8

**EFI**

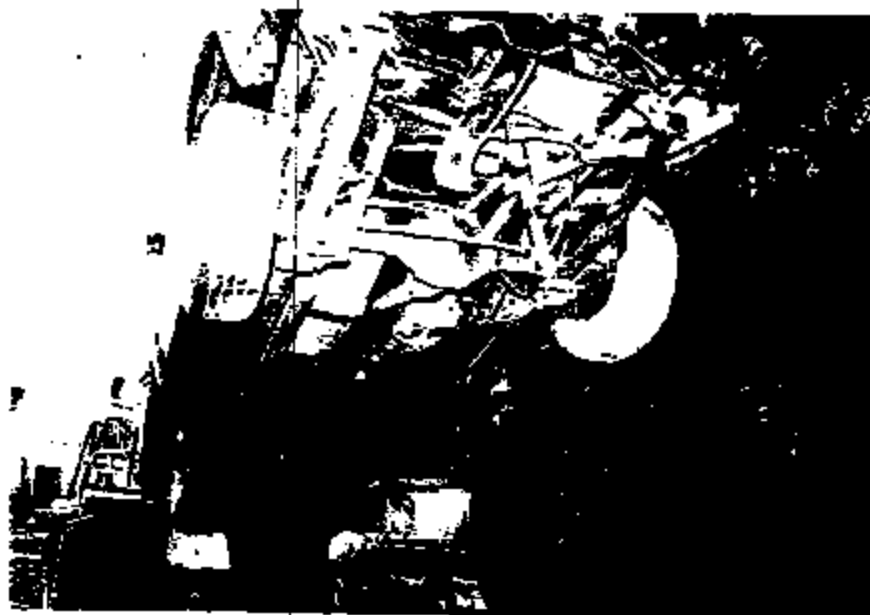
**PHOTO SHEET**

EFI No. 94508-90124

Insured. [REDACTED]



No. 9



No. 10

**EFI**

**PHOTO SHEET**

EFI No.

94508-90124

Insured.



No. 11



No. 12

**EFI**

**PHOTO SHEET**

EFI No.

94508-80124

Insured. [REDACTED]



No. 13



No. 14

EFI

PHOTO SHEET

EFI No.

94608-90124

Insured.



No. 15



No. 16

**EFI**

**PHOTO SHEET**

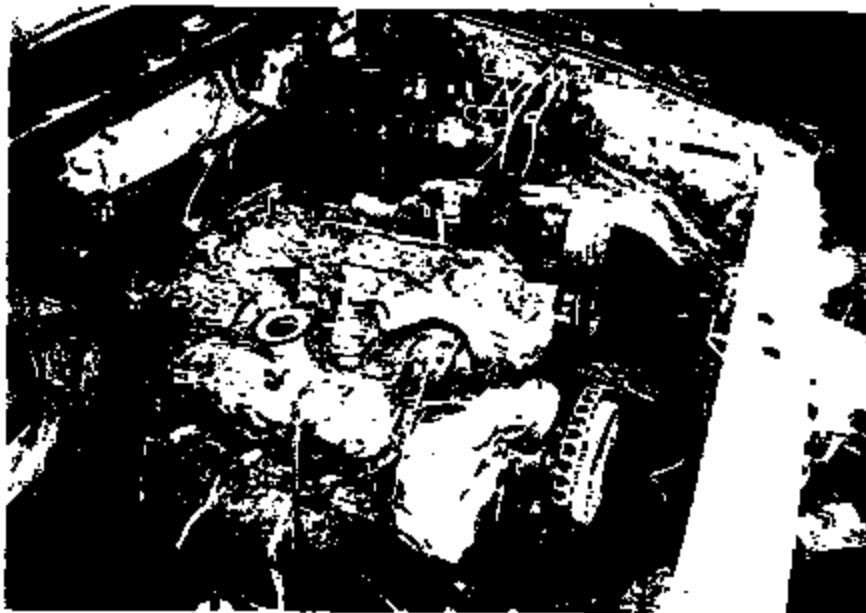
EFI No.

94508-90124

Insured.



No. 17



No. 18



EFI

PHOTO SHEET

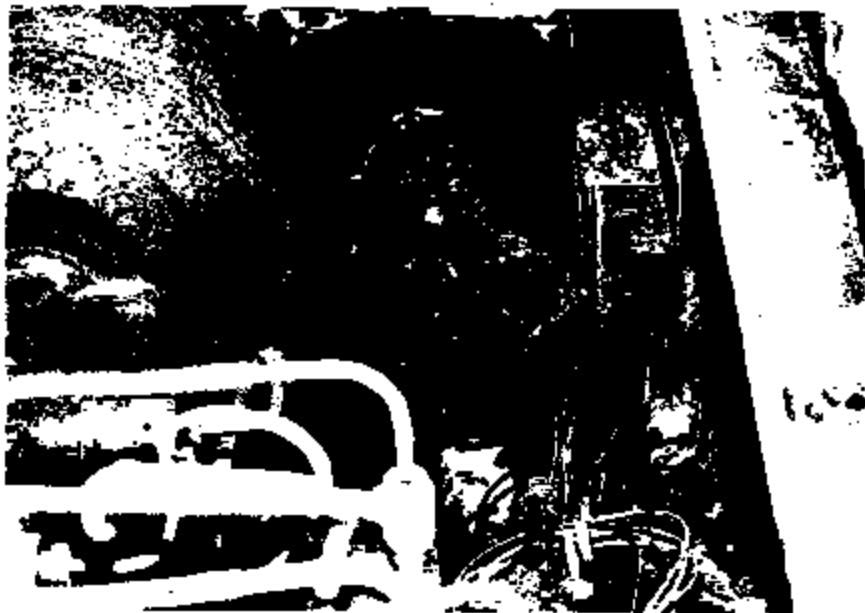
EFI No.

94508-90124

Insured. [REDACTED]



No. 19



No. 20

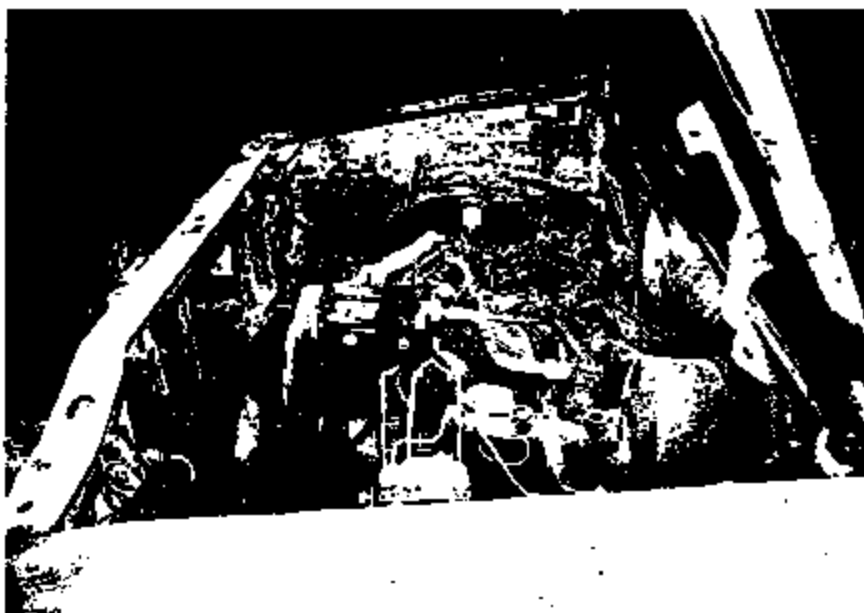
EFI

PHOTO SHEET

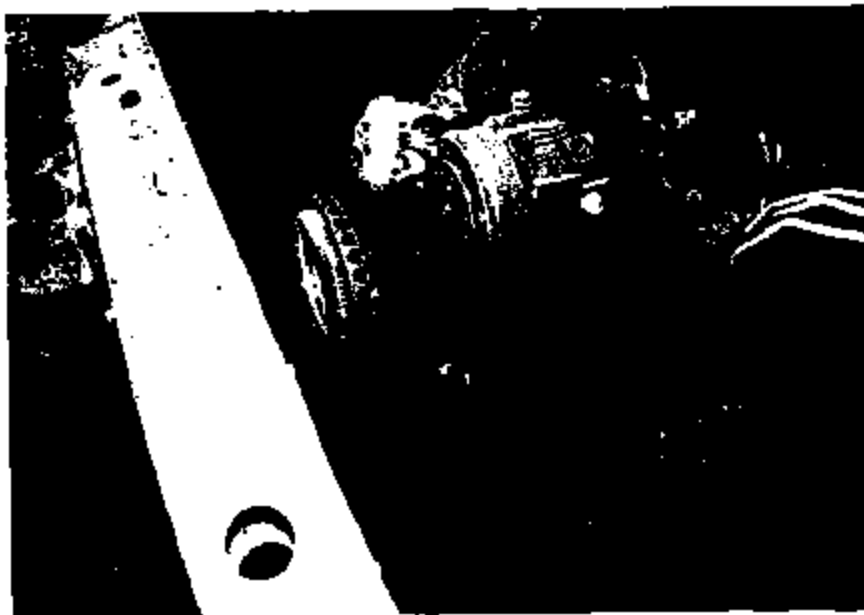
EFI No.

94808-90124

Insured. [REDACTED]



No. 21



No. 22

EFI

PHOTO SHEET

EFI No.

94508-80124

Insured. [REDACTED]



No. 23



No. 24

FROM BACK OF YARDS COUNCIL 77354325

6-22-1989 9:00AM

PROPERTY INFORMATION									
STREET		NO. AND STREET ADDRESS		CITY AND STATE		COUNTY		ZIP CODE	
STREET		5733 W 101st PL		MAY		SECURITY		915 919	
PROPERTY OWNER									
C.A.V. ALICE									
O. N. A.									
PROPERTY DESCRIPTION									
D. N. A.									
PROPERTY CHARACTERISTICS									
D. N. A.									
PROPERTY VALUE									
D. N. A.									
PROPERTY TAXES									
D. N. A.									
PROPERTY HISTORY									
D. N. A.									
PROPERTY NOTES									
IN SUMMARY P/O RESPONDED TO A CAR W/ FIRE AT THE ABOVE ADDRESS UPON ARRIVAL ENGINE 123 WAS ON SCENE AND EXTINGUISHER THE FIRE. UNKNOWN USE OF THE FIRE, BUT THE W/FARES, WHO WAS DRIVING THE VEHICLE, SAID IT STARTED CHECKING TO HE PULSED OVER AND THE ENGINE STARTED ON FIRE. VIN 55888									
PROPERTY CONTACT									
CARRISY 1938									
HUBBETT 1947									
C. HUBBETT									

87%

JUN-23-1989 11:21





# Tennessee Farmers Insurance Companies

7185 East Andrew Johnson Highway, Suite A - Chuckey, TN 37641

Phone 423-257-2380 - Fax 423-257-2333



November 6, 2001

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

RE: Insured: [REDACTED]  
D/L: 7-10-01  
County: Greene  
Claim#: [REDACTED]  
Amount: \$22,190.25

**To Whom It May Concern:**

Investigation of the above captioned accident in which you were involved with our insured indicates you are legally responsible for resulting damages.

Tennessee Farmers Mutual Insurance Company has paid the above amount, which includes the insured's deductible.

If you are insured, refer this letter to your insurance company for payment. If you are not insured, send your payment to Tennessee Farmers Mutual Insurance Company directed to my attention. If no reply or payment is received within 15 days of the date of this letter, we will take action to collect this account.

Very truly yours,  
TENNESSEE FARMERS MUTUAL INSURANCE COMPANY

*Chad Moore*

Chad Moore  
Field Representative

CM:ed

*7/10/01*  
*22,190*  
*100 Expl.*  
*31,000 (20)*  
*VIN*  
*Greenville TN*  
*Pat. Opt*  
*work lights*



**Tennessee Farmers Insurance Companies**

7185 East Andrew Johnson Highway, Suite A - Chuckey, TN 37641

Phone 423-257-2388 - Fax 423-257-2333

April 3, 2003

Ford Motor Company  
Office of General Council  
3 Parklane Blvd. S-400  
Dearborn, MI 48126

FORD MOTOR COMPANY  
RECEIVED  
CLAIMS UNIT  
APR - 8 2003  
OFFICE OF THE  
GENERAL COUNSEL

9

RE: Insured: [REDACTED]  
D/L: 7-10-01  
County: Greene  
Claim#: [REDACTED]  
Amount Due: \$22,190.25

**FINAL NOTICE**

Dear Sirs:

Investigation of the above captioned loss indicates your insured is legally responsible for resulting damages.

Tennessee Farmers Mutual Insurance Company has paid the above stated amount, which includes the insured's deductible. Valid documentation of damages is attached.

We request your company check payable to Tennessee Farmers Mutual Insurance Company as subrogee of the above insured.

Very truly yours,  
TENNESSEE FARMERS MUTUAL INSURANCE COMPANY

*Tommy Mooney*

Tommy Mooney  
Senior Claims Representative

TM:ad

Enclosure

*paid*

**GREENE COUNTY SHERIFF'S DEPARTMENT**  
 118 E. DEPOT STREET, Suite 200  
 GREENEVILLE, TENNESSEE 37743  
 423-798-1800

INVESTIGATION REPORT 4/24/97 Page 1 JUVENILE  SEXUAL ASSAULT OFFENSE

**ADMINISTRATIVE**

INVESTIGATION NUMBER <u>TN0300000</u>		LOCATION: _____	
INCIDENT NUMBER <u>010710 1119</u>		REPORTING OFFICER: <u>TERRY JONES</u>	ASSIGNMENT: _____
REPORT TYPE INITIAL REPORT SUPPLEMENT	SUPPLEMENTS ATTACHED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INCIDENT OCCURRENCE RANGE	5 TIME FROM <u>1100</u> TO: _____
			6 DATE FROM <u>07-10-01</u> TO: _____
			DAY OF WEEK FROM <u>Tue</u> TO: _____
			TODAY'S DATE <u>07-10-01</u>
OFFENSE STATUS: CLEARED BY ARREST CLEARED EXCEPTIONALLY	3 EXCEPTIONAL CLEARANCE: A <input type="checkbox"/> DEATH OF OFFICER B <input type="checkbox"/> PROSECUTION DECLINED C <input type="checkbox"/> EXTRADITION DECLINED		4 EXCEPTIONAL CLEARANCE DATE: APPROVAL DATE: <u>07-10-01</u> APPROVAL TIME: <u>1144</u>
	D <input type="checkbox"/> REFUSED TO COOPERATE E <input type="checkbox"/> JUVENILE, NO CUSTODY F <input type="checkbox"/> NOT APPLICABLE		

**OFFENSE**

CR OFFENSE CODE	OFFENSE	OFFENSE RELATED TO T.C.A.:
<u>902</u>		<u>Vol. FIRE</u>

11 MOTIVATION CODE (SUBMIT ONLY ONE)	1 <u>NA</u>	8 LOCATION OF OFFENSE (SUBMIT ONLY ONE)	1 <u>30</u>	71 TYPE OF RESIDENCE	1 <u>NA</u>
--------------------------------------	-------------	---	-------------	----------------------	-------------

OFFENSE STATUS: 1 <input type="checkbox"/> ATTEMPTED 2 <input type="checkbox"/> ATTEMPTED	C <input checked="" type="checkbox"/> COMPLETED C <input type="checkbox"/> COMPLETED	11 OFFENDER USED (CHECK AS MANY AS APPLY) 1. A <input type="checkbox"/> ALCOHOL 2. A <input type="checkbox"/> ALCOHOL	C <input type="checkbox"/> COMPUTER EQUIPMENT C <input type="checkbox"/> COMPUTER EQUIPMENT	D <input type="checkbox"/> DRUGS D <input type="checkbox"/> DRUGS	H <input checked="" type="checkbox"/> NOT APPLICABLE H <input type="checkbox"/> NOT APPLICABLE
TYPE OF CRIMINAL ACTIVITY	1 <u>NA</u>	70 WANT WERE THE ACTS INVOLVED?	1 <u>29</u>	WAS THERE A HOSTAGE INVOLVED?	1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 2 <input type="checkbox"/> YES <input type="checkbox"/> NO
GANG RELATED ACTIVITY:	Yes ___ No ___				

72 ALARM WAS	1 <u>NA</u>	73 POINT OF ENTRY	1 <u>NA</u>	74 EVIDENCE AT SCENE	1 <u>NA</u>
--------------	-------------	-------------------	-------------	----------------------	-------------

TYPE OF WEAPON / FORCE (ENTER MEDICAL SYMBOL TO TOXIC) ALSO ENTER "A" IF AUTOMATIC WEAPON	1 <u>NA</u>	75 INSTRUMENT USED	1 <u>NA</u>
--	-------------	--------------------	-------------

FOR BURGLARY ONLY) METHOD OF ENTRY	1 F <input type="checkbox"/> FORCE 2 F <input type="checkbox"/> FORCE	N <input type="checkbox"/> NO FORCE N <input type="checkbox"/> NO FORCE	15 NO. OF PREMISES ENTERED:	1 <u>NA</u>	2 _____
------------------------------------	--	--	-----------------------------	-------------	---------

**COMPLAINANT/WITNESS**

IDENTIFY PLAINTIFF NAME: _____ RESIDENCE PHONE: _____ DOB: _____	NAME: _____ RESIDENCE PHONE: _____ DOB: _____
NAME: _____ RESIDENCE PHONE: _____ DOB: _____	NAME: _____ RESIDENCE PHONE: _____ DOB: _____
NAME: _____ RESIDENCE PHONE: _____ DOB: _____	NAME: _____ RESIDENCE PHONE: _____ DOB: _____

ENR-865-L01-1771



OFFENSE REPORT

Page 2

<b>VICTIM</b>							
44 OFFENSES AGAINST VICTIM (UCA CODES) <span style="float: right;">902</span>		VICTIM #1 NAME: [REDACTED]		[REDACTED]		<input type="checkbox"/> STATEMENT	
45 TYPE OF VICTIM <span style="float: right;">F</span>		ADDRESS: [REDACTED]		CITY, STATE, ZIP: [REDACTED]		PHONE: [REDACTED]	
44 OFFENSES AGAINST VICTIM (UCA CODES)		VICTIM #2 NAME: [REDACTED]		[REDACTED]		<input type="checkbox"/> STATEMENT	
45 TYPE OF VICTIM		ADDRESS: [REDACTED]		CITY, STATE, ZIP: [REDACTED]		PHONE: [REDACTED]	
46 SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> F		48 HISPANIC: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		49 RESIDENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		50 AGE: [REDACTED]	
47 RACE: [REDACTED]		48 HISPANIC NON-HISPANIC UNKNOWN		49 RESIDENT NON-RESIDENT UNKNOWN		50 WAS THE VICTIM AN OFFICER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
51 DELIVERY TYPE (SUBMIT UP TO FIVE)		52 (A) AGGRAVATED ASSAULT (B) HOMICIDE (C) RESTRAINABLE HOMICIDE (D) ADDITIONAL RESTRAINABLE HOMICIDE IF APPLICABLE		54 IF YES, LIST NAME OF COLLEGE/UNIVERSITY/SCHOOL:			
53 IS THE VICTIM ALSO THE COMPLAINANT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		A. AGGRAVATED ASSAULT CIRCUMSTANCES: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2		54 IF YES, LIST NAME OF COLLEGE/UNIVERSITY/SCHOOL:			
55 DID THE OFFENSE OCCUR ON CAMPUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		B. HOMICIDE MANSLAUGHTER (SUBMIT ONE): <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2		54 IF YES, LIST NAME OF COLLEGE/UNIVERSITY/SCHOOL:			
56 DOMESTIC VIOLENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		C. RESTRAINABLE HOMICIDE (SUBMIT ONE): <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2		54 IF YES, LIST NAME OF COLLEGE/UNIVERSITY/SCHOOL:			
57 IF YES WAS VICTIM TRANSPORTED TO HOSPITAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26 CRIMINAL KILLED BY PRIVATE CITIZEN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		54 IF YES, LIST NAME OF COLLEGE/UNIVERSITY/SCHOOL:			
		27 CRIMINAL KILLED BY POLICE OFFICER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		54 IF YES, LIST NAME OF COLLEGE/UNIVERSITY/SCHOOL:			
<b>LEOKA</b>							
59 TIME OF ASSAULT:		60 TYPE OF VEHICLE:		61 OFFICER ASSIGNMENT:		62 TYPE OF LEOKA:	
<input type="checkbox"/> OFFENDER # [ ] OF # [ ] / <input type="checkbox"/> ARRESTEE # [ ] OF # [ ]							
32 DOCUMENT CONTROL #							
33 NAME FIRST:		MIDDLE INITIAL:		LAST:		AREA:	
ADDRESS: HWY:		TRAIL:		WX:		TRAIL:	
CITY, STATE, ZIP:		CITY, STATE, ZIP:		CITY, STATE, ZIP:		CITY, STATE, ZIP:	
29 SEX:	30 RACE:	31 AGE:	34 ETHNICITY:	35 RESIDENT STATUS:			
HAIR:	EYES:	DOB:	WEIGHT:	HEIGHT FT:		IN:	
SCARS AND OTHER IDENTIFIERS:							
36 TYPE OF ARREST: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	37 DISPOSITION OF ARRESTEE UNDER ME: <input type="checkbox"/> HANDLED <input type="checkbox"/> REFERRED						
38 MULTIPLE CLEARANCE INDICATOR: <input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> N		39 UCR ARREST OFFENSE CODE:		PRESENT OFFENSE: <input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR			
40 SUBJECT WAS ARMED WITH: [ ] [ ]		FIREARM CONVICATED <input type="checkbox"/> OBSERVED <input type="checkbox"/> IF SO, ENTER PROPERTY SECTION:		PRIOR OFFENSES: <input type="checkbox"/> FELONY <input type="checkbox"/> PAROLE <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> PROBATION			
41 ARREST DATE:		42 DOCKET #:		43 WARRANT SIGNED: (DEPT. VIOLE. ONLY) <input type="checkbox"/> OFFICER <input type="checkbox"/> VICTIM <input type="checkbox"/> WIFE			
Court Date:		<input type="checkbox"/> Municipal <input type="checkbox"/> Sessions <input type="checkbox"/> Criminal <input type="checkbox"/> Juvenile		LOCATION:			
NOTES:							

EP03-015-LC1-4772



NARRATIVE (CONTINUED)

NARRATIVE SUPPLEMENT  Y  N

NON-PROSECUTION

I HAVE BEEN ADVISED OF THE EVIDENCE AND CIRCUMSTANCES OF THE CASE AND AT THE PRESENT TIME I DO NOT WISH TO PRESS CHARGES

AGAINST \_\_\_\_\_

ALSO, IF I WISH I MAY PRESENT THE FACTS TO THE DISTRICT ATTORNEY GENERAL'S OFFICE FOR FURTHER ACTION IF THEY SO DEEM APPROPRIATE.

VICTIM: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DOMESTIC VIOLENCE

Domestic Violence Only: Domestic Violence Specialist Notified? Y/N  Responded? Y/N  Referred for Investigation? Y/N

Time: \_\_\_\_\_

Referral to:  01 Attorney General's Office 03 Injunction for Protection 05 Shelter 07 Other  
02 Department of Human Services 04 Comprehensive Community Services 06 No Referral (Address in Narrative)

AGILANT BOND RELEASE NOTIFICATION REQUESTED?  YES  NO (IF YES COMPLETE BOND RELEASE NOTIFICATION FORM)

I have been advised and given a card explaining my rights pursuant to Tennessee Code Annotated 40-30-103(b) by \_\_\_\_\_ that counseling and shelter are available upon request.

Signature of Victim: \_\_\_\_\_

ADMONITION

The information contained in this incident report is true to the best of my knowledge. I understand that it shall be unlawful for any person to report any information to an officer or incident within the officer's concern, knowing that the offense or incident did not occur, or knowing that the reporting has no information relating to the offense or incident, or knowing the information relating to the offense or incident is false (Tennessee Code Annotated 39-16-502).

Penalty of this section shall be a class A misdemeanor, which carries a jail sentence of not greater than 11 months and 29 days, a fine not exceeding \$30,000 or both.

Signature of Victim: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_

ID Number

Approving Supervisor

I. D. Number

SOLVABILITY FACTORS - REPORTING OFFICER SHALL COMPLETE

- ARREST MADE
- SUSPECT NAMED
- SUSPECT CAN BE LOCATED
- SUSPECT CAN BE IDENTIFIED
- WITNESS TO CRIME
- SUSPECT DESCRIBED
- SUSPECT VEHICLE DESCRIBED
- CRIME SCENE PROCESSED
- SIGNIFICANT R. O. (ADDRESS IN NARRATIVE)
- SIGNIFICANT PHYSICAL EVIDENCE
- CAN CRIME BE SOLVED WITH REASONABLE FOLLOW-UP?
- PATROL INVESTIGATION OBTAINING?
- SUPPLEMENT(S) ATTACHED

FOLLOW-UP STATUS

TYPE: <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> CLOSED	CASE PRIORITY	CLERK DATE	ASSIGNED TO:	AUTHORITY	DATE
---	---------------	------------	--------------	-----------	------



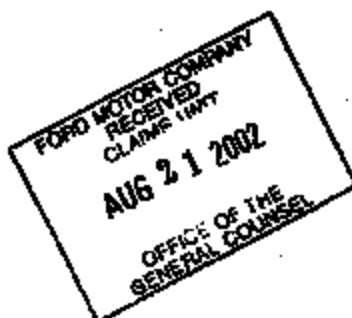
# State Farm Insurance Companies



CLAIM SERVICE CENTER  
70 MYRTLE STREET  
CRANFORD, NJ 07016

August 15, 2002

Ford Motor Co  
Parklane Towers West  
3 Parklane Blvd Ste 400  
Dearborn, Mi 48126-2568



RE: Claim Number: [REDACTED]  
Date of Loss: August 25, 2001  
Our Insured: [REDACTED]

Dear Sir/Madam:

The identified 2000 Ford Explorer, Vin# 1FMYU70E1Y [REDACTED] is insured by State Farm Insurance Co. This 2000 Ford Explorer experienced a fire on August 25, 2001.

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

Please contact our office to advise when you like to set up a time to inspect the vehicle as it is currently at our salvage facility.

Sincerely,  
State Farm Indemnity Company

*Crystal Shaw*  
Crystal Shaw  
Claim Representative  
(908) 497-3521

PS: REQUESTED CERTIFIED RETURN RECEIPT

- 8/25/01  
- 100 Expl  
- VIN



WENDY GALLIGAN  
WILLIAM GALLIGAN  
BRENDA GALLIGAN  
PO BOX 585  
ROCK HILL, NY 12775  
(914) 796-4932

APRIL 6, 1998

FORD MOTOR CORP.  
LEGAL DEPT.  
Park Lane Towers West, Suite 400  
3 Park Lane Boulevard  
Dearborn, MI 48126



406100  
NT  
agood

RE: FIRE LOSS-January 28, 1998  
LOCATION: East Broadway, Monticello, NY  
PROPERTY OWNER: [REDACTED]  
LESSEE: Thomas Larson d/b/a Monticello Collision Specialists  
VEHICLE OWNER: [REDACTED]  
DESCRIPTION: 1998 Ford Explorer, Eddie Bauer Edition.  
VIN #: 1FMZU34E3W2 [REDACTED]

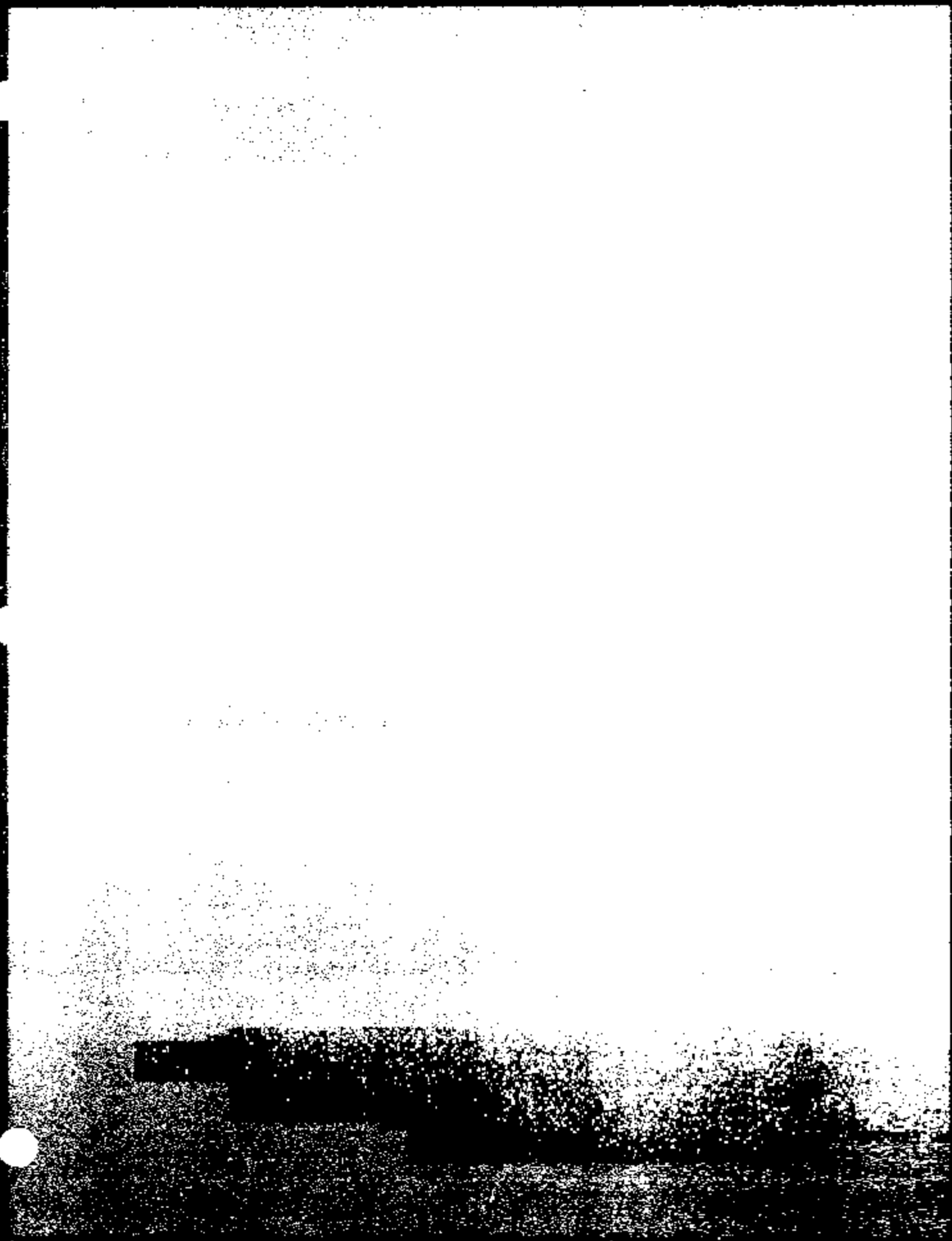
Dear Sirs/Madams:

This letter is to put all parties on NOTICE that a fire loss claim will be made in the above captioned matter. Damage to my property was sustained in excess of the coverage provided by Commercial Union Insurance. I am currently getting estimates to re-build the structure that was destroyed on January 28, 1998. I hope to be able to negotiate this matter with out the need for court intervention.

I request that the adjuster handling this claim, kindly contact the undersigned. My home number is listed above and my work number is (800) 336-1035, EXT. 416. Thank you.

Sincerely Yours,

*Wendy Galligan*  
WENDY GALLIGAN





*Middleberg, Riddle & Gianna*

John D. Person

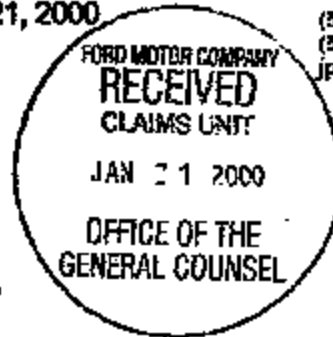
Attorneys and Counselors

31st Floor  
201 St. Charles Avenue  
New Orleans, Louisiana 70170-3100  
(504) 525-7200  
(504) 581-5683 (Telecopier)  
jperson@midrid.com (email)

January 21, 2000

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Ford Motor Company  
Consumer Affairs Department  
16800 Executive Plaza Drive, MD No. 3NE-B  
Dearborn, MI 48126-4207



NO  
JAN 27 12:32  
CONSUMER AFFAIRS  
SECTION

RE: 1999 Ford Explorer - Louisiana License No. IGT 549  
Owner: [REDACTED]

TO WHOM IT MAY CONCERN:

I am writing on behalf of Pacific Insurance Company, Limited, the property insurer for Delta Rault Energy, Inc. Delta Rault Energy, Inc. is the owner of a four unit apartment building located at [REDACTED], New Orleans, Louisiana.

The above referenced Ford Explorer owned by [REDACTED] was involved in a fire at [REDACTED] in New Orleans on Tuesday, January 18, 2000. Based upon current information, it appears that the fire originated in this vehicle. The fire caused substantial damage to the four unit apartment building and other property.

This letter is intended to put you on notice of the loss so that you may take appropriate steps to investigate the occurrence. The vehicle is still located at the referenced address.

As further information concerning my client's potential claims concerning this loss are learned, I will be in contact with you.

Very truly yours,

John D. Person

JDP:dl

New Orleans

Dallas



# State Farm Insurance Companies

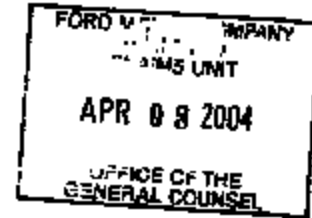


April 1, 2004

ACC Subrogation  
PO Box 8014  
101 State Farm Place  
Ballston Spa, NY 12020  
Hours of Operation:  
Monday - Friday: 8:00am - 4:15pm

Ford Motor Company Parklane Towners West  
3 Parklane Blvd. Ste. 400  
Dearborn, MI 48126-2568

RE: Claim Number: [REDACTED]  
Date of Loss: December 18, 2003  
Our Insured: [REDACTED]  
Vehicle Make: Ford  
Vehicle Model: Explorer  
Vehicle Year: 1999  
VIN: 1FMZU34E2XU [REDACTED]



Dear Ford Motor Company Parklane Towners West:

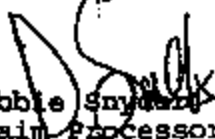
This State Farm Mutual Automobile Insurance Company insured 1999 Ford Explorer was involved in a engine fire in compartment. We settled the claim with our insured for the amount of \$5,168.88, which includes our insured's deductible.

Our investigation revealed the cause of the loss was due to fire started in the engine compartment burned wires.

Enclosed is the documentation of State Farm Mutual Automobile Insurance Company's claim. The evidence is being held for your inspection. You may contact me at the number listed below to make arrangements to inspect the 1999 Ford Explorer.

Please consider this letter as our demand to Ford Motor Company Parklane Towners West for reimbursement of \$5,168.88.

Sincerely,

  
Debbie Snyder  
Claim Processor  
(888) 326-0153 Ext. 3833

State Farm Mutual Automobile Insurance Company

EG05-005-LC1-4778

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-9001

- 12/18/03  
- 1999 EXPL  
- VIN  
- \$5168.88  
- 117,758 (M)



EROS-80C-LC1-4779



EROS-885-LC1-4788



8905-003-LC1-4781



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3 0000000000  
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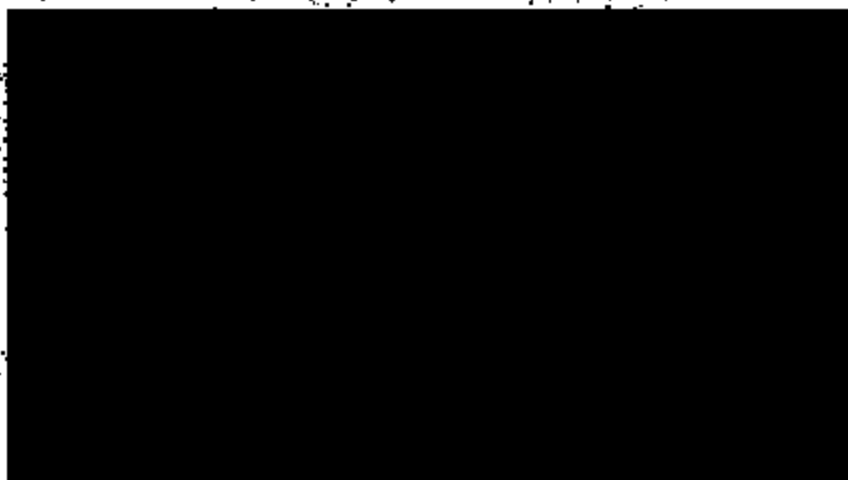
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EPSON-680-LC1-7192



11





# State Farm Insurance Companies®



October 15, 2004

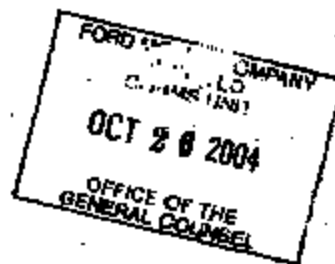
RECEIVED  
OCT 22 2004

Penolo Claim Office  
5301 Snodgrass Park Drive  
P. O. Box 370668  
Decatur, GA 30037  
(770) 593-5400

FORD MOTOR COMPANY  
PARK LANE TOWERS WEST SUITE 400  
3 PARK LANE BOULEVARD  
DEARBORN MI 48126-2588

**CERTIFIED MAIL—RETURN RECEIPT REQUESTED**

RE: Claim Number: [REDACTED]  
Our Insured: [REDACTED]  
Date of Loss: 10-14-04  
Make, Model, Year: 1998 Ford Explorer  
VIN: 1FMZU35P8WUE [REDACTED]



Dear Sir or Madam:

The identified vehicle is insured by State Farm Insurance. The vehicle experienced a fire loss originating in engine compartment.

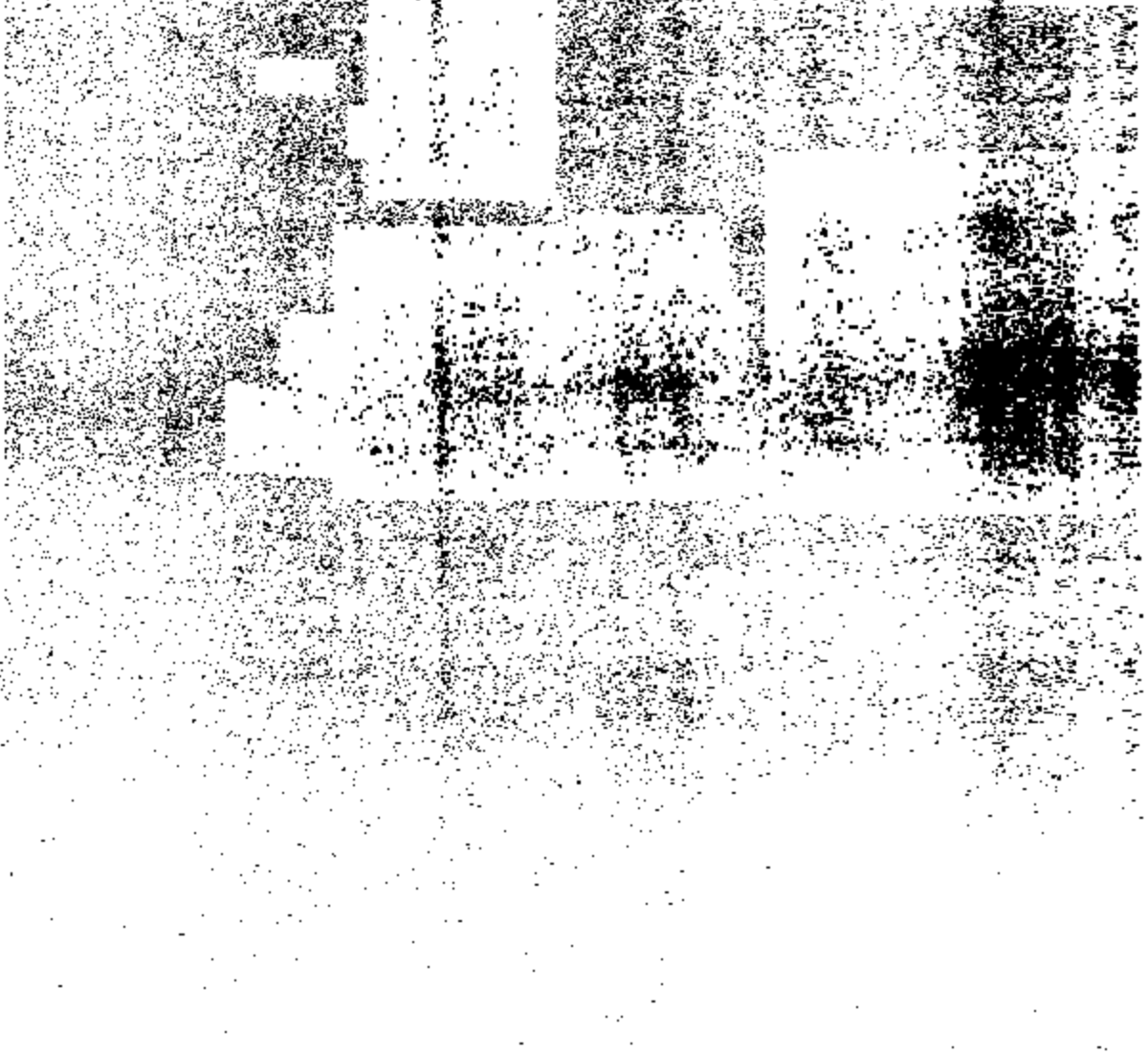
State Farm® would like to give you an opportunity to inspect the vehicle and give you advanced notice of our potential subrogation claim.

Please contact me, Jim Blount to set up a time for your inspection.

Sincerely yours,

  
Jim E. Blount  
Claim Representative  
State Farm Mutual Automobile Insurance Company  
(770) 593-6471

JEB/025/1014003er



A **08204** **MI** **12** **16** **2000** **I** **00-0004269** **000** **0010** **-00**

B Location\*  Check this box to indicate that the address for this incident is provided on the adjacent fire service form.  Double in Section 2 "Alternative Location Specifications". Use only for Wildland fires.

Street address  Intersection  In front of  Rear of  Adjacent to  Directions

Number/Zipcode Prefix Street or Highway Street Type Section

Appt./Suite/Room City State City Zip

Cross Street or Direction, if applicable

C Incident Type \* **110** Structure fire, other

Date & Times **12** **16** **2000** **14:34:00**

Shift & Alarms **2** **01** **CAN**

D Aid Given or Received\*

1  Mutual aid received  Their FDID  Their State

2  Automatic aid recvd.

3  Mutual aid given

4  Automatic aid given

5  Other aid given

6  None

Their Incident Number

E3 Special Studies

F Actions Taken \*

**11** Extinguish

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources \*

Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel

Suppression **0002** **0014**

EMS **0006**

Other **0006**

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires.

Property \$ **450**, **000**

Contents \$ **000**, **000**

PROPERTY VALUES: Optional

Property \$ **450**, **000**

Contents \$ **000**, **000**

Completed Modules

Fire-2

Structure-3

Civil Fire Cas.-4

Fire Serv. Cas.-5

EMS-6

HazMat-7

Wildland Fire-8

Apparatus-9

Personnel-10

Arson-11

H1 Casualties  None

Deaths Injuries

Fire Service

Civilian

H2 Detector

Required for Confined fires.

1  Detector started occupants

2  Detector did not alert them

3  Unknown

H3 Hazardous Materials Release

N  None

1  Natural Gas: also tank, no evacuation or house sealed

2  Propane gas: also tank, no evacuation or house sealed

3  Gasoline: vehicle fuel tank or portable container

4  Kerosene: fuel heating equipment or portable stove

5  Diesel fuel/fuel oil: vehicle fuel tank or portable

6  Household solvents: household spray, cleaning agent

7  Motor oil: from engine or portable container

8  Paint: from paint can totaling < 5 gallons

9  Other: special incident actions reported on spill > 5 gal., please complete the Spill Form

I Mixed Use Property

NN  Not Mixed

10  Assembly use

20  Education use

33  Medical use

40  Residential use

51  Row of stores

53  Enclosed mall

58  Bus. & Residential

59  Office use

60  Industrial use

63  Military use

65  Farm use

00  Other mixed use

J Property Use\* Structures

131  Church, place of worship

161  Restaurant or 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

341  Clinic, clinic type-infirmary

342  Doctor/dentist office

361  Prison or jail, not juvenile

419  1-or 2-family dwelling

429  Multi-family dwelling

439  Rooming/boarding house

449  Commercial hotel or motel

459  Residential, board and care

464  Dormitory/barracks

519  Food and beverage sales

539  Household goods, sales, repairs

579  Motor vehicle/boat sales/repair

571  Gas or service station

599  Business office

615  Electric generating plant

629  Laboratory/science lab

700  Manufacturing plant

819  Livestock/poultry storage (barn)

882  Non-residential parking garage

891  Warehouse

981  Construction site

984  Industrial plant yard

Outside

124  Playground or park

653  Crops or orchard

669  Forest (timberland)

807  Outdoor storage area

919  Dump or sanitary landfill

931  Open land or field

936  Vacant lot

938  Graded/care for plot of land

946  Lake, river, stream

951  Railroad right of way

960  Other street

961  Highway/divided highway

962  Residential street/driveway

Lookup and enter a Property Use code only if you have NOT checked a Property Use box.

Property Use **419**

**1 or 2 family dwelling**

NFIRS-1 Revision 03/11/99

Local Option Business name (if applicable) Area Code Phone Number

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

Mr., Ms., Mrs. First Name John MI Last Name Leggenberger Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

More people involved? Check this box and attach Supplemental Forms (MYRS-12) as necessary

K2 Owner  Same as person involved? Then check this box and skip the rest of this section. Dr. Area Code Phone Number

Local Option Business name (if applicable) Area Code Phone Number

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

Mr., Ms., Mrs. First Name John MI Last Name Leggenberger Suffix

46529 Larchmont Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

MI 4818 State Zip Code

**I. Remarks**  
Local Option

Rec'd report of a structure fire, enroute additional information indicated a garage fire with all persons evacuated. Upon arrival a "condition red" was given by first arriving CFD units. A fully involved garage, attached to the house with fire coming from the eaves and roof ridge vent. The fire spread to the roof area and advanced down the roof line along the ridge vent. Initially, three preconnected 1-3/4" lines placed in operation. Two lines into the garage and one into the home. After knock down of fire in garage advanced line to the second floor to cut off fire to the roof which was well involved. Removed personnel and used an elevated master stream from Truck 1 to achieve knock down on the entire the roof area. After knock down reentered the structure and conducted salvage and overhaul, putting out hotspots from the second floor. Michcon and Detroit Edison secured service to the structure. Fire Marshall notified and investigation team. Fire extinguished TOT Fire investigation. Origin: Garage.

The five member of the family were home at the time and successfully escaped. Smoke detectors functioned properly.

12/16/2000 21:29 Capt Adams

Members present: Fire Marshal F Barrett, Fire Inspector G Sprys-Tellner, Firefighter G Kowalski, Firefighter K Manderson, Firefighter G Mearnic, CPD officer D Schreiner, CPD officer B Schultz

On December 16, 2000, at approximately 1448 hrs, this writer was notified via pager by CPD dispatch of a working house fire at [redacted] This writer responded to the scene in my township assigned vehicle. Arriving at the scene, after initial observations, this writer requested that CPD dispatch call out the entire fire investigation team.

**I. Authorization**

17 Adams, Donald C   12 16 2000  
Officer in charge ID Signature Position or Rank Assignment Month Day Year

Check Box 21 Same as Officer in Charge. 17 Adams, Donald C   12 16 2000  
Officer in Charge Number making report ID Signature Position or Rank Assignment Month Day Year

08204

MI

12

16

2000

1

00-0004269

000

Complete  
Narrative**Narrative:**

Rec'd report of a structure fire, enroute additional information indicated a garage fire with all persons evacuated. Upon arrival a "condition red" was given by first arriving CFD units. A fully involved garage, attached to the house with fire coming from the eaves and roof ridge vent. The fire spread to the roof area and advanced down the roof line along the ridge vent. Initially, three preconnected 1-3/4" lines placed in operation. Two lines into the garage and one into the home. After knock down of fire in garage advanced line to the second floor to cut off fire to the roof which was well involved. Removed personnel and used an elevated master stream from Truck 1 to achieve knock down on the entire the roof area. After knock down reentered the structure and conducted salvage and overhaul, putting out hotspots from the second floor. Michcon and Detroit Edison secured service to the structure. Fire Marshall notified and investigation team. Fire extinguished TOT Fire investigation. Origin: Garage. The five member of the family were home at the time and successfully escaped. Smoke detectors functioned properly.

12/16/2000 21:29 Capt Adams

Members present: Fire Marshal F Barrett, Fire Inspector G Sprys-Tellner, Firefighter G Kowalski, Firefighter K Henderson, Firefighter G Mearnic, CPD officer D Schreiner, CPD officer B Schultz

On December 16, 2000, at approximately 1448 hrs, this writer was notified via pager by CPD dispatch of a working house fire at [REDACTED]. This writer responded to the scene in my township assigned vehicle. Arriving at the scene, after initial observations, this writer requested that CPD dispatch call out the entire fire investigation team.

Upon arrival at the scene, this writer located and conferred with scene commander Capt. D Adams. Capt. Adams advised that the initial call came in as a garage fire. Upon arrival of first suppression crews, the garage was engulfed and through the roof, with fire in the attic of the house. Several hand lines were stretched for initial attack, but after the fire had control of the attic, all crews were ordered out of the house and an exterior attack was initiated using the ladder pipe on truck 1. Per Capt. Adams, the ridge vent construction provided ventilation for the fire, and the fire literally ran through the attic. Overhaul was underway upon this writers arrival.

This writer performed a 360° walk around the fire scene. The scene was a two story house, approximately 2000-2400 square feet. A two car garage was attached to the NW corner, extending out to the west. The roof of the garage was burned away, and the debris rested on top of 2 vehicles visible inside the garage. The from to the second floor of the house over the garage, was severely fire damaged, and the roof of the house was heavily fire damaged with large areas missing.

As overhaul was still underway, while waiting for the fire investigation team to assemble, this writer assisted with salvage of important family papers from the first floor, as well as family photo's and Christmas gifts from the second floor.

As the overhaul operation wound down, this writer took command of the fire investigation, and began the exterior photography of the home. As members of the team arrived, Firefighter K Henderson was assigned to obtain a consent to search from the homeowner. The signed document was delivered to this writer on completion. Firefighter K Henderson and Firefighter G Mearnic were then assigned to complete the photography detail. CPD officer D Schreiner arrived and was assigned the task of interviewing the family members and any witnesses. Upon his arrival, CPD officer B Schultz was assigned to assist with this detail.

Upon entry into the house, the first floor entry from the garage showed heavy fire damage. Beyond that, the first floor showed heavy water damage with large areas of the drywall ceiling and walls fallen down. The basement showed no fire damage, but again, was heavily

**Narrative:**

water damaged. On the second floor, all of the drywall ceilings had either fallen or had been pulled down during suppression. Wet drywall and insulation covered the entire area. The attic, visible throughout the second floor, was heavily charred throughout, with large sections burned away. At the request of the homeowner, a pair of glasses in a case were recovered from the debris in the second floor master bedroom bath, and were delivered to the homeowner.

After a period of time, team members conferred with this writer on their assigned tasks. CPD officer D Schreiner reported that he had interviewed the occupants of the home. He reported that the family had been home at the time of the fire. The father, [REDACTED] had arrived approximately 20 minutes prior to the first indication of fire. He had parked a Ford Explorer in the right hand parking spot of the garage, leaving the garage door open. He then proceeded into the house, closing the entry door behind him. Approx. 20 minutes later, the family was alerted by smoke detector activation, and after searching the interior of the house and finding nothing, smoke was noticed coming in around the garage entry door. The family hurriedly exited the house via the front door. All family members exited without injury. Flames were noted in the upper ceiling areas of the garage with heavy smoke issuing below.

Proceeding from the areas of least, or no fire damage, to the area of heaviest damage, the investigators were lead to the garage and attic areas. From the statements of the occupants, flames were visible in the garage upon their exit. It appears to this writer, that the fire originated inside the garage, and after ventilating through the roof, re-entered the house via vents located just interior to the gutters. Once into the attic area, a ridge vent that ran the entire length of the attic provided adequate ventilation for the fire to easily and quickly engulf the space.

Attention was turned to the garage. A Sawz-all was used to cut roofing debris away from the vehicles inside the garage. Mayflower Towing company was requested, and upon their arrival, were instructed to extricate the vehicles from the garage. Both cars were removed from the garage and were photographed in the driveway. As darkness had fallen at this point, both cars were ordered impounded by this writer, and were taken via flatbed truck to the Mayflower yard for later examination.

Lighting was set up in the form of floodlights, powered by a generator located curbside. As firefighter Henderson was assisting with the homeowner and the family on another detail, this writer photographed the interior of the garage. The garage had been completely drywalled prior to the fire, but at this point, all drywall was gone due to fire and water. The framing of the sidewalls showed no flame damage. The interior wall showed minor damage to the stud cavities where electrical outlets and switch boxes were located. One cavity centered in the wall, housed an electrical outlet. Another cavity located just to the left of the entry door to the house, housed a light switch. The cavities as well as the electrical outlets and switches were examined. In both cases, the boxes and the wiring inside were heavily damaged, but there was limited extension upward into the cavities. It is the opinion of this writer, that neither electric box were involved in the ignition, but that the fire invaded the boxes during the course of the fire. The remaining ceiling area, located interior to the garage, was also the structural floor elements of the second floor above. This ceiling showed heavy flame damage, increasing in severity from the area in which the Ford Explorer had been parked, northward to the north wall.

The investigation was halted for a brief period, after a rekindle occurred, and flames were observed along the south roof peak of the house. Suppression crews were requested to return, and subsequently suppressed the rekindle.

CPD officers D Schreiner and B Schultz were re-assigned after completing their previous details, to measure and sketch the house.

**Narrative:**

It was noted in the garage debris, that where the Ford Explorer had been parked, the aluminum radiator and other small aluminum parts were laying on the garage floor. There were no signs of car parts or similar debris in the area where the ????? was parked. A diagram drawn by the homeowner indicated that a gasoline can was centered along the interior wall of the garage. A lawnmower and snowblower were located in the same area. A small shelf in the north interior corner held oil, insecticides, and another gas can. Removal of the debris began in the northwest corner of the garage and proceeded in a clockwise direction. A heavy odor of gasoline was noted in the debris, and was attributed to the gas can that had been located on the corner shelf unit. Bricks and other debris knocked down during the latter stages of suppression were found on top of the gas can and other indicated items in that areas. The remains of the snowblower and lawnmower were located as shown on the homeowners diagram. The melted remains of a plastic gas can were located as shown on the diagram, in between the lawnmower and snowblower. The remains were the bottom of the container only. The areas were cleared to the floor. As the floor along the interior wall of the garage was cleared, it was noted that the sill plate in this area was charred all the way to the floor. Insulation in the wall directly behind the gas can remains also showed heat damage.

It should be noted that there are no natural gas appliances or supply lines in the area of the garage.

Using my training, knowledge, and experience, it is the conclusion of this writer, that the fire originated inside the garage. Evidence indicates that there were high heat conditions near the floor, in the area of the Ford Explorer. The low burning of the sill plate on the interior wall is indicative of the presence of a flammable liquid, such as gasoline. The amount of heat at floor level is suspicious, since the garage door was open, and heat by nature, should have risen and exited the upper levels of the garage. It is the opinion of this writer, and I should stress, that it is not conclusive, that the fire originated within the Ford Explorer. The fire subsequently involved plastic recycle bins and the plastic gas can that were located on the floor in front of the vehicle.

Fire Inspector Sprys-Tellner will be examining both vehicles from the garage at a later date. A separate sub-report will be filed. A separate sub-report will be also be filed by CPD officer D Schreiner with regard to the interview of the occupants of the house. His sub-report will include a sketch of the house.  
12/21/2000 11:15 PM-Barrett

At approximately 15:00 hrs on 12/18/2000 this writer conducted a fire investigation of two vehicle's in conjunction with the above stated house fire. The vehicles in question were located in the garage of [redacted] MI [redacted]. The two vehicles were towed from the scene of the house fire and impounded at the Mayflower tow yard for further investigation.

Vehicle #1 was a 1999 Ford Windstar minivan. The vehicle was a four door model with a hatch back to the rear. The location of this particular vehicle during the fire was on the far end of the garage away for the entry door to the house. Upon further investigation of the vehicle this writer observed heavy damage to the vehicle as a result of the above stated house fire. A portion of the garage door, and roofing material had fallen on the vehicle during fire suppression operations. As a result of the above mentioned collapse the vehicle sustained heavy damage to the roof and passenger compartment. Heavy fire damage was also noted to the entire vehicle to include the passenger compartment as well as the engine compartment. The exterior showed signs of heavy fire damage. The tires were completely consumed with only the rims left. The gas cap and fill spout were also consumed. Access to the engine compartment was gained via the hood release mechanism. Upon inspection of the engine compartment this writer found fire damage to the entire compartment. A good number of the hoses and belts were consumed as a result of the fire. The engine did not appear to have any major structural damage to it prior to the fire. Portions of the battery, radiator and



08204	MI	MM	DD	YYYY	1	00-0004269	000	Complete Narrative
FDIS *	State *	Incident Date *			Station	Incident Number *	Exposure *	

**Narrative:**

Other components were found intact at the time of this investigation. The passenger compartment sustained heavy fire and structural damage due the above mentioned fire. All of the doors were closed and latched at the time of the fire. It was unknown if the doors were locked at the time of the fire due to the fact the lock mechanisms were consumed by the fire. Portions of the dash, radio and other interior items were found during this investigation. This writer observed that the majority of the contents of the passenger compartment were consumed by the fire.

Vehicle #2 was a 1999 Ford Explorer. The vehicle was a four door model with a hatch back to the rear. The above vehicle also had a sun roof. The location of the vehicle at the time of the fire was located directly adjacent to the Ford Windstar in front of the house entry door. As mentioned above the vehicle was towed and impounded for further investigation. Upon further investigation of the vehicle this writer observed heavy fire and structural damage to the vehicle as a result of a fire. The exterior showed heavy fire damage. The tires were completely consumed with only the rims left. The front drivers side rim showed signs of melting as a result of the fire. The drivers side rear rim also showed signs of melting possibly due to the gas tank venting during the fire. The gas cap and fill spout were also consumed by the fire. Access to the engine compartment was gained via the hood release mechanism. Upon inspection of the engine compartment this writer observed heavy fire damage as a result of a fire. The radiator, and portions of the air conditioning units were partly consumed and melted away from the vehicle. When the vehicle was extricated from the garage area these items were found on the garage floor below the vehicle. All of the hoses belts and plastic parts were completely consumed by the fire. Upon further investigation of the engine compartment this writer obtained fluid levels for both the oil, and trans fluid. The oil level was approximately one half inch below the fill line. The trans fluid showed full. The engine did not appear to have any major structural damage to it prior to the fire. The passenger compartment showed heavy signs of fire and structural damage as a result of the fire. All four doors to include the rear hatch were closed and latched during the fire. It is unknown if the doors were locked during the fire due to the fact the lock mechanisms were consumed by the fire. This writer observed portions of the windshield and other interior components strewn about the interior of the vehicle. Upon further investigation of the interior of the vehicle this writer observed a good majority of the contents consumed by the fire.

Based on the above stated examination, it is this writers opinion through training, education, and experience that the fire started in the area of the engine compartment of the 1999, Ford Explorer.

The above stated investigation consisted of physical investigation of both vehicles as well as taking photographs. For more information please refer to the Canton Township vehicle fire investigation form located in the main file.

12/20/2000 09:34 FI Sprys-Tellner.

ER05-005-LC1-4798

**A** 08204 MI 12 16 2000 1 00-0004269 000  Remote  Change  No Activity **WYRS-2**  
 WYRS \* State \* Incident Date \* Station Incident Number \* Exposure \* Fire

**B Property Details**

**B1**  0001  Not Residential  
 Estimated Number of residential living units in building of origin whether or not all units became involved

**B2**  Buildings not involved  
 Number of buildings involved

**B3**  Acres burned (outside fires)  None  Less than one acre

**C On-Site Materials or Products**  None  
 Complete if there were any significant amounts of commercial, industrial, agricultural property or materials on the property, whether or not they became involved

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

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

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

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

**D Ignition**

**D1** 47 Vehicle storage area;  
 Area of fire origin \*

**D2** UV Undetermined  
 Next source \*

**D3** 00 Item First Ignited,  
 Item first ignited \*  Check box if fire spread was confined to object of origin

**D4** UV Undetermined  
 Type of material first ignited  Ignited only if item first ignited code is 00 or 09

**E1 Cause of Ignition**

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

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

**E2 Factors Contributing To Ignition**

UV Undetermined  None  
 Factor Contributing To Ignition (1)

Factor Contributing To Ignition (2)

**E3 Human Factors Contributing To Ignition**

Check all applicable boxes

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

7  Age was a factor  
 Estimated age of person involved \_\_\_\_\_

1  Male 2  Female

**F1 Equipment Involved In Ignition**

None If Equipment was not involved, skip to Section G

UVV Undetermined  
 Equipment involved

Brand \_\_\_\_\_  
 Model \_\_\_\_\_  
 Serial # \_\_\_\_\_  
 Year \_\_\_\_\_

**F2 Equipment Power**

Equipment Power Source \_\_\_\_\_

**F3 Equipment Portability**

1  Portable  
 2  Stationary

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

**G Fire Suppression Factors**

Enter up to three codes.  None

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

**H1 Mobile Property Involved**

None

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

Mobile property model \_\_\_\_\_ Year \_\_\_\_\_  
 License Plate Number \_\_\_\_\_ State \_\_\_\_\_ VIN Number \_\_\_\_\_

**H2 Mobile Property Type & Make**

Mobile property type \_\_\_\_\_  
 Mobile property make \_\_\_\_\_

**Local Use**

Pre-Fire Plan Available  
 None of the information presented in this report may be based upon reports from other agencies

Aerial report attached  
 Police report attached  
 Coroner report attached  
 Other reports attached

<p><b>I.1</b> If fire was in enclosed building or a portable/mobile structure complete the rest of this form</p> <p>1 <input type="checkbox"/> Enclosed Building  2 <input type="checkbox"/> Portable/mobile structure  3 <input type="checkbox"/> Open structure  4 <input type="checkbox"/> AIA supported structure  5 <input type="checkbox"/> Tent  6 <input type="checkbox"/> Open platform (e.g. stage)  7 <input type="checkbox"/> Underground structure (work area)  8 <input type="checkbox"/> Connective structure (e.g. tunnel)  9 <input type="checkbox"/> Other type of structure</p>	<p><b>I.2</b></p> <p>1 <input type="checkbox"/> Under construction  2 <input type="checkbox"/> Occupied &amp; operating  3 <input type="checkbox"/> Idle, not routinely used  4 <input type="checkbox"/> Under major renovation  5 <input type="checkbox"/> Vacant and secured  6 <input type="checkbox"/> Vacant and unsecured  7 <input type="checkbox"/> Being demolished  8 <input type="checkbox"/> Other  9 <input type="checkbox"/> Undetermined</p>	<p><b>Height</b>  Count the 300' as part of the highest story</p> <p>002  Total number of stories at or above grade</p> <p>OR</p> <p>Length in feet BY Width in feet</p>
<p><b>J1</b> Fire Origin *</p> <p>003 <input type="checkbox"/> Below grade  Story of fire origin</p>	<p><b>J3</b> Number of Stories Damaged By Flame</p> <p>Count the 300' as part of the highest story</p> <p>Number of stories w/ minor damage (1 to 241 flame damage)  Number of stories w/ significant damage (25 to 494 flame damage)  Number of stories w/ heavy damage (50 to 744 flame damage)  Number of stories w/ extreme damage (75 to 1094 flame damage)</p>	<p><b>K</b> Material Contributing Most To Flame Spread</p> <p><input type="checkbox"/> Check if no flame spread OR none as material first ignited OR unable to determine <b>Skip To Section L</b></p> <p><b>K1</b> _____  Item contributing most to flame spread</p> <p><b>K2</b> _____  Type of material contributing most to flame spread <b>Required only if item contributing code is 00 or 10</b></p>
<p><b>J2</b> Fire Spread *</p> <p>1 <input type="checkbox"/> Confined to object of origin  2 <input type="checkbox"/> Confined to room of origin  3 <input type="checkbox"/> Confined to floor of origin  4 <input checked="" type="checkbox"/> Confined to building of origin  5 <input type="checkbox"/> Beyond building of origin</p>	<p><b>L1</b> Presence of Detectors *</p> <p>(In area of the fire)</p> <p>N <input type="checkbox"/> None Present <b>Skip to section M</b>  1 <input checked="" type="checkbox"/> Present  U <input type="checkbox"/> Undetermined</p>	<p><b>L3</b> Detector Power Supply</p> <p>1 <input type="checkbox"/> Battery only  2 <input type="checkbox"/> Hardwire only  3 <input type="checkbox"/> Plug in  4 <input type="checkbox"/> Hardwire with battery  5 <input type="checkbox"/> Plug in with battery  6 <input type="checkbox"/> Mechanical  7 <input type="checkbox"/> Multiple detectors &amp; power supplies  8 <input type="checkbox"/> Other _____  U <input type="checkbox"/> Undetermined</p>
<p><b>L2</b> Detector Type</p> <p>1 <input type="checkbox"/> Smoke  2 <input type="checkbox"/> Heat  3 <input type="checkbox"/> Combination smoke - heat  4 <input type="checkbox"/> Sprinkler, water flow detection  5 <input type="checkbox"/> More than 1 type present  6 <input type="checkbox"/> Other _____  U <input type="checkbox"/> Undetermined</p>	<p><b>L4</b> Detector Operation</p> <p>1 <input type="checkbox"/> Fire too small to activate  2 <input checked="" type="checkbox"/> Operated (Complete Section L5)  3 <input type="checkbox"/> Failed to Operate (Complete Section L6)  U <input type="checkbox"/> Undetermined</p>	<p><b>L5</b> Detector Effectiveness</p> <p>Required if detector operated</p> <p>1 <input type="checkbox"/> Alarmed Occupants, occupants responded  2 <input type="checkbox"/> Occupants failed to respond  3 <input type="checkbox"/> There were no occupants  4 <input type="checkbox"/> Failed to alert occupants  U <input checked="" type="checkbox"/> Undetermined</p>
<p><b>M1</b> Presence of Automatic Extinguishment System *</p> <p>N <input checked="" type="checkbox"/> None Present <b>Complete rest of Section M</b>  1 <input type="checkbox"/> Present</p>	<p><b>M3</b> Automatic Extinguishment System Operation</p> <p>Required if fire was within designed range</p> <p>1 <input type="checkbox"/> Operated &amp; effective (Go to M4)  2 <input type="checkbox"/> Operated &amp; not effective (Go to M5)  3 <input type="checkbox"/> Fire too small to activate  4 <input type="checkbox"/> Failed to operate (Go to M5)  5 <input type="checkbox"/> Other _____  U <input type="checkbox"/> Undetermined</p>	<p><b>M5</b> Automatic Extinguishment System Failure Reason</p> <p>Required if system failed</p> <p>1 <input type="checkbox"/> System shut off  2 <input type="checkbox"/> Not enough agent discharged  3 <input type="checkbox"/> Agent discharged but did not reach fire  4 <input type="checkbox"/> Wrong type of system  5 <input type="checkbox"/> Fire not in area protected  6 <input type="checkbox"/> System components damaged  7 <input type="checkbox"/> Lack of maintenance  8 <input type="checkbox"/> Manual Intervention  9 <input type="checkbox"/> Other _____  U <input type="checkbox"/> Undetermined</p>
<p><b>M2</b> Type of Automatic Extinguishment System *</p> <p>Required if fire was within designed range of ABE</p> <p>1 <input type="checkbox"/> Wet pipe sprinkler  2 <input type="checkbox"/> Dry pipe sprinkler  3 <input type="checkbox"/> Other sprinkler system  4 <input type="checkbox"/> Dry chemical system  5 <input type="checkbox"/> Foam system  6 <input type="checkbox"/> Halogen type system  7 <input type="checkbox"/> Carbon dioxide (CO<sub>2</sub>) system  8 <input type="checkbox"/> Other special hazard system  U <input type="checkbox"/> Undetermined</p>	<p><b>M4</b> Number of Sprinkler Heads Operating</p> <p>Required if system operated</p> <p>Number of sprinkler heads operating</p>	<p>NFIRS-3 Revision 01/19/99</p>

ERS-805-L01-4782

A		08204	MI	12	16	2000	1	00-0004269	000	<input type="checkbox"/> Private <input type="checkbox"/> Other	Apparatus or Resources
B Apparatus or Resource		Date and Times <small>check if new or alarm date</small> Month Day Year Hour Min					Sent <input checked="" type="checkbox"/>	Number of People	Use <small>check one box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
1	ID G Type	Dispatch	<input type="checkbox"/>	12	16	2000	14:34	<input checked="" type="checkbox"/>	16	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival	<input type="checkbox"/>	12	16	2000	14:40	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		Clear	<input type="checkbox"/>	12	16	2000	18:57				<input type="checkbox"/> <input type="checkbox"/>
2	ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		Clear	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
3	ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		Clear	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
4	ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		Clear	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
5	ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		Clear	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
6	ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		Clear	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
7	ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		Clear	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
8	ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		Clear	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
9	ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		Clear	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>

**Type of Apparatus or Resources**

<b>Ground Fire Suppression</b> 11 Engine 12 Truck or aerial 12 Quint 14 Tanker & pumper combination 16 Brush truck 17 AWP (Aircraft Rescue and Firefighting) 18 Ground fire suppression, other <b>Heavy Ground Equipment</b> 21 Dozer or plow 22 Tractor 24 Tanker or tender 26 Heavy equipment, other <b>Aircraft</b> 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 44 Aircraft, other	<b>Marine Equipment</b> 51 Fire boat with pump 52 Boat, no pump 53 Marine apparatus, other <b>Support Equipment</b> 61 Breathing apparatus support 62 Light and air unit 63 Support apparatus, other <b>Medical &amp; Rescue</b> 71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 74 ALS unit 75 ELS unit 76 ALS unit 77 Medical and rescue unit, other	<b>More Apparatus? Use Additional Sheets</b>  <b>Other</b> 81 Mobile command post 82 Chief officer car 93 Hazmat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource  NN None UU Undetermined
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NFIRS-9 Revision 11/17/98

ER85-085-LC1-4783

**K** MM DD YYYY 1 00-0004269 000  Delete  Change WFTAS - 10  
Personnel 2

**B Apparatus or Resource** Date and Times Sent Number Use Actions Taken  
Check if case or alarm data  
Month Day Year Hours/Min  
Check ONE box for each apparatus to indicate its unit use at the incident.  
List up to 4 actions for each apparatus and each personnel.

<input checked="" type="checkbox"/> <b>1</b> ID <u>G</u> Type <u>  </u>	Dispatch <input type="checkbox"/> <u>12</u> <u>16</u> <u>2000</u> <u>14:34</u> Arrival <input type="checkbox"/> <u>12</u> <u>16</u> <u>2000</u> <u>14:40</u> Clear <input type="checkbox"/> <u>12</u> <u>16</u> <u>2000</u> <u>16:57</u>	Sent <input checked="" type="checkbox"/>	of <u>16</u> People	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">[ ] [ ]</td> <td style="width: 25%; border: none;">[ ] [ ]</td> <td style="width: 25%; border: none;">[ ] [ ]</td> <td style="width: 25%; border: none;">[ ] [ ]</td> </tr> </table>	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]						

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
1244	Bergelt, Steve	FFP	<input checked="" type="checkbox"/>				
152	Bukis, Dave	LT	<input checked="" type="checkbox"/>				
158	Battistone, Thomas	FFE	<input checked="" type="checkbox"/>				
17	Adams, Donald	RET	<input checked="" type="checkbox"/>				
18	Berger, Steven	LT	<input checked="" type="checkbox"/>				
1807	Meier, Josh	FFP	<input checked="" type="checkbox"/>				
21	Daley, Philip	FFE	<input checked="" type="checkbox"/>				
2115	Lenka, Todd	FFE	<input checked="" type="checkbox"/>				
2179	Lombardi, Nicholas	FFE	<input checked="" type="checkbox"/>				

**2** ID    Dispatch Sent Suppression EMS Other  
Month Day Year Hours/Min

Arrival <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	Sent <input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">[ ] [ ]</td> <td style="width: 25%; border: none;">[ ] [ ]</td> <td style="width: 25%; border: none;">[ ] [ ]</td> </tr> </table>	[ ] [ ]	[ ] [ ]	[ ] [ ]
[ ] [ ]	[ ] [ ]	[ ] [ ]				

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

**3** ID    Dispatch Sent Suppression EMS Other  
Month Day Year Hours/Min

Arrival <input type="checkbox"/> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	Sent <input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">[ ] [ ]</td> <td style="width: 25%; border: none;">[ ] [ ]</td> <td style="width: 25%; border: none;">[ ] [ ]</td> </tr> </table>	[ ] [ ]	[ ] [ ]	[ ] [ ]
[ ] [ ]	[ ] [ ]	[ ] [ ]				

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

08204 FDID *	MI State *	MM DD YYYY 12 16 2000 Incident Date *	1 Station	00-0004269 Incident Number *	000 Expense *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
1244 Borgelt, Steve	G	95010 Single		FFP		4.38	4.38	0.00
152 Bukis, Dave	G	95010 Single		LT		4.38	4.38	0.00
158 Battistone, Thomas	G	95010 Single		FFE		4.38	4.38	0.00
17 Adams, Donald C	G	95010 Single		RET		4.38	4.38	0.00
18 Berger, Steven	G	95010 Single		LT		4.38	4.38	0.00
1807 Meier, Josh	G	95010 Single		FFP		4.38	4.38	0.00
21 Daley, Philip	G	95010 Single		FFE		4.38	4.38	0.00
2115 Lemke, Todd L	G	95010 Single		FFE		4.38	4.38	0.00
2179 Lombardi, Nicholas S	G	95010 Single		FFE		4.38	4.38	0.00
22 Davison, James	G	95010 Single		CAP		4.38	4.38	0.00
2334 Wisler, William J	G	95010 Single		FFP		4.38	4.38	0.00
2340 Mack, Philip C	G	95010 Single		FFP		4.38	4.38	0.00
24 Grady, Bill	G	95010 Single		RET		4.38	4.38	0.00
2462 Taylor, Michael P	G	95010 Single		FFP		4.38	4.38	0.00
851 Caruso, Michael J	G	95010 Single		FFP		4.38	4.38	0.00
883 Gaggi, Steve	G	95010 Single		FFP		4.38	4.38	0.00

Total Participants: 16

Total Personnel Hours: 70.0

An 'X' next to the unit denotes driver.

At approximately 15:00 hrs on 12/18/2000 this writer conducted a fire investigation of two vehicle's in conjunction with the above stated house fire. The vehicles in question were located in the garage of [REDACTED] M [REDACTED]. The two vehicles were towed from the scene of the house fire and impounded at the Mayflower tow yard for further investigation.

Vehicle #1 was a 1999 Ford Windstar minivan. The vehicle was a four door model with a hatch back to the rear. The location of this particular vehicle during the fire was on the far end of the garage away for the entry door to the house. Upon further investigation of the vehicle this writer observed heavy damage to the vehicle as a result of the above stated house fire. A portion of the garage door, and roofing material had fallen on the vehicle during fire suppression operations. As a result of the above mentioned collapse the vehicle sustained heavy damage to the roof and passenger compartment. Heavy fire damage was also noted to the entire vehicle to include the passenger compartment as well as the engine compartment. The exterior showed signs of heavy fire damage. The tires were completely consumed with only the rims left. The gas cap and fill spout were also consumed. Access to the engine compartment was gained via the hood release mechanism. Upon inspection of the engine compartment this writer found fire damage to the entire compartment. A good number of the hoses and belts were consumed as a result of the fire. The engine did not appear to have any major structural damage to it prior to the fire. Portions of the battery, radiator and other components were found intact at the time of this investigation. The passenger compartment sustained heavy fire and structural damage due the above mentioned fire. All of the doors were closed and latched at the time of the fire. It was unknown if the doors were locked at the time of the fire due to the fact the lock mechanisms were consumed by the fire. Portions of the dash, radio and other interior items were found during this investigation. This writer observed that the majority of the contents of the passenger compartment were consumed by the fire.

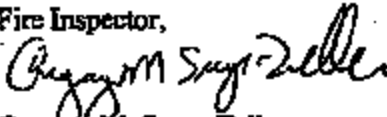
Vehicle #2 was a 1999 Ford Explorer. The vehicle was a four door model with a hatch back to the rear. The above vehicle also had a sun roof. The location of the vehicle at the time of the fire was located directly adjacent to the Ford Windstar in front of the house entry door. As mentioned above the vehicle was towed and impounded for further investigation. Upon further investigation of the vehicle this writer observed heavy fire and structural damage to the vehicle as a result of a fire. The exterior showed heavy fire damage. The tires were completely consumed with only the rims left. The front drivers side rim showed signs of melting as a result of the fire. The drivers side rear rim also showed signs of melting possibly due to the gas tank venting during the fire. The gas cap and fill spout were also consumed by the fire. Access to the engine compartment was gained via the hood release mechanism. Upon inspection of the engine compartment this writer observed heavy fire damage as a result of a fire. The radiator, and portions of the air conditioning units were partly consumed and melted away from the vehicle. When the vehicle was extricated from the garage area these items were found on the garage floor below the vehicle. All of the hoses belts and plastic parts were completely consumed by the fire. Upon further investigation of the engine compartment this writer obtained fluid levels for both the oil, and trans fluid. The oil level was approximately one half inch below the fill line. The trans fluid showed full. The engine did not appear to have any major structural damage to it prior to the fire. The passenger compartment showed heavy signs of fire and structural damage as a result of the fire. All four doors to include the rear hatch were closed and latched during the fire. It is unknown if the doors were locked during the fire due to the fact the lock mechanisms were consumed by the fire. This writer observed portions of the windshield

and other interior components strewn about the interior of the vehicle. Upon further investigation of the interior of the vehicle this writer observed a good majority of the contents consumed by the fire.

Based on the above stated examination, it is this writers opinion through training, education, and experience that the fire started in the area of the engine compartment of the 1999, Ford Explorer.

The above stated investigation consisted of physical investigation of both vehicles as well as taking photographs. For more information please refer to the Canton Township vehicle fire investigation form located in the main file.

Fire Inspector,



Gregory M. Sprys-Tellner



<b>A</b>		MM DD YYYY 12 16 2000	Station 00-0004277	Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
<b>B Location*</b>		<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland fire form in Section 2 "Alternative Location Specification". Use only for Wildland fires.		Census Tract 0010 - 00		
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions		City: Canton State: MI		Street Type		Suffix
<b>C Incident Type *</b>		<b>E1 Date &amp; Times</b>		<b>E2 Shift &amp; Alarm</b>		
110 Structure fire, other		Midnight is 0000 Check boxes if dates are the same as Alarm Alarm always required Alarm * 12 16 2000 19:08:00 Arrival * 12 16 2000 19:11:00 Controlled LAST UNIT CLEARED, required except for wildland fires Cleared 12 16 2000 19:31:00		Local Option 2 01 CAN Shift or Alarm District Platform		
<b>D Aid Given or Received*</b>		<b>E3 Special Studies</b>				
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recvd. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None		Special Studies Local Option Special Study Int Special Study Value				
<b>F Actions Taken *</b>		<b>G1 Resources *</b>		<b>G2 Estimated Dollar Losses &amp; Value</b>		
111 Extinguish Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)		Check this box and skip this section if no apparatus or personnel were used. Apparatus Personal Suppression 0001 0004 EMS Other 0001 Check box if resources counts include aid received resources.		LOSSES: Required for all fires if known. Optional for non fires. Property \$ [ ] , [ ] 000 , [ ] 001 Contents \$ [ ] , [ ] 000 , [ ] 000 PRE-INCIDENT VALUE: Optional Property \$ [ ] , [ ] 450 , [ ] 000 Contents \$ [ ] , [ ] 000 , [ ] 000		
<b>Completed Modules</b>		<b>H1 Casualties</b>		<b>H3 Hazardous Materials Release</b>		<b>I Mixed Use Property</b>
<input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> Hazmat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		Deaths Injuries Fire Services Civilian Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them 0 Unknown		None 1 Natural Gas: also leak, no reaction or target action 2 Propane Gas: all lb. tank or in hose (no gas) 3 Gasoline: vehicle fuel tank or portable containers 4 Kerosene: fuel burning equipment or portable containers 5 Diesel fuel/fuel oil: vehicle fuel tank or portable containers 6 Household solvent: household paint, cleaning only 7 Motor oil: from engine or portable containers 8 Paint: from paint cans totaling < 20 gallons 0 Other: Special hazard container required or spill > 5 gal., Name specifies the spill type		Not Mixed 10 Assembly use 20 Education use 33 Medical use 40 Residential use 51 Row of stores 53 Enclosed wall 58 Bus. & Residential 59 Office use 60 Industrial use 63 Military use 65 Farm use 00 Other mixed use
<b>J Property Use*</b>		<b>Structures</b>		<b>Outside</b>		
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		341 Clinic, clinic type infirmary 342 Doctor/dentist office 361 Prison or jail, not juvenile 419 1-or 2-family dwelling 429 Multi-family dwelling 439 Rooming/boarding house 449 Commercial hotel or motel 459 Residential, board and care 464 Dormitory/barracks 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 961 Highway/divided highway 962 Residential street/driveway		539 Household goods, sales, repairs 579 Motor vehicle/boat sales/repair 571 Gas or service station 599 Business office 615 Electric generating plant 629 Laboratory/science lab 700 Manufacturing plant 819 Livestock/poultry storage (barn) 882 Non-residential parking garage 891 Warehouse 981 Construction site 984 Industrial plant yard
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				Lookup and enter a Property Use code only if you have NOT checked a Property Use box. Property Use 419 1 or 2 family dwelling NFIRS-1 Revision 03/11/95		

**K1 Person/Entity Involved**

Local Option:  Business name (if applicable): [REDACTED] Area Code: [REDACTED] Phone Number: [REDACTED]

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

Mr., Ms., Mrs. First Name: [REDACTED] MI: [REDACTED] Last Name: [REDACTED] Suffix: [REDACTED]

Number: [REDACTED] Prefix: [REDACTED] Street or Highway: [REDACTED] Street Type: [REDACTED] Suffix: [REDACTED]

Post Office Box: [REDACTED] Apt./Suite/Room: [REDACTED] City: [REDACTED]

State: [REDACTED] Zip Code: [REDACTED]

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

**K2 Owner**

Local Option:  Same as person involved? Then check this box and skip the rest of this section. Business name (if applicable): [REDACTED] Area Code: [REDACTED] Phone Number: [REDACTED]

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

Mr., Ms., Mrs. First Name: [REDACTED] MI: [REDACTED] Last Name: [REDACTED] Suffix: [REDACTED]

Number: [REDACTED] Prefix: [REDACTED] Street or Highway: [REDACTED] Street Type: [REDACTED] Suffix: [REDACTED]

Post Office Box: [REDACTED] Apt./Suite/Room: [REDACTED] City: Canton

State: MI Zip Code: [REDACTED]

**L Remarks**

Local Option

AFTER HOUSE FIRE AT LOCATION RUN #4277-00 . THE FIRE INVESTIGATION TEAM CALLED THAT THERE WAS A REKINDLE. UPON ARRIVAL FOUND THAT THERE WAS A REKINDLE TO THE FACIA ON THE SOUTH END GABLE TROSS EXTINGUISHED WITH BOOSTER AND FF. GAGGI REMOVED FACIA BROAD FROM THE ATTIC WITH A SHORT PIKE POLE.

12/16/2000 21:16 Lt Bukis

**I. Authorization**

17 Adams, Donald C [REDACTED] [REDACTED] 12 16 200  
 Officer in charge ID Signature Position or rank Assignment Month Day Year

152 Bukis, Dave [REDACTED] [REDACTED] 12 16 200  
 Check box if same as Officer Number making report ID Signature Position or rank Assignment Month Day Year

08204	MI	12	16	2000	1	00-0004277	000	Complete Narrative
FDID *	State *	Incident Date *			Station	Incident Number *	Sequence *	

**Narrative:**

AFTER HOUSE FIRE AT LOCATION RDN #4277-00 . THE FIRE INVESTIGATION TEAM CALLED THAT THERE WAS A REKINDLE. UPON ARRIVAL FOUND THAT THERE WAS A REKINDLE TO THE FACIA ON THE SOUTH END GABLE TRUSS EXTINGUISHED WITH BOOSTER AND FF. GAGGI REMOVED FACIA BROAD FROM THE ATTIC WITH A SHORT PIKE POLE.

12/16/2000 21:16 Lt Bukis

ERG5-005-LC1-4880

**B Property Details**

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

**B2**  Buildings not involved  
 Number of buildings involved

**B3**  None  
 Areas burned (outside fires)  Less than one acre

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

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

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

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

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

**D Ignition**

**D1** 76 Wall surface: exterior  
 Area of fire origin \*

**D2** 40 Hot or smoldering  
 Heat source \*

**D3** 12 Exterior wall covering  
 Item first ignited \*  None  Yes  Yes confined to object of origin

**D4** 53 Sawn wood, including  
 Type of material first ignited  None  Yes  Yes confined to object of origin

**E1 Cause of Ignition**

Check box if this is an exposure report. Ship to section 9

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

**E3 Human Factors Contributing to Ignition**

Check all applicable boxes

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

7  Age was a factor  
 Estimated age of person involved

1  Male 2  Female

**E2 Factors Contributing to Ignition**

72 Rekindle  None  
 Factor Contributing to Ignition (1)

72 Rekindle  None  
 Factor Contributing to Ignition (2)

**F1 Equipment Involved in Ignition**

None if Equipment was not involved, ship to Section 9

NNN None  
 Equipment Involved

Brand

Model

Serial #

Year

**F2 Equipment Power**

Equipment Power Source

**F3 Equipment Portability**

1  Portable  
 2  Stationary

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

**G Fire Suppression Factors**

Enter up to three codes.  None

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

**H1 Mobile Property Involved**

None

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

Mobile property model

License Plate Number State VTN Number

**H2 Mobile Property Type & Make**

Mobile property type

Mobile property make

**Local Use**

Fire-Prevention Plan Available

Some of the information presented in this report may be based upon reports from other Agencies

ARO report attached  
 Police report attached  
 Coroner report attached  
 Other reports attached

<b>I1 Structure Type *</b> <small>If fire was in enclosed building or a portable/mobile structure complete the rest of this form</small> 1 <input type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. pier) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. footers) 9 <input type="checkbox"/> Other type of structure	<b>I2 Building Status *</b> 1 <input type="checkbox"/> Under construction 2 <input type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Undetermined	<b>I3 Building * Height</b> <small>Count the ROOF as part of the highest story</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> <small>Total number of stories or, if above grade</small>  <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Total number of stories below grade</small>	<b>I4 Main Floor Size*</b> <span style="float: right;">NFIRS-3 Structure Fire</span> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px;"></div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px;"></div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px;"></div> <small>Total square feet</small> <p style="text-align: center;">OR</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px;"></div> BY <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px;"></div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px;"></div> <small>Length in feet      Width in feet</small>
<b>J1 Fire Origin *</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div> <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	<b>J3 Number of Stories Damaged By Flame</b> <small>Count the ROOF as part of the highest story</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div> <small>Number of stories w/ minor damage (1 to 24% flame damage)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div> <small>Number of stories w/ significant damage (25 to 49% flame damage)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div> <small>Number of stories w/ heavy damage (50 to 74% flame damage)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div> <small>Number of stories w/ extreme damage (75 to 100% flame damage)</small>	<b>K Material Contributing Most To Flame Spread</b> <input type="checkbox"/> Check if no flame spread OR skip to Section L if unable to determine <small>Skip To Section L</small> <b>K1</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px;"></div> <small>Item contributing most to flame spread</small>  <b>K2</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px;"></div> <small>Type of material contributing most of flame spread      Required only if item contributing code is 00 or 01</small>	
<b>J2 Fire Spread *</b> 1 <input checked="" type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	<b>L1 Presence of Detectors *</b> <small>(In area of the fire)</small> N <input checked="" type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px; font-size: small;">Skip to section M</span> 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined	<b>L3 Detector Power Supply</b> 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 8 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>L5 Detector Effectiveness</b> <small>Required if detector operated</small> 1 <input type="checkbox"/> Alarmed occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
<b>L2 Detector Type</b> 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 8 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>L4 Detector Operation</b> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated <small>(Complete Section L5)</small> 3 <input type="checkbox"/> Failed to operate <small>(Complete Section L5)</small> U <input type="checkbox"/> Undetermined	<b>L6 Detector Failure Reason</b> <small>Required if detector failed to operate</small> 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 8 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	
<b>M1 Presence of Automatic Extinguishment System *</b> N <input checked="" type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px; font-size: small;">Complete rest of Section M</span> 1 <input type="checkbox"/> Present	<b>M3 Automatic Extinguishment System Operation</b> <small>Required if fire was within designed range</small> 1 <input type="checkbox"/> Operated & effective (0% to 64%) 2 <input type="checkbox"/> Operated & not effective (65% to 84%) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (85% to 100%) 8 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>M5 Automatic Extinguishment System Failure Reason</b> <small>Required if system failed</small> 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual intervention 8 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	
<b>M2 Type of Automatic Extinguishment System *</b> <small>Required if fire was within designed range of AEM</small> 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO <sub>2</sub> ) system 8 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	<b>M4 Number of Sprinkler Heads Operating</b> <small>Required if system operated</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div> <small>Number of sprinkler heads operating</small>	<small>NFIRS-3 Revision 01/19/99</small>	

NFIRS-3-1-1-4882

**A** 08204 MI 12 16 2000 1 00-0004277 000  Delete  Change **KFRS - 9 Apparatus or Resources**  
UID \* State \* Incident Date \* Station Incident Number \* Expense \*

B Apparatus or * Resource	Date and Times				Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
	Dispatch	Arrival	Clear					
1 ID <u>G1</u> Type <u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>    </u> <u>    </u> <u>    </u> <u>    </u>
2 ID <u>G2</u> Type <u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>0</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>    </u> <u>    </u> <u>    </u> <u>    </u>
3 ID <u>    </u> Type <u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>    </u> <u>    </u> <u>    </u> <u>    </u>
4 ID <u>    </u> Type <u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>    </u> <u>    </u> <u>    </u> <u>    </u>
5 ID <u>    </u> Type <u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>    </u> <u>    </u> <u>    </u> <u>    </u>
6 ID <u>    </u> Type <u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>    </u> <u>    </u> <u>    </u> <u>    </u>
7 ID <u>    </u> Type <u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>    </u> <u>    </u> <u>    </u> <u>    </u>
8 ID <u>    </u> Type <u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>    </u> <u>    </u> <u>    </u> <u>    </u>
9 ID <u>    </u> Type <u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>    </u> <u>    </u> <u>    </u> <u>    </u>

- Type of Apparatus or Resources**
- Ground Fire Suppression**
- 11 Engine
  - 12 Truck or aerial
  - 13 Quint
  - 14 Tanker & pumper combination
  - 16 Brush truck
  - 17 ARF (Aircraft Rescue and Firefighting)
  - 18 Ground fire suppression, other
- Heavy Ground Equipment**
- 21 Dozer or plow
  - 22 Tractor
  - 24 Tanker or tender
  - 29 Heavy equipment, other
- Aircraft**
- 41 Aircraft: fixed wing tanker
  - 42 Helitanker
  - 43 Helicopter
  - 40 Aircraft, other

- Marine Equipment**
- 51 Fire boat with pump
  - 52 Boat, no pump
  - 50 Marine apparatus, other
- Support Equipment**
- 61 Breathing apparatus support
  - 62 Light and air unit
  - 60 Support apparatus, other
- Medical & Rescue**
- 71 Rescue unit
  - 72 Urban Search & rescue unit
  - 73 High angle rescue unit
  - 75 EMS unit
  - 76 ALS unit
  - 70 Medical and rescue unit, other

More Apparatus?  
 Use Additional  
 Sheets

- Other**
- 91 Mobile command post
  - 92 Chief officer car
  - 93 Hazmat unit
  - 94 Type 1 hand crew
  - 95 Type 2 hand crew
  - 99 Privately owned vehicle
  - 00 Other apparatus/resources
  - MM None
  - UU Undetermined

KFRS-9 Revision 11/17/98

ER05-005-LC1-4883

08204 12/16/2000 00-0004277

**A** 08204 MI 12 16 2000 1 00-0004277 000  Delete  Change **MFIRS - 10 Personnel**  
FFID \* Photo \* Incident Date \* Station Incident Number \* Exposure \*

**B Apparatus or Resource**  **Date and Times**  **Sent** **Number** **Use** **Actions Taken**  
Use codes listed below Check if same as alarm date of \* Check one box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.  
Month Day Year Hours/mins People Suppression EMS Other

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
152	Bukis, Dave	LT	X				
158	Battistone, Thomas	FFE	X				
18	Berger, Steven	LT	X				
883	Gaggi, Steve	FFP	X				

**2** ID G2 Dispatch  12 16 2000 19:08 Sent  0  Suppression  EMS  Other  
 Arrival  12 16 2000 19:11 Clear  12 16 2000 19:31

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
			X				

**3** ID      Dispatch                      Sent        Suppression  EMS  Other  
 Arrival                      Clear                     

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
			X				

ED05-005-1C1-4804

MFIRS-10 Revision 11/17/98

08204 FD# *	MI state *	MM 12	DD 16	YYYY 2000	1 station	00-0004277 Incident Number *	000 Drops *	Responding Personnel
----------------	---------------	----------	----------	--------------	--------------	---------------------------------	----------------	-------------------------

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pty
152 Bukie, Dave	G1	95010 Single		LT		0.38	0.38	0.00
158 Battistone, Thomas	G1	95010 Single		FFE		0.38	0.38	0.00
18 Berger, Steven	G1	95010 Single		LT		0.38	0.38	0.00
883 Gaggi, Steve	G1	95010 Single		FFP		0.38	0.38	0.00

Total Participants: 4

Total Personnel Hours: 1.52

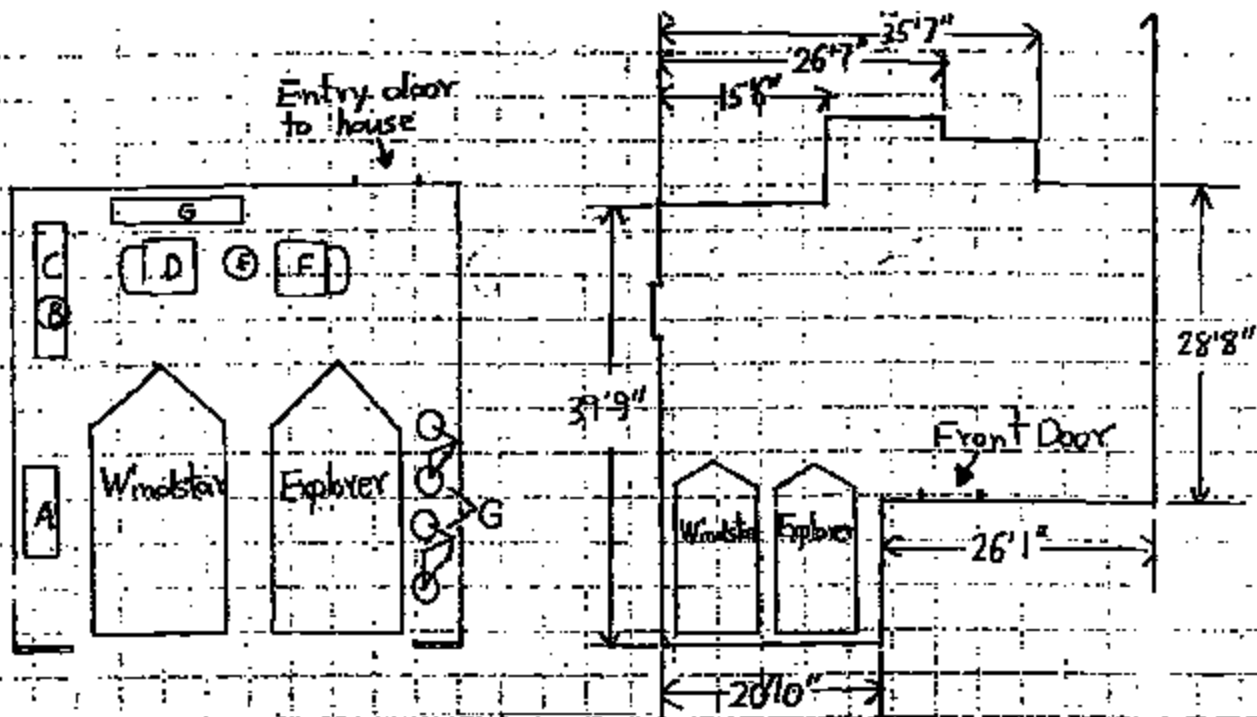
An 'X' next to the unit denotes driver.

Canton Fire Department

FD-203-LC1-4895

08204 12/16/2000 00-0004277





Interior of Garage

- A - Sporting goods
- B - Plastic Gas Can
- C - Shelf
- D - Lawn mower
- E - Plastic Gas can
- F - Snow Blower
- G - Bikes

Outside Dimensions of Residence  
 Measurements D. Schreiner 835  
 12-16-2000

CANTON PUBLIC SAFETY DEPARTMENT  
PERMISSION TO SEARCH

I, [REDACTED] have been informed by PI/ALBERT K. HENDRICKSON  
and \_\_\_\_\_ who made proper identification as (an)  
authorized law enforcement officer(s) of the CANTON F.D.  
of my CONSTITUTIONAL RIGHT not to have a search made of the premises and  
property owned by me and/or under my care, custody and control, without a  
search warrant.

Knowing of my lawful right to refuse to consent to such a search, I willingly  
give my permission to the above-named officer(s) to conduct a complete search  
of the premises and property, including all buildings and vehicles, both  
inside and outside of the property located at [REDACTED]

The above said officer(s) further have my permission to take from my premises  
and property, any letters, papers, materials or any other property or things  
which they desire as evidence in the case under investigation.

This written permission to search without a search warrant is given by me to  
the above officer(s) voluntarily and without any threats or promises of any  
kind at 7:00 AM/PM on this 16 day of DEC 19<sup>2011</sup>, at  
[REDACTED]

Signed [REDACTED]

Witness

Kimberly Berg

Witness [REDACTED]

Address \_\_\_\_\_

Address 123 S. BROAD

Phone (H) \_\_\_\_\_

(B) \_\_\_\_\_

Phone (H) \_\_\_\_\_

(B) \_\_\_\_\_

CANTON TOWNSHIP  
VEHICLE FIRE INVESTIGATION

CFD Incident # 4264/00 Date of investigation 12/13/00 Time 15:00  
Year 99 Make Ford Model Explorer Color (T) (B)  
Plate Number [REDACTED] State MI Expires on 04/26/2001  
Vehicle Identification Number 1FMZU34X2X2 [REDACTED]

Examined at Scene  Other Location Midwest Auto Belleville

Location at time of fire  Roadway  Shoulder  Driveway  Field  Other Garage  
Legally parked at time of fire  Yes  No  Undetermined

Passenger Compartment

Burglar Alarm System:  Yes  No  Intact  Missing  Undetermined

Steering Column  Intact  Missing  Consumed  Locked  Undetermined

Ignition:  Intact  Missing  Consumed  Undetermined  
 Punched  Locked  On Position  Off Position

Ignition Key:  At scene  Missing  Consumed  Undetermined

Dashboard:  Intact  Missing  Consumed  Undetermined

Radio:  Intact  Missing  Consumed  Undetermined

Speakers:  Intact  Missing  Consumed  Undetermined

Console  Intact  Missing  Consumed  Undetermined

Glove Box:  Intact  Missing  Consumed  Undetermined

Front Seat:  Intact  Missing  Consumed  Undetermined

Rear Seat:  Intact  Missing  Consumed  Undetermined

Odometer  Intact  Missing  Consumed  Undetermined

Odometer reading \_\_\_\_\_ Miles

Oil Change Sticker  Intact  Missing  Consumed  Undetermined

Oil Change Sticker if present, dates / mileage Per home owner 12/15/00

List major personal affects in passenger compartment None found Consumed

ENGINE COMPARTMENT:

Hood lock  Intact  Missing  Jammed  Closed  Open  Pried by FD

Inside hood release / lock  Yes  No  Undetermined

Engine  Intact  Missing  Part-Consumed  Consumed  Undetermined

Right Rear  Intact  Missing  Good  Fair  Bald  Undetermined  
 Spare  Intact  Missing  Good  Fair  Bald  Undetermined  
 Comments All Tires Consumed by Fire, Drivers side Front + Rear Tires  
... Showed signs of melting.

**DOOR CYLINDERS (LOCKS):**

Electric Locks  No  Yes  
 Interior trunk release button  Yes  No  Undetermined  
 Left Front  Intact  Melted  Punched  Missing  Undetermined  Pried by FD  
 Right Front  Intact  Melted  Punched  Missing  Undetermined  Pried by FD  
 Left Rear  Intact  Melted  Punched  Missing  Undetermined  Pried by FD  
 Right Rear  Intact  Melted  Punched  Missing  Undetermined  Pried by FD  
 Rear Hatch  Intact  Melted  Punched  Missing  Undetermined  Pried by FD  
 Trunk  Intact  Melted  Punched  Missing  Undetermined  Pried by FD  
 Jack - Lug wrench  Intact  Missing  Undetermined  
 Trunk contents / Personal affects consumed by fire

**GAS TANK:**

Gas Cap  Intact  Missing  Consumed  Damaged  Undetermined  
 Fill Pipe  Intact  Missing  Consumed  Damaged  Undetermined  
 Fuel Tank  Intact  Missing  Consumed  Damaged  Undetermined

**BODY CONDITION:**

Rust = G-Good condition, L-Light surface rust, M-Medium rust, no visible holes,  
 H-Heavy rust with visible holes  
 Damage = G-Good condition, N-Normal to include minor dents, scrapes, scratches and etc.  
 D-major damage

Front Bumper	<input type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input checked="" type="checkbox"/> Consumed	___ Rust	___ Damage
Hood	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input type="checkbox"/> Consumed	<u>G</u> Rust	<u>G</u> Damage
Grill	<input type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input checked="" type="checkbox"/> Consumed	___ Rust	___ Damage
Front bumper	<input type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input checked="" type="checkbox"/> Consumed	___ Rust	___ Damage
R Front fender	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input type="checkbox"/> Consumed	<u>G</u> Rust	<u>G</u> Damage
R Front door	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input type="checkbox"/> Consumed	<u>G</u> Rust	<u>G</u> Damage
R Rear door	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input type="checkbox"/> Consumed	<u>G</u> Rust	<u>G</u> Damage
R Rear quarter	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input type="checkbox"/> Consumed	<u>G</u> Rust	<u>G</u> Damage
Rear bumper	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input type="checkbox"/> Consumed	<u>G</u> Rust	<u>G</u> Damage
Trunk Lid	<input type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input type="checkbox"/> Consumed	___ Rust	___ Damage
L Rear quarter	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input type="checkbox"/> Consumed	<u>G</u> Rust	<u>G</u> Damage

CANTON TOWNSHIP  
VEHICLE FIRE INVESTIGATION

CFD Incident # 4269/00 Date of Investigation 12/15/00 Time 15:00  
Year 99 Make Ford Model Windsor Color (T) (B)  
Plate Number [REDACTED] State MI Expires on 07/01/2001  
Vehicle Identification Number 2FM2B5249X8 [REDACTED]

Examined at Scene  Other Location Midwest Auto, Belle Isle Rd. Canton

Location at time of fire:  Roadway  Shoulder  Driveway  Field  Other garage

Legally parked at time of fire:  Yes  No  Undetermined

Passenger Compartment

Burglar Alarm System:  Yes  No  Intact  Missing  Undetermined

Steering Column:  Intact  Missing  Consumed  Locked  Undetermined

Ignition:  Intact  Missing  Consumed  Undetermined

Punched  Locked  On Position  Off Position

Ignition Key:  At scene  Missing  Consumed  Undetermined

Dashboard:  Intact  Missing  Consumed  Undetermined

Radio:  Intact  Missing  Consumed  Undetermined

Speakers:  Intact  Missing  Consumed  Undetermined

Console:  Intact  Missing  Consumed  Undetermined

Glove Box:  Intact  Missing  Consumed  Undetermined

Front Seat:  Intact  Missing  Consumed  Undetermined

Rear Seat:  Intact  Missing  Consumed  Undetermined

Odometer:  Intact  Missing  Consumed  Undetermined

Odometer reading \_\_\_\_\_ Miles

Oil Change Sticker:  Intact  Missing  Consumed  Undetermined

Oil Change Sticker if present, dates / mileage \_\_\_\_\_

List major personal affects in passenger compartment Consumed by fire

ENGINE COMPARTMENT:

Hood lock:  Intact  Missing  Jammed  Closed  Open  Pried by FD

Inside hood release / lock:  Yes  No  Undetermined

Engine:  Intact  Missing  Part-Consumed  Consumed  Undetermined

Right Rear  Intact  Missing  Good  Fair  Bad  Undetermined  
 Spare  Intact  Missing  Good  Fair  Bad  Undetermined  
 Comments All Tires Covered by Fire

**DOOR CYLINDERS (LOCKS):**

Electric Locks  No  Yes

Interior trunk release button  Yes  No  Undetermined

Left Front  Intact  Melted  Punched  Missing  Undetermined  Pried by FD

Right Front  Intact  Melted  Punched  Missing  Undetermined  Pried by FD

Left Rear  Intact  Melted  Punched  Missing  Undetermined  Pried by FD

Right Rear  Intact  Melted  Punched  Missing  Undetermined  Pried by FD

Rear Hatch  Intact  Melted  Punched  Missing  Undetermined  Pried by FD

Trunk  Intact  Melted  Punched  Missing  Undetermined  Pried by FD

Jack - Lug wrench  Intact  Missing  Undetermined

Trunk contents / Personal affects Consumed by Fire

**GAS TANK:**

Gas Cap  Intact  Missing  Consumed  Damaged  Undetermined

Fill Pipe  Intact  Missing  Consumed  Damaged  Undetermined

Fuel Tank  Intact  Missing  Consumed  Damaged  Undetermined

**BODY CONDITION:**

Rust = G-Good condition, L-Light surface rust, M-Medium rust, no visible holes,

H-Heavy rust with visible holes

Damage = G-Good condition, N-Normal to include minor dents, scrapes, scratches and etc.

D-major damage

Front Bumper	<input type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input checked="" type="checkbox"/> Consumed	<u>  </u> Rust	<u>  </u> Damage
Hood	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input type="checkbox"/> Consumed	<u>  </u> Rust	<u>  </u> Damage
Grill	<input type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input checked="" type="checkbox"/> Consumed	<u>  </u> Rust	<u>  </u> Damage
Front bumper	<input type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input checked="" type="checkbox"/> Consumed	<u>  </u> Rust	<u>  </u> Damage
R Front fender	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input type="checkbox"/> Consumed	<u>  </u> Rust	<u>  </u> Damage
R Front door	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input type="checkbox"/> Consumed	<u>  </u> Rust	<u>  </u> Damage
R Rear door	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input type="checkbox"/> Consumed	<u>  </u> Rust	<u>  </u> Damage
R Rear quarter	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input type="checkbox"/> Consumed	<u>  </u> Rust	<u>  </u> Damage
Rear bumper	<input type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input checked="" type="checkbox"/> Consumed	<u>  </u> Rust	<u>  </u> Damage
Trunk Lid	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input type="checkbox"/> Consumed	<u>  </u> Rust	<u>  </u> Damage
L Rear quarter	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Missing	<input type="checkbox"/> Consumed	<u>  </u> Rust	<u>  </u> Damage

## CANTON POLICE DEPARTMENT

SUPPLEMENTARY REPORT

TYPE OF COMPLAINT

Fire Investigation

Page 1 of 3 Page(s)	Original Date 12-16-00	Complaint No. 4209-008
	Date of Supplementary Report 12-16-00	CFD # 4277-00
		File Class

Complaint: Call In

Information: On 12-16-00 at 1600 hrs. I, Det. Schreiner was called in to assist other members of the Fire Investigation unit in investigating a house fire at [REDACTED]. I responded to the address and met with Fire Marshal Barrett. I was then assigned to interview the home's occupant.

Interview w/ Homeowner: I first spoke to [REDACTED] 417-59 who was standing across the street with neighbors. I asked [REDACTED] to talk with me privately and explain what happened which he did. [REDACTED] stated he arrived home from work at about 2:20-2:25 pm. He said he parked his 99 Explorer in the garage next to his wife's van and he left the overhead door open. [REDACTED] stated he went into the house and into the kitchen where he started to prepare some lunch. He stated as he was in the kitchen with his children he heard the smoke alarm go off which was about 20-25 minutes after he got home. [REDACTED] stated he started to look around to see what caused the smoke alarm to go off and he noticed smoke coming through the seams of the entrance

Reporting Officer

D. Schreiner 835 D.

Reviewer

## CANTON POLICE DEPARTMENT

SUPPLEMENTARY REPORT

TYPE OF COMPLAINT Fire Investigation

Page <u>2</u> of <u>3</u> Page(s)	Original Date <u>12-16-00</u>	Complaint No.
	Date of Supplementary Report <u>12-16-00</u>	File Class

door to the garage which is located in a hallway off of the kitchen. He stated his wife came downstairs and together the entire family exited the home through the front entrance door. [redacted] stated as they exited the house he saw flames in his garage and heavy black smoke that filled the garage.

I asked [redacted] if he had any problems with his Ford Explorer. He said he had not had any problems with it. He added that the Explorer was a leased vehicle provided to him by his workplace and coincidentally it had been service the previous day including an oil change and washer fluid refill. Dr. [redacted] stated his workplace arranged for the service to be done and he didn't know where it was serviced.

I asked [redacted] to draw a diagram of the interior of his garage detailing the content which he did.

Interview w/ [redacted] I next spoke to Mrs. [redacted] privately. She stated she was upstairs in her daughters room when she heard the smoke alarms go off. [redacted] stated she went downstairs and asked her husband what was going on.

Reporting Officer

J. Schreiner 8350

Reviewer



**CANTON POLICE DEPARTMENT**

**SUPPLEMENTARY REPORT**

**TYPE OF COMPLAINT** Fire Investigation

Page <u>3</u> of <u>3</u> Page(s)	Original Date <u>12-16-00</u>	Complaint No.
	Date of Supplementary Report <u>12-16-00</u>	File Class

and he told her it appeared there was a fire in the garage. She stated they all went out the front door and she noticed flames and thick smoke in the garage.

[REDACTED] said she and her kids went across the street to escape the fire.

Interview w/ Children: I next spoke to [REDACTED]

[REDACTED] at a neighbors house where they were staying temporarily. They all stated they were in the kitchen with their dad when the smoke alarms went off. They further mentioned they saw smoke coming in around the garage entry door and they left that door closed and went out the front door.

Disposition: Information TOE Fire Marshal

Reporting Officer

*[Signature]*

Reviewer

Fire Marshall

**CANTON POLICE DEPARTMENT**  
1150 S. Canton Center Road - Canton, Michigan 48188  
(734) 397-3000

Case # 30223-00  
 Incident Report

**IMPOUND VEHICLE**

Date: 12-16-00 Time: 1600 Grid: 090100 Case #: 30223-00

To: [Redacted]

Your: 99 Ford Windstar  
Year Make Model  
Van unk. MI  
Body Color Plate State

Canton MI [Redacted]  
[Redacted]  
Phone: [Redacted]

2FMZA5249X1 [Redacted]  
VIN

was impounded by Canton Police / Fire Dept from  
Business/Requesting Party:

[Redacted] for the following reason:  
Location towed from

- Accident
- Hazard
- Abandoned
- Recovered Stolen
- Arrest
- Investigation
- Improper Plates
- Private Property Impound
- Other Fire Damaged

The vehicle is being held at Mayflower Towing  
Tow Company

Phone: \_\_\_\_\_ Secured Party: Ford Motor Credit

Lien Check for Stolen  N Hold  N Reason: Held for Fire Marshall's Investigation

Lien Entry \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ Reference # \_\_\_\_\_

Lien Removal \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

Released by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Released to \_\_\_\_\_

Narrative: Destroyed in garage fire

Property Information:  
 Owner notified by phone  
 Records Bureau send copy to owner

Date \_\_\_\_\_ By \_\_\_\_\_ Schreiner 835D  
Officer/Backer #

ER85-005-LC1-4815

LAST 3 OF VIN 487  
MAKE Ford

CANTON POLICE DEPARTMENT  
1150 S. Canton Center Road - Canton, Michigan 48188  
(734) 397-3000

IMPOUND VEHICLE

Case # 30223-00

Incident Report

Date: 12-16-00 Time: 1600 Grid: 090100 Case #: 30223-00

To: Ford Cr. / Henry Ford Health Sys. Year: 99 Ford Explorer

1 Ford Plaza Body: 4dr Color: [Redacted] Plate: MI

Detroit MI 48202-3450 VIN: 1FMZU34X2 [Redacted]

Phone: \_\_\_\_\_

was impounded by Canton Fire / Police Dept. from \_\_\_\_\_  
Business/Requesting Party

[Redacted] Location towed from

for the following reason:

- Accident
- Hazard
- Abandoned
- Recovered Stolen
- Arrest
- Investigation
- Improper Plates
- Private Property Impound
- Other FIVE

The vehicle is being held at Mayflower Towing  
Tow Company

Phone: \_\_\_\_\_ Secured Party: None

Lien Check for Stolen  N Hold  N Reason: Held for Fire Marshal's Investigation

Lien Entry \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ Reference # \_\_\_\_\_

Lien Removal \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

Released by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Released to \_\_\_\_\_

Narrative: Destroyed in Fire

Property Information:

- Owner notified by phone
- Records Bureau send copy to owner

MAKE: Ford Date: \_\_\_\_\_ By: Schreiner 8350  
Officer/Badge #

ERS-686-LC1-4816

LAST 3 OF VIN: 968

Ford

MAKE

January 25, 2001

IN RE: Hastings Mutual Policy No. [REDACTED]  
H&A File No. 00-2423VF  
[REDACTED]

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D  
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N

**ASSOCIATES**

Investigators/ Consultants

36135 Schoolcraft  
Livonia, Michigan 48150  
Fax: 734-581-0140

1 800 561-2909  
waj@herndon-assoc.com  
dan@herndon-assoc.com

P.O. Box 27  
Boysie City, Michigan 49712  
231 582-6643

Licensed in Michigan,  
Ohio, Illinois and Arizona

www.herndon-assoc.com

**PREDICATION:**

This report is predicated upon the request of Mr. Bill Flowers, Hastings Mutual Claims Investigator, Special Investigation Unit, to conduct an investigation into [REDACTED] with special reference to the fire loss of a 1999 Ford, Explorer and a 1999 Ford, Windstar.

**SECRETARY OF STATE:**

Through the Secretary of State, the following information was obtained:

1999 FORD 1FMZU34X2X [REDACTED] 29 STA-WAGON M ORIGINAL  
06/01/1999 144K1480164 EXPLORER 36 A

FORD CR MICH TITLING TRST LSR  
HENRY FORD HEALTH SYSTEMS LSE  
1 FORD PL  
DETROIT 48202-3450

NO SECURED INTEREST ON RECORD

**REGISTRATION INFORMATION:**

RNL731 PC-RENEWAL  
07/01/2001  
MI SOS

IN RE: Hastings Mutual Policy No. [REDACTED]  
H&A File No. 00-2473VF  
[REDACTED]

January 25, 2001  
Page 2.

1999 FORD 2FMZA5249XE [REDACTED] 27 STA-WAGON ORIGINAL  
05/06/1999 121K1250107 WINDSTAR 3 A

[REDACTED]  
CANTON [REDACTED]

FORD MOTOR CREDIT COMPANY  
PO BOX 105704 05/05/1999  
ATLANTA GA 30348

**REGISTRATION INFORMATION:**

867ESM PC-RENEWAL  
04/26/2001 E-251-622-108-320  
MI SOS

**INSPECTION:**

On December 18, 2000 at 3:30 p.m., this Investigator arrived at Midwest Towing on Belleville Road in Canton Township, to conduct an investigation into the fire loss of a 1999 Ford, Explorer and a 1999 Ford, Windstar.

Once at the scene, a close inspection provided the following information:

**SEE ENCLOSED INVESTIGATION REPORT**

Prior to leaving the scene, several 35mm color photographs were taken and are enclosed.

**ORIGIN AND CAUSE INVESTIGATION:**

On December 18, 2000 at 3:30 p.m., this Investigator arrived at Midwest Towing on Belleville Road in Canton Township, to conduct an origin and cause investigation into the fire loss of a 1999 Ford, Explorer, Vehicle Identification Number 1FMZU34X2X2 [REDACTED]

IN RE: Hastings Mutual Policy No. [REDACTED]  
H&A File No. 00-2423VF  
[REDACTED]

January 25, 2001  
Page 3.

Initial observations reveal evidence that the utility vehicle was inside a structure at the time of the fire as indicated by the collapsing of the roof, wood and insulation debris found on the roof and within the passenger compartment.

The examination continues and all of the window glass has melted, cracked, falling in and out during the course of the fire. The investigation further reveals all of the paint to have been consumed during the course of the fire.

At this time, the investigation is focused to the rear of the vehicle where the taillight assemblies have been consumed and both rear tires have been consumed. The examination further reveals extensive melting to the cast aluminum wheels with the fill tube found within the cargo area, having been placed into same at the fire scene. The examination further reveals that the fuel tank has vented during the course of the fire as indicated by the extensive damage to the underside.

The examination of the running board on the driver's side reveals it has been consumed during the course of the fire. The examination further reveals both front tires to have been consumed during the course of the fire with melting of the left front custom wheel.

The examination is now focused to the passenger side of the utility vehicle where some running board remains and the right front custom wheel is basically intact, however, the tire has been consumed.

The examination of the rear cargo area reveals it is snow covered, there is the remains of wood debris frozen within the cargo area. Further, there is the remains of a tire pad, most probably from the spare tire.

Moving forward, the floor areas are frozen and the rear seat has been almost totally consumed during the course of the fire. The examination further reveals that the fire has melted, penetrating the roof of the vehicle directly above the rear seats. Moving forward to the front seats, there is a substantial amount of wood debris frozen, the seats are consumed on the back side and partially consumed on the front. The examination further reveals that the sunroof has melted in during the course of the fire, which also has allowed debris from the structure to fall within the passenger compartment.

The examination is now focused to the dashboard area where a substantial amount of the dashboard remains on the left or driver's side. The examination of the right or passenger side reveals partial consumption of the dashboard and, at this time, debris is frozen within this area.

IN RE: Hastings Mutual Policy No. [REDACTED]  
H&A File No. 00-2423VF  
[REDACTED]

January 25, 2001  
Page 4.

Entry is now gained into the engine compartment where the radiator and air conditioning condenser has been consumed during the course of the fire. The examination further reveals the right front headlight assembly is no longer present and there is the remains of the left front headlight assembly. It should be noted that a portion of the sheet metal has been pulled outward and it is unknown whether this was performed in the removal of the vehicle from the garage or the transportation of it to the tow facility.

Entry into the engine compartment reveals the alternator has melted out of its bracket, the main lead traveling to the alternator is broken and void of insulation, however, no evidence of any electrical faulting could be found. The examination of the valve cover on the right or passenger side reveals the right front spark plug boot is present and fire damaged and, as you travel rearward, the spark plug boots are heavily fire damaged and almost totally consumed.

The examination of the upper portion of the engine reveals extensive heat and fire damage and the air conditioning pump in the left front has melted out of its bracket into the lower section of the engine. The examination further reveals that the reinforced fuel lines are present and travels upward and into the fuel rail. The examination of the area of the battery reveals no evidence of the remains of the plates, the cables are found and examined and although they are void of insulation, there is no evidence of any electrical faulting.

At this time, a check of the fluid levels reveal the brake fluid, power steering fluid, and radiator to have drained during the course of the fire. The examination of the transmission fluid reveals that it is full and clean, the oil is overfull and clean, and can be attributed to water entering the engine during fire extinguishment. The examination continues and there is extensive fire damage to the two spark plug boots in the left rear, with the left front spark plug boot fire damaged but still present.

The investigation continues and the radiator hoses have been consumed during the course of the fire, the upper hose at the engine reveals the clamp and some hose remaining, the lower hose has been consumed and no clamp is present and may very well have fallen off at the fire scene. After completing an examination of the vehicle, the most severe damage was within the engine compartment.

At this time, the investigation continues.

IN RE: Hastings Mutual Policy No. [REDACTED]  
H&A File No. 00-2423VF  
[REDACTED]

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**FORD WINDSTAR:**

While at the two facility, this Investigator examined a 1999 Ford Windstar, Vehicle Identification Number 2FMZA5249X [REDACTED]. The examination reveals all window glass to have melted, cracked, falling in and out during the course of the fire. The examination further reveals that the roof has collapsed during the course of the fire and the metal roof has melted through, confirming that this vehicle was also housed within a structure at the time of the fire.

The examination of the exterior of the vehicle reveals all of the paint to have been consumed during the course of the fire. The examination of the rear of the vehicle reveals the wraparound bumper has been consumed, both taillights have been consumed, both rear tires have been consumed, and there is extensive melting to the aluminum wheels. The examination further reveals the most severe damage present to the left-rear custom wheel, the fill tube is no longer present, and the fuel tank has vented during the course of the fire.

Moving forward to the front of the vehicle, some tire pad remains on the left front and some tire pad remains on the right front, and the aluminum wheels are basically intact. The examination reveals the headlight assemblies have melted out during the course of the fire and the front wraparound bumper has been consumed. It should be noted that the radiator and air conditioning condenser are present with some evidence of heat exposure damage.

The examination of the passenger compartment reveals it is snow covered and there is debris from the structure frozen within the passenger compartment. The examination of the passenger compartment reveals partial consumption of the combustibles.

The investigation is now focused to the engine compartment where upon gaining entry, it is determined that combustibles remain in the area of the power distribution center in the left front. The battery has fallen into the lower part of the engine and plates are visible. The examination of the main lead traveling to the alternator on the right or passenger side reveals it is void of insulation, however, there is no evidence of any electrical faulting. The examination further reveals the reinforced fuel lines are heavily fire damaged and have separated from their connections, however, hose remains within the connectors. The examination further reveals remains of heater hoses and silencer pad at the bulkhead and the remains of belts and hoses. The examination of the battery cables reveal that they are void of insulation, however, there is no evidence of any electrical faulting.

At this time, no evidence of any fire origin within the engine compartment could be found.



IN RE: Hastings Mutual Policy No. [REDACTED]  
H&A File No. 00-2423VF  
[REDACTED]

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Page 6.

It should be noted that the extensive fire damage to the rear underside can be attributed to the fuel tank venting during the course of the fire, and the extensive fire damage within the passenger compartment of the van can be attributed to the collapse of the roof structure and debris burning within the passenger compartment.

At this time, the investigation continues.

**TITLE INFORMATION:**

A review of the title information indicates that the 1999 Ford, Explorer, is an original lease to [REDACTED] of [REDACTED] Michigan on June 1, 1999. There is no secured interest listed on record and the license plate of [REDACTED] was not due to expire until July 1, 2001.

**NICB VINASSIST:**

A review of the NICB Vinassist indicates that the 1999 Ford, Explorer XL 4X4, is equipped with a 4.0 liter V-6 engine, and was assembled in St. Louis, Hazelwood, Missouri.

**NATIONAL HIGHWAY TRAFFIC & SAFETY ADMINISTRATION:**

A search of the National Highway Traffic & Safety Administration, Recall Database, involving a 1999 Ford, Explorer, produced six records. A review of the recalls revealed none pertained to the fire in question.

**ALL DATA SYSTEM:**

A search of the All Data System produced a number of technical service bulletins pertaining to the vehicle in question. (See enclosed technical service bulletins.)

IN RE: Hastings Mutual Policy No. [REDACTED]  
H&A File No. 00-2423VF  
[REDACTED]

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Page 7.

**TITLE INFORMATION:**

A review of the title information involving the 1999 Ford Windstar, revealed that this is an original purchase, transferred into the name of [REDACTED] of [REDACTED] Drive, Canton, Michigan on May 6, 1999. At the time of the transfer, the lien holder was listed as Ford Motor Credit Company. The license plate of [REDACTED] was not due to expire until April 26, 2001. The driver's license number listed on the registration was [REDACTED].

**NICB VINASSIST:**

A review of the NICB Vinassist indicates that the 1999 Ford, Windstar, is equipped with a 3.8 liter engine and was assembled in Oakville, Ontario, Canada.

**NATIONAL HIGHWAY TRAFFIC & SAFETY ADMINISTRATION:**

A search of the National Highway Traffic & Safety Administration, Recall Database, involving a 1999 Ford, Windstar, produced three records. Upon reviewing same, none were found to pertain to the fire in question.

A further search of the Alldata System produced a number of technical service bulletins pertaining to the vehicle in question. Upon reviewing same, none were found to pertain to the fire in question.

**CANTON FIRE DEPARTMENT:**

A request was made and copy obtained of the Canton Fire Department incident report, as well as fire investigation pertaining to the fire in question. A review of the Canton Fire Incident Report revealed the location as [REDACTED], Canton, Michigan. The date and time was listed as December 16, 2000, with an alarm time of 2:34 p.m. The fire department arrived at 2:40 p.m. and cleared the scene at 6:57 p.m. The Incident Number is 00-004269. The occupant is [REDACTED]. [REDACTED] The area of fire origin was listed as the garage, carport, vehicle storage. The number of stories were two and the extent of flame damage was to structure of origin. The equipment involved in the ignition was undetermined.

IN RE: Hastings Mutual Policy No. [REDACTED]  
H&A File No. 00-2423VF  
[REDACTED]

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A review of Fire Inspector Gregory M. Sprys-Tellner's fire investigation revealed that he was of the opinion the fire originated in the area of the engine compartment of the 1999 Ford, Explorer. (See enclosed report.)

**INTERVIEW (DR. JOHN EGGENBERGER):**

On December 19, 2000 at 8:00 a.m., Investigator Tim Herndon conducted an interview with [REDACTED] who stated that Henry Ford Health Systems provides him with a vehicle, that vehicle being the 1999 Ford, Explorer. [REDACTED] indicated that his wife, [REDACTED] is the titleholder and named insured of the 1999 Ford Windstar, and that he is the principal driver of the 1999 Ford Explorer, and his wife is the principal driver of the 1999 Ford Windstar.

Further questioning revealed that neither party has had any complaints with either of the vehicles. The fire was discovered on December 16, 2000 at 2:45 p.m. and the weather conditions were snowing. The location of the fire was within the garage structure at the residence. Subsequently, a passing motorist contacted the Canton Township Fire Department via 911 and they responded within 10 to 15 minutes and commenced extinguishment of the 1999 Ford Explorer, 1999 Ford Windstar, garage and residential structure. [REDACTED] went on to state that the Explorer is equipped with a 6 cylinder engine and that the Explorer is leased by Henry Ford Health Systems and it was provided to him in May of 1999. [REDACTED] is unsure of the leasing dealership, however, he is aware there is a three year/36,000 mile warranty on the Explorer.

When questioned regarding any warranty service performed on the Explorer, [REDACTED] stated he has had none. At the time of the fire, the fuel tank was approximately one-quarter full in the Explorer and normally oil change facilities check the fluids. The last person to have entered the engine compartment of the Explorer was Ed Schmidt, a Ford dealer, to change the oil, lube and filter the day before the fire.

Oil changes are secured every 3,000 miles and in between oil changes [REDACTED] does not have to add oil or any other fluids.

Since leasing the vehicle [REDACTED] has not experienced any mechanical or electrical problems with the Explorer.

Mileage at the time [REDACTED] took possession of the vehicle was new; mileage at the time of the fire loss was 25,000 miles.

IN RE: Hastings Mutual Policy No. [REDACTED]  
H&A File No. 00-2423VF. [REDACTED]

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Since leasing the Explorer, [REDACTED] received one recall and it was satisfied by the dealer. Further questioning revealed that [REDACTED] and his wife are both non-smokers and no one would have been smoking in either vehicle prior to the fire. Further questioning revealed that no accessories have been added to the Explorer and it has not been involved in an accident.

At the time of the fire, the Explorer had been parked at about 2:15 or 2:20 p.m., with the fire discovered somewhere between 20 and 30 minutes later. Accessories being utilized prior to parking the Explorer included the heater and radiator and all accessories functioned. [REDACTED] went on to state that he has not observed any fluid leaks, did not experience any operability problems, no warning lights were illuminated, he did not detect any odors or hear any noises. Further, [REDACTED] indicated that he entered the residence through the side garage door, which requires him to walk in front of his vehicle, indicating that there was enough space between the vehicle and any items located within the garage. Further, [REDACTED] indicated after exiting the residence and looking into the garage, flames were in the area of the front of the Explorer on the right side of the garage. At the time of the fire, the hood was closed, all doors were closed, and all windows were up. Further questioning revealed that [REDACTED] was uncertain regarding whether anyone photographed the vehicle at the fire location and that the firemen did not indicate any probable cause. In conclusion, [REDACTED] stated he has no idea as to the cause of the fire. When questioned regarding adding anything else pertaining to the statement, [REDACTED] indicated that he does have an automatic garage door opener and that the door was open at the time of the fire.

Information regarding the 1999 Ford Windstar from [REDACTED] revealed that it was purchased new in the spring of 1999 from McDonald Ford. At the time of the purchase, there was a three year/36,000 mile warranty and no extended warranty was obtained. When questioned regarding any warranty service performed on the vehicle, [REDACTED] indicated that when the vehicle was first acquired, the battery depleted itself and that McDonald Ford replaced the battery and other work was completed under warranty.

At the time of the fire, the Windstar had approximately a half tank of fuel and that oil change facilities normally check the fluid levels.

The last person to have entered the engine compartment would have been a quick oil change facility one month before. Oil changes are secured every 3,000 miles and they never have to add oil or any other fluids to the vehicle in between oil changes.

IN RE: Hastings Mutual Policy No. [REDACTED]  
H&A File No. 00-2423VF  
[REDACTED]

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Mileage at the time of the purchase was new; mileage at the time of the fire loss was 18,000 miles. Further questioning revealed that the [REDACTED] received a recall pertaining to the Windstar and that it was satisfied at the dealer.

The Windstar has had no accessories added to it nor has it been involved in an accident.

At the time of the fire, the Windstar had been parked since Friday afternoon. Further, prior to parking the Windstar, no fluid leaks were observed, no operability problems existed, no warning lights were illuminated, they did not detect any odors or hear any noises.

**CONCLUSION:**

Having completed an examination of both vehicles at a tow facility, examined the fire scene, reviewed interviews pertaining to both vehicles, reviewed the fire report and fire investigation by the Canton Township Fire Department, and based upon all of the information known at the time of the preparation of this report, it is the opinion of this investigator that the fire originated within the engine compartment of the 1999 Ford Explorer, however, based upon the extensive fire damage, the exact cause of the fire within the engine compartment is undetermined.

At this time, all requests for services have been completed, we are closing our file and forwarding our report and photographs for your review.



Walter O. Herndon, Jr.

WOH/jj



**Investigators/Consultants**

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**VEHICLE FIRE INVESTIGATION**

Fire Dept. CANTON  
Incident No. 00-004269

Date/Time Of Investigation 12-18-00 @ 3:30 PM  
Vehicle Examined At MIDWAY TOWNSHIP, CANTON, MICHIGAN  
Location At Time Of Fire CANTON  
Alley  Building  Driveway/Garage  Field  Freeway  Park  Pk Lot  Street   
Date Of Fire 12-16-00 Day SAT Time Of Call 2:30 PM Arrived 2:50 PM Clear 10:00 PM  
Description Of Vehicle

Title Holder: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Year 1999 Make FORD Model WINDSTAR  
Color: (Top) \_\_\_\_\_ (Bottom) \_\_\_\_\_  
License Plate:  
State MICHIGAN Number \_\_\_\_\_ Expiration Date 04-26-01  
Vehicle Identification Number: 2FHEA5249XE  
Lein Holder: FORD MOTOR CREDIT 5-5-99  
Insurance Company: STATE FARM

**Passenger Compartment (Interior)**

1	Dashboard:	Intact	Missing	Partially Consumed	<input checked="" type="checkbox"/>	Consumed	
2	Radio:	Intact	<input checked="" type="checkbox"/> Missing				
3	Speakers:	Intact	<input checked="" type="checkbox"/> Missing				
4	Firewall:	Intact		Breached By Fire	<input checked="" type="checkbox"/>		
5	Ignition:	Intact <input type="checkbox"/> Missing <input type="checkbox"/> On Position <input type="checkbox"/> Off Position <input type="checkbox"/> Locked <input type="checkbox"/> Thumb Assist Off <input type="checkbox"/>					
	Tampered With/Intact	<input type="checkbox"/> Tampered With/Defeated <input type="checkbox"/> Destroyed By Fire <input checked="" type="checkbox"/> In Debris <input type="checkbox"/>					
6	Steering Column:	Intact/Locked <input type="checkbox"/> Intact/Unlocked <input type="checkbox"/> Tampered With/Intact <input type="checkbox"/>					
		Tampered With/Defeated <input type="checkbox"/> Missing <input type="checkbox"/> Destroyed By Fire <input checked="" type="checkbox"/>					
7	Front Seat:	Intact	Missing	Partially Consumed		Consumed	<input checked="" type="checkbox"/>
8	Rear Seat:	Intact	Missing	Partially Consumed		Consumed	<input checked="" type="checkbox"/> N/A
9	Glove Box:	Intact <input type="checkbox"/> Missing <input type="checkbox"/> Partially Consumed <input type="checkbox"/> Consumed <input checked="" type="checkbox"/> Removed <input type="checkbox"/>					
	Items In Glove Box:	Owner's Manual <input type="checkbox"/> Miscellaneous Papers <input type="checkbox"/>					
10	Air Bag: Driver's Side Pass. Side	Intact <input type="checkbox"/> Missing <input type="checkbox"/> Deployed <input type="checkbox"/> Fire Damaged <input checked="" type="checkbox"/> N/A <input type="checkbox"/>					
		Intact <input type="checkbox"/> Missing <input type="checkbox"/> Deployed <input type="checkbox"/> Fire Damaged <input checked="" type="checkbox"/> N/A <input type="checkbox"/>					
11	Ignition Key:	None Found <input checked="" type="checkbox"/> In Ignition <input type="checkbox"/> At Scene <input type="checkbox"/> In Debris <input type="checkbox"/>					
12	Odometer Reading:	Actual <input type="checkbox"/> Digital <input type="checkbox"/> Oil Change <input type="checkbox"/> Removed <input type="checkbox"/> Destroyed By Fire <input checked="" type="checkbox"/>					
13	Title Information: (Date Of Transfer To Current Owner/Mileage)						

## 14 Personal Effects In Passenger Compartment

### Engine Compartment

15	Engine Accessibility:	Limited (Hood Jammed) <input type="checkbox"/>	Open <input checked="" type="checkbox"/>	Forced Open By Investigator <input type="checkbox"/>	
16	Engine:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Partially Stripped <input type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>
17	Battery:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>	
18	Radiator:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>	
Fluid Levels: <i>NOTE: D.B.F. - DRAINED BY FIRE</i>					
19	Oil	Transmission	Radiator	Brake	Power Steering
	<i>FEDREN</i>	<i>Full</i>			
	D.B.F.	D.B.F.	D.B.F.	D.B.F.	D.B.F.
20	Belts:	Intact <input type="checkbox"/>	Partially Consumed <input type="checkbox"/>	Consumed <input checked="" type="checkbox"/>	
21	Upper Hose:	Intact <input type="checkbox"/>	Partially Consumed <input checked="" type="checkbox"/>	Consumed <input type="checkbox"/>	
22	Lower Hose:	Intact <input type="checkbox"/>	Partially Consumed <input checked="" type="checkbox"/>	Consumed <input type="checkbox"/>	
23	Engine Parts Missing:	<i>Ø</i>			
24	Anti-Theft System:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input checked="" type="checkbox"/>	
25	Additional Information:				

### Exterior Examination

26 Tires:				
Type	Custom Wheels/ Wheelcovers	Treadwear	No. Of Lugs	Missing
LF	<i>4</i>	<i>25%</i>	<i>ALL</i>	
LR				
RF		<i>25%</i>		
RR				

### Door Cylinders (Locks)

27	Left Door:	Intact <input type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>	Forced Entry <input type="checkbox"/>
28	L. Sliding:	Intact <input type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>	Forced Entry <input type="checkbox"/>
29	Rear Cargo:	Intact <input type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>	Forced Entry <input type="checkbox"/>
30	R. Sliding:	Intact <input type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>	Forced Entry <input type="checkbox"/>
31	Right Door:	Intact <input type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>	Forced Entry <input type="checkbox"/>

### Trunk Compartment Examination

32	Pickup <input type="checkbox"/>	Van <input checked="" type="checkbox"/>	Utility Vehicle <input type="checkbox"/>				
33	Trunk Lock:	Intact <input type="checkbox"/>	No <input type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>	Locked <input checked="" type="checkbox"/>	Open <input type="checkbox"/>	Forced <input type="checkbox"/>
34	If Forced, By Whom?						
35	Trunk Release:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Entry To Trunk: Yes <input type="checkbox"/>	No <input type="checkbox"/>	

# VEHICLE FIRE INVESTIGATION 3

## Trunk Contents

36	Spare Tire:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	On Vehicle <input type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>
37	Tire Change Equipment:	Intact <input checked="" type="checkbox"/>	Missing <input type="checkbox"/>	At Scene <input type="checkbox"/>	Engine Compartment <input type="checkbox"/>
38	Other Contents/Personal Effects In Trunk Compartment/Cargo Area:				

## Glass Condition

39	Windshield:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Melted/Cracked By Heat <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	In <input checked="" type="checkbox"/>	Out <input type="checkbox"/>
40	Electric Windows:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>				
41	Driver's Window:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Melted/Cracked By Heat <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	In <input type="checkbox"/>	Out <input checked="" type="checkbox"/>
	Position:	Up <input checked="" type="checkbox"/>	Down <input type="checkbox"/>				
42	Left Rear Window:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Melted/Cracked By Heat <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	In <input type="checkbox"/>	Out <input checked="" type="checkbox"/>
	Position:	Up <input type="checkbox"/>	Down <input type="checkbox"/>	Stationary <input checked="" type="checkbox"/>			
43	Left Rear 3rd. Window:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Melted/Cracked By Heat <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	In <input type="checkbox"/>	Out <input checked="" type="checkbox"/>
	Position:	Stationary <input checked="" type="checkbox"/>					
44	Rear Window:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Melted/Cracked By Heat <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	In <input type="checkbox"/>	Out <input checked="" type="checkbox"/>
45	Right Rear 3rd. Window:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Melted/Cracked By Heat <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	In <input type="checkbox"/>	Out <input checked="" type="checkbox"/>
	Position:	Stationary <input checked="" type="checkbox"/>					
46	Right Rear Window:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Melted/Cracked By Heat <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	In <input type="checkbox"/>	Out <input checked="" type="checkbox"/>
	Position:	Up <input type="checkbox"/>	Down <input type="checkbox"/>	Stationary <input checked="" type="checkbox"/>			
47	Passenger Window:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Melted/Cracked By Heat <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	In <input type="checkbox"/>	Out <input checked="" type="checkbox"/>
	Position:	Up <input checked="" type="checkbox"/>	Down <input type="checkbox"/>				
48	Sun Roof:	Open <input type="checkbox"/>	Missing <input type="checkbox"/>	Closed <input type="checkbox"/>	Fire Damaged <input type="checkbox"/>		
49	Convertible:	Up <input type="checkbox"/>	Missing <input type="checkbox"/>	Down <input type="checkbox"/>	Fire Damaged <input type="checkbox"/>		
50	T-Top:	On <input type="checkbox"/>	Missing <input type="checkbox"/>	Fire Damaged <input type="checkbox"/>			

## Under Vehicle

51	Fuel Tank:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>		
52	Gas Cap:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>		
53	Fill Pipe:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>		
54	Transmission:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Leakage Noticed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
55	Oil Pan:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Leakage Noticed	Yes <input type="checkbox"/>	No <input type="checkbox"/>



# VEHICLE FIRE INVESTIGATION 4

## Rust And Damage

Areas	Open	Closed	Missing	Rust	Damaged	Vandalized
56 Front Bumper:						
57 Hood:		X				
58 Grills:						
59 Left Fender:						
60 Driver's Door:		X				
61 Left Rear Door:		X				
62 Left Quarter Panel:						
63 Trunk Lid:						
64 Rear Bumper:						
65 Roof:						
66 Right Quarter Panel:						
67 Right Rear Door:		X				
68 Passenger Door:		X				
69 Right Fender:						

EXTENSIVE DAMAGE  
TO VEHICLE FROM  
BLDG. COLLAPSE

## Utility Or Van

70 Rear Cargo Doors:		X				
71 Side Cargo Doors:						
72 Body Condition:		Excellent	Good	Fair	Poor	

73 Number Of Photographs Taken: \_\_\_\_\_

74 Evidence Confiscated: \_\_\_\_\_

Investigated By

*[Handwritten Signature]*



Investigator/Case#

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# VEHICLE FIRE INVESTIGATION

Fire Dept. Carleton  
Incident No. 00-004269

Date/Time Of Investigation 12-18-01 @ 3:20pm  
Vehicle Examined At Midwest Family Car Wash, Michigan  
Location At Time Of Fire Carleton  
Alley  Building  Driveway/Garage  Field  Freeway  Park  Pk Lot  Street   
Date Of Fire 12-18-01 Day SAT Time Of Call 2:12 Arrived 2:40 Clear 6%

## Description Of Vehicle

Title Holder	[REDACTED]		
Owner	[REDACTED]		
Address	[REDACTED]		
Year	<u>1999</u>	Make	<u>Ford</u>
		Model	<u>EXPLORE</u>
Color (Top)		(Bottom)	
License Plate:			
State	<u>MICHIGAN</u>	Number	[REDACTED]
		Expiration Date	<u>07-01-01</u>
Vehicle Identification Number:	<u>1FMEU34X2X</u>		
Lein Holder:	<u>None</u>		
Insurance Company:	<u>UNKNOWN ON VEHICLE</u>		

## Passenger Compartment (Interior)

1	Dashboard:	Intact	Missing	Partially Consumed	<input checked="" type="checkbox"/>	Consumed	
2	Radio:	Intact	<input checked="" type="checkbox"/> Missing				
3	Speakers:	Intact	<input checked="" type="checkbox"/> Missing				
4	Firewall:	Intact	Breached By Fire	<input checked="" type="checkbox"/>			
5	Ignition:	Intact <input type="checkbox"/> Missing <input type="checkbox"/> On Position <input type="checkbox"/> Off Position <input type="checkbox"/> Locked <input type="checkbox"/> Thumb Assist Off <input type="checkbox"/>					
	Tampered With/Intact	<input type="checkbox"/> Tampered With/Defeated <input type="checkbox"/> Destroyed By Fire <input checked="" type="checkbox"/> In Debris <input type="checkbox"/>					
6	Steering Column:	Intact/Locked <input type="checkbox"/> Intact/Unlocked <input type="checkbox"/> Tampered With/Intact <input type="checkbox"/>					
	Tampered With/Defeated	<input type="checkbox"/> Missing <input type="checkbox"/> Destroyed By Fire <input checked="" type="checkbox"/>					
7	Front Seat:	Intact	Missing	Partially Consumed		Consumed	<input checked="" type="checkbox"/>
8	Rear Seat:	Intact	Missing	Partially Consumed		Consumed	<input checked="" type="checkbox"/> N/A
9	Glove Box:	Intact <input type="checkbox"/> Missing <input type="checkbox"/> Partially Consumed <input type="checkbox"/> Consumed <input checked="" type="checkbox"/> Removed <input type="checkbox"/>					
	Items In Glove Box	Owner's Manual <input type="checkbox"/> Miscellaneous Papers <input type="checkbox"/>					
10	Air Bag:	Intact <input type="checkbox"/> Missing <input type="checkbox"/> Deployed <input type="checkbox"/> Fire Damaged <input checked="" type="checkbox"/> N/A <input type="checkbox"/>					
	Driver's Side	Intact <input type="checkbox"/> Missing <input type="checkbox"/> Deployed <input type="checkbox"/> Fire Damaged <input checked="" type="checkbox"/> N/A <input type="checkbox"/>					
	Pass. Side	Intact <input type="checkbox"/> Missing <input type="checkbox"/> Deployed <input type="checkbox"/> Fire Damaged <input checked="" type="checkbox"/> N/A <input type="checkbox"/>					
11	Ignition Key:	None Found <input checked="" type="checkbox"/> In Ignition <input type="checkbox"/> At Scene <input type="checkbox"/> In Debris <input type="checkbox"/>					
12	Odometer Reading:	Actual <input type="checkbox"/> Digital <input type="checkbox"/> Oil Change <input type="checkbox"/> Removed <input type="checkbox"/> Destroyed By Fire <input checked="" type="checkbox"/>					
13	Title Information: (Date Of Transfer To Current Owner/Mileage)						

## 14 Personal Effects In Passenger Compartment

### Engine Compartment

15	Engine Accessibility:	Limited (Hood Jammed) <input type="checkbox"/>	Open <input type="checkbox"/>	Forced Open By Investigator <input checked="" type="checkbox"/>	
16	Engine:	Intact	Missing	Partially Stripped	Fire Damaged <input checked="" type="checkbox"/>
17	Battery:	Intact	Missing	Fire Damaged	<input checked="" type="checkbox"/>
18	Radiator:	Intact	Missing	Fire Damaged	<input checked="" type="checkbox"/>
Fluid Levels: <i>NOTE: D.B.F. - DRAINED BY FIRE</i>					
19	Oil <i>(overfull/clean)</i>	Transmission <i>FULL/CLEAN</i>	Radiator	Brake	Power Steering
	D.B.F.	D.B.F.	D.B.F. <input checked="" type="checkbox"/>	D.B.F. <input checked="" type="checkbox"/>	D.B.F. <input checked="" type="checkbox"/>
20	Belts:	Intact	Partially Consumed	Consumed	<input checked="" type="checkbox"/>
21	Upper Hose:	Intact	Partially Consumed	Consumed	<input checked="" type="checkbox"/>
22	Lower Hose:	Intact	Partially Consumed	Consumed	<input checked="" type="checkbox"/>
23	Engine Parts Missing:	<i>0</i>			
24	Anti-Theft System:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	
25	Additional Information:	<i>Foods Sealed Lock</i>			

### Exterior Examination

26 Tires:				
Type	Custom Wheels/ Wheelcovers	Treadwear	No. Of Lugs	Missing
LF	<i>A</i>	<i>/</i>	<i>ALL</i>	
LR				
RF				
RR				

### Door Cylinders (Locks)

27	Left Door:	Intact	Fire Damaged <input checked="" type="checkbox"/>	Forced Entry <input type="checkbox"/>
28	L. Sliding:	Intact	Fire Damaged <input type="checkbox"/>	Forced Entry <input type="checkbox"/>
29	Rear Cargo:	Intact	Fire Damaged <input type="checkbox"/>	Forced Entry <input type="checkbox"/>
30	R. Sliding:	Intact	Fire Damaged <input type="checkbox"/>	Forced Entry <input type="checkbox"/>
31	Right Door:	Intact	Fire Damaged <input checked="" type="checkbox"/>	Forced Entry <input type="checkbox"/>

### Trunk Compartment Examination

32	Pickup <input type="checkbox"/>	Van <input type="checkbox"/>	Utility Vehicle <input checked="" type="checkbox"/>	
33	Trunk Lock:	Intact <input type="checkbox"/>	No <input type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>
34	If Forced, By Whom?			
35	Trunk Release:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
	Entry To Trunk:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

# VEHICLE FIRE INVESTIGATION 3

## Trunk Contents

36	Spare Tire:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	On Vehicle <input checked="" type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>
37	Tire Change Equipment:	Intact <input checked="" type="checkbox"/>	Missing <input type="checkbox"/>	At Scene <input type="checkbox"/>	Engine Compartment <input type="checkbox"/>
38	Other Contents/Personal Effects In Trunk Compartment/Cargo Area:				

## Glass Condition

39	Windshield:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Melted/Cracked By Heat <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	In <input type="checkbox"/>	Out <input checked="" type="checkbox"/>
40	Electric Windows:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>				
41	Driver's Window: Position	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Melted/Cracked By Heat <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	In <input type="checkbox"/>	Out <input checked="" type="checkbox"/>
		Up <input checked="" type="checkbox"/>	Down <input type="checkbox"/>				
42	Left Rear Window: Position	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Melted/Cracked By Heat <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	In <input type="checkbox"/>	Out <input checked="" type="checkbox"/>
		Up <input checked="" type="checkbox"/>	Down <input type="checkbox"/>	Stationary <input type="checkbox"/>			
43	Left Rear 3rd. Window: Position	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Melted/Cracked By Heat <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	In <input type="checkbox"/>	Out <input checked="" type="checkbox"/>
		Stationary <input checked="" type="checkbox"/>					
44	Rear Window:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Melted/Cracked By Heat <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	In <input type="checkbox"/>	Out <input checked="" type="checkbox"/>
45	Right Rear 3rd. Window: Position	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Melted/Cracked By Heat <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	In <input type="checkbox"/>	Out <input checked="" type="checkbox"/>
		Stationary <input checked="" type="checkbox"/>					
46	Right Rear Window: Position	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Melted/Cracked By Heat <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	In <input type="checkbox"/>	Out <input checked="" type="checkbox"/>
		Up <input checked="" type="checkbox"/>	Down <input type="checkbox"/>	Stationary <input type="checkbox"/>			
47	Passenger Window: Position	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Melted/Cracked By Heat <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	In <input type="checkbox"/>	Out <input checked="" type="checkbox"/>
		Up <input checked="" type="checkbox"/>	Down <input type="checkbox"/>				
48	Sun Roof:	Open <input type="checkbox"/>	Missing <input type="checkbox"/>	Closed <input type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>		
49	Convertible:	Up <input type="checkbox"/>	Missing <input type="checkbox"/>	Down <input type="checkbox"/>	Fire Damaged <input type="checkbox"/>		
50	T-Top:	On <input type="checkbox"/>	Missing <input type="checkbox"/>	Fire Damaged <input type="checkbox"/>			

## Under Vehicle

51	Fuel Tank:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>	
52	Gas Cap:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>	
53	Fill Pipe:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Fire Damaged <input checked="" type="checkbox"/>	
54	Transmission:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Leakage Noticed Yes <input type="checkbox"/>	No <input type="checkbox"/>
55	Oil Pan:	Intact <input type="checkbox"/>	Missing <input type="checkbox"/>	Leakage Noticed Yes <input type="checkbox"/>	No <input type="checkbox"/>

# VEHICLE FIRE INVESTIGATION 4

## Rust And Damage

	Areas	Open	Closed	Missing	Rust	Damaged	Vandalized
56	Front Bumper:						
57	Hood:		✓				
58	Grille:						
59	Left Fender:						
60	Driver's Door:		✓				
61	Left Rear Door:		✓				
62	Left Quarter Panel:						
63	Trunk Lid:						
64	Rear Bumper:						
65	Roof:						
66	Right Quarter Panel:						
67	Right Rear Door:		✓				
68	Passenger Door:		✓				
69	Right Fender:						

## Utility Or Van

*ALL PAINT CONSUMED (VIN DAMAGED FROM BOB'S COLLAPSE)*

70	Rear Cargo Doors:		✓				
71	Side Cargo Doors:						
72	Body Condition:			Excellent	Good	Fair	Poor

73 Number Of Photographs Taken: \_\_\_\_\_

74 Evidence Confiscated: 

Investigated By: W. BA

STATE OF MICHIGAN  
WAYNE COUNTY CIRCUIT COURT

[REDACTED]

Plaintiffs,

-vs-

FORD MOTOR COMPANY, a Foreign Corporation,  
and ED SCHMID FORD, INC., a Michigan Corporation,

Defendants,

03-340716 CK 12/12/2003  
JDG: SUSAN D BORMAN  
HASTINGS MUTUAL INSURANCE CO  
vs  
FORD MOTOR COMPANY

Jon B. Shefferly (P 20325)  
JON SHEFFERLY & ASSOCIATES, P.C.  
Attorneys for Plaintiff HASTINGS MUTUAL  
INSURANCE COMPANY  
200 Renaissance Center, Suite 2650  
Detroit, Michigan 48243-1315  
Phone No. (313) 568-5555  
O/F #H22-22013

*There is no other civil action between these parties arising out of the same transaction or occurrence as alleged in this Complaint pending in this Court, nor has any such action been previously filed and dismissed or transferred after having been assigned to a Judge, nor do we know of any other civil action, not between these parties, arising out of the same transaction or occurrence as alleged in this Complaint that is either pending or was previously filed and dismissed, transferred or otherwise after having been assigned to a Judge in this Court.*

**COMPLAINT**

NOW COME Plaintiffs [REDACTED]

[REDACTED] Individually, by and through its attorneys, JON SHEFFERLY & ASSOCIATES, P.C., and for their Complaint against Defendants FORD MOTOR COMPANY, a Foreign Corporation, and ED SCHMID FORD, INC., Plaintiffs HASTINGS MUTUAL INSURANCE COMPANY, [REDACTED] state as follows:

1. That Plaintiff [REDACTED] hereinafter referred to as Plaintiff [REDACTED] is a Michigan corporation doing business in Wayne County, Michigan with its principal offices in the City of Hastings, Barry County, Michigan who is licensed to write property and casualty insurance within Wayne County, Michigan.
2. That Plaintiff [REDACTED] insureds and subrogors [REDACTED] [REDACTED] are or were residents of the Township of Canton, Wayne

County, Michigan at the time this loss occurred and were owners of a home commonly known as and located at [REDACTED] in the Township of Canton, Wayne County, Michigan at all times relevant to this cause of action.

3. That Defendant FORD MOTOR COMPANY, hereinafter referred to as Defendant FORD MOTOR, is a foreign corporation doing business in Wayne County, Michigan as a designer, manufacturer and distributor of Ford Explorer motor vehicles.

4. That Ford Motor Credit Michigan Titling Trust a/k/a Ford Credit Michigan Titling Trust is a part of Ford Motor Credit Company, a foreign corporation doing business in Wayne County, Michigan, hereinafter referred to as Ford Motor Credit, who was the titled owner of a certain 1999 Ford Explorer bearing vehicle identification number 1FMZU34X2X2 [REDACTED] and bearing Michigan vehicle registration plate [REDACTED]

5. That Henry Ford Health System is a Michigan non-profit corporation doing business in the City of Detroit, Wayne County, Michigan, hereinafter referred to as Henry Ford Health, and was lessee of the vehicle referred to above.

6. That Defendant ED SCHMID FORD, INC., hereinafter referred to as Defendant ED SCHMID FORD, is a Michigan corporation doing business in the City of Ferndale, Oakland County, Michigan.

7. That the amount in controversy exceeds the sum of Twenty-Five Thousand and no/100 Dollars (\$25,000.00) and is otherwise within the jurisdiction of this Honorable Court.

8. That on or about December 16, 2000 Plaintiff [REDACTED] insureds, John Eggenberger and Nancy Eggenberger, suffered a fire loss to their property commonly known as 46529 Larchmont in the Township of Canton, Wayne County, Michigan.

9. That on the day before said fire, on or about December 15, 2000, the aforementioned vehicle was delivered to Defendant ED SCHMID FORD where, upon information and belief, certain inspections and repairs were made to said vehicle by employees of Defendant ED SCHMID FORD.

10. That during the early afternoon hours of December 16, 2000, a fire originated at or within the engine compartment of the 1999 Ford Explorer described above designed,

manufactured and placed into the stream of commerce by Defendant FORD MOTOR, which vehicle was located in the garage attached to and a part of Plaintiff [REDACTED] insureds' home. The fire then spread causing substantial smoke, fire, water and related damage to Plaintiff [REDACTED] insureds' home, its contents and required additional living expense and other costs to be incurred by Plaintiff [REDACTED] insureds, all of which were caused by the defective design, manufacture and distribution of the above described motor vehicle or alternatively by the negligence of Defendant ED SCHMID FORD as more specifically set forth below.

11. That at the time of the loss [REDACTED] were insured by Plaintiff [REDACTED]. Further, that pursuant to its policy of insurance, Plaintiff [REDACTED] was required to pay either to or for the benefit of its insureds, [REDACTED] and incurred additional costs and expenses in the sum of Five Hundred Fifteen Thousand Two Hundred and 48/100 Dollars (\$515,200.48).

12. That in addition to the losses, costs and expenses paid by Plaintiff [REDACTED] Plaintiffs [REDACTED] have incurred other additional uninsured losses and damages, costs and expenses including but not limited to damages to personal property, other vehicles and other economic and non-economic losses as a result of said fire in a sum exceeding the amount of Twenty-Five Thousand and no/100 Dollars (\$25,000.00), all of which were directly and proximately caused by the defective product and/or negligence, breaches of duties and/or breaches of warranties by Defendants all as is more specifically described below.

13. That the damages incurred by Plaintiff [REDACTED] and its insureds were proximately caused by the defective product and/or by the negligence and breaches of duties and/or breaches of warranties by Defendants as is more fully described below.

14. That both pursuant to its policy of insurance, pursuant to Michigan statutes and specifically M.C.L.A. §500.2833(9) and in consideration of the payments made either to or for the benefit of its insureds, Plaintiff [REDACTED] has become subrogated to the rights and claims of [REDACTED] but only to the extent of the payments made by Plaintiff [REDACTED]



**COUNT I**

15. Plaintiffs [REDACTED]

[REDACTED] refer to and incorporate by reference each of the allegations contained in Paragraphs 1 through 14 of their Complaint as though said allegations had been fully set forth herein.

16. That Defendant FORD MOTOR owed duties to Plaintiff [REDACTED]

[REDACTED] to design, test, manufacture, supply, and sell the vehicle described above which was safe and did not present an unreasonable risk of fire and other harm and to properly guide, instruct and warn users and those who maintained said product as to the proper maintenance and use of the product and the dangers inherent in its maintenance and use.

17. That in breach of said duties, Defendant FORD MOTOR negligently designed, manufactured, supplied and sold this inadequate and unsafe vehicle and without proper guides and instruction as to its maintenance and use and without proper warnings as to the inherent dangers of said product.

18. That Defendant FORD MOTOR was negligent and breached its duty to Plaintiff [REDACTED] and its subrogors in a number of ways, including but not limited to the following:

- (a) By failing to properly design, test, assemble and inspect the motor vehicle such that it would not fail and cause a fire thereby creating an unreasonable risk of fire and damage to Plaintiffs;
- (b) By failing to design, test, assemble and inspect the vehicle which would not give off excessive heat thereby causing an unreasonable risk of fire and other related damages;
- (c) By failing to design and/or manufacture this motor vehicle which properly contains controls and sensors to de-energize the product when all safe operating conditions were not present;
- (d) By failing to design the product with appropriate thermal protection including redundancy in the design to insure that it would de-energize in the event of overheating thereby preventing or eliminating the risk of fire;
- (e) By failing to design and manufacture this motor vehicle utilizing materials which would not prematurely age or fail and cause a fire in said vehicle;
- (f) By failing to warn the user and installer of the likelihood and risk of fire created by the use of the product and by further failing to warn of the dangers and hazards associated with the use of the product for those uses which are foreseeable;

- (g) By failing to provide proper, sufficient and adequate literature and instructions to enable foreseeable users and/or maintenance personnel of the product to assess the dangers and hazards associated with the use of said particular product;
- (h) By failing to act in a careful and prudent manner; and
- (i) By designing and manufacturing a product which was defective.

19. That as a direct and proximate result of the aforesaid negligent acts and omissions of Defendant FORD MOTOR, Plaintiffs [REDACTED]

[REDACTED] incurred loss and damages as more specifically enumerated above.

WHEREFORE, Plaintiff [REDACTED] as subrogee of [REDACTED] prays this Honorable Court for entry of judgment in its favor and against Defendants FORD MOTOR COMPANY, a Foreign Corporation, and ED SCHMID FORD, INC. in the sum of Five Hundred Fifteen thousand Two Hundred and 48/100 Dollars (\$515,200.48) or for such greater amount to which Plaintiff [REDACTED] is found to be entitled together with costs, interest and attorney fees incurred in the institution of this action.

WHEREFORE, Plaintiffs [REDACTED] Individually, pray this Honorable Court for entry of judgment in their favor and against Defendants FORD MOTOR COMPANY, a Foreign Corporation, and ED SCHMID FORD, INC. in that sum in excess of Twenty-Five Thousand and no/100 Dollars (\$25,000.00) to which Plaintiffs are found to be entitled together with costs, interest and attorney fees incurred in the institution of this action.

#### COUNT II

20. Plaintiffs [REDACTED] refer to and incorporate by reference each of the allegations contained in Paragraphs 1 through 19 of their Complaint as though said allegations had been fully set forth herein.

21. That Defendant ED SCHMID FORD owed duties to Plaintiff [REDACTED] and its insureds to inspect and perform maintenance and to warn the users of the vehicle of any dangers or hazards associated with the use or garaging of the vehicle so as to make sure it was safe and did not present an unreasonable risk of fire and other harm and to properly guide, instruct and warn users of said product as to the proper garaging and use of the product and the dangers inherent in its garaging and use.

22. That in breach of said duties, Defendant ED SCHMID FORD negligently inspected and serviced this vehicle and did so without proper guides and instruction as to its garaging and use without proper warnings as to the inherent damages of said product.

23. That Defendant ED SCHMID FORD was negligent and breached its duty to Plaintiff [REDACTED] and its insureds in a number of ways, including but not limited to the following:

- (a) By failing to inspect, test, and service the vehicle so that it would not fail and cause a fire thereby creating an unreasonable risk of fire and danger;
- (b) By failing to test, inspect and service the vehicle so that it would not experience a fire in the engine compartment when utilized for its foreseeable uses and garaged in a foreseeable manner thereby causing an unreasonable risk of fire and other related damages;
- (c) By failing to warn Plaintiff [REDACTED] insureds of the likelihood and risk of fire created by the use of the product and by further failing to warn of the dangers and hazards associated with the use of the product for those uses which are foreseeable;
- (d) By failing to provide proper, sufficient and adequate literature and instructions to enable foreseeable users of the product to assess the dangers and hazards associated with the use of said particular product; and
- (e) By failing to act in a careful and prudent manner.

24. That as a direct and proximate result of the aforesaid negligent acts and omissions of Defendant ED SCHMID FORD, Plaintiffs [REDACTED] incurred loss and damages as more specifically enumerated above.

WHEREFORE, Plaintiff [REDACTED] as subrogee of [REDACTED] prays this Honorable Court for entry of judgment in its favor and against Defendants FORD MOTOR COMPANY, a Foreign Corporation, and ED SCHMID FORD, INC. in the sum of Five Hundred Fifteen Thousand Two Hundred and 48/100 Dollars (\$515,200.48) or for such greater amount to which Plaintiff [REDACTED] is found to be entitled together with costs, interest and attorney fees incurred in the institution of this action.

WHEREFORE, Plaintiffs [REDACTED] Individually, pray this Honorable Court for entry of judgment in their favor and against Defendants

FORD MOTOR COMPANY, a Foreign Corporation, and ED SCHMID FORD, INC. in that sum in excess of Twenty-Five Thousand and no/100 Dollars (\$25,000.00) to which Plaintiffs are found to be entitled together with costs, interest and attorney fees incurred in the institution of this action.

COUNT III

25. Plaintiffs [REDACTED]

[REDACTED] refer to and incorporate by reference each of the allegations contained in Paragraphs 1 through 24 of their Complaint as though said allegations had been fully set forth herein.

26. That Defendants FORD MOTOR and ED SCHMID FORD each expressly and impliedly warranted that the vehicle described above and the work performed on it were of merchantable quality and the vehicle was designed, manufactured and sold and services performed by Defendants were completed in a workmanlike manner and without defects.

27. That Plaintiffs [REDACTED]

[REDACTED] relied upon the skill, judgment and reputation of Defendants FORD MOTOR and ED SCHMID FORD in designing, manufacturing and servicing said product so that the product would be safe and fit for its intended use and purpose and was of merchantable quality and did not present an unreasonable risk of fire and resultant damages.

28. That Defendants FORD MOTOR and ED SCHMID FORD breached the express and implied warranties in that the product and/or the maintenance services in question were not fit or safe for the intended use and purpose and were not of merchantable quality and the vehicle was not designed, manufactured tested and/or serviced in a workmanlike manner and it contained numerous design manufacture and product defects as previously stated.

29. That as a direct and proximate result of the aforementioned breaches of warranty and product defects by Defendants FORD MOTOR and ED SCHMID FORD, Plaintiffs [REDACTED] sustained damages as previously alleged.

WHEREFORE, Plaintiff [REDACTED], as subrogee of [REDACTED], prays this Honorable Court for entry of judgment in its favor and against Defendants FORD MOTOR COMPANY, a Foreign Corporation, and ED SCHMID FORD, INC. in the sum of Five Hundred Fifteen Thousand Two Hundred and

48/100 Dollars (\$515,200.48) or for such greater amount to which Plaintiff [REDACTED]

[REDACTED] is found to be entitled together with costs, interest and attorney fees incurred in the institution of this action.

WHEREFORE, Plaintiffs [REDACTED]

Individually, pray this Honorable Court for entry of judgment in their favor and against Defendants FORD MOTOR COMPANY, a Foreign Corporation, and ED SCHMID FORD, INC. in that sum in excess of Twenty-Five Thousand and no/100 Dollars (\$25,000.00) to which Plaintiffs are found to be entitled together with costs, interest and attorney fees incurred in the institution of this action.

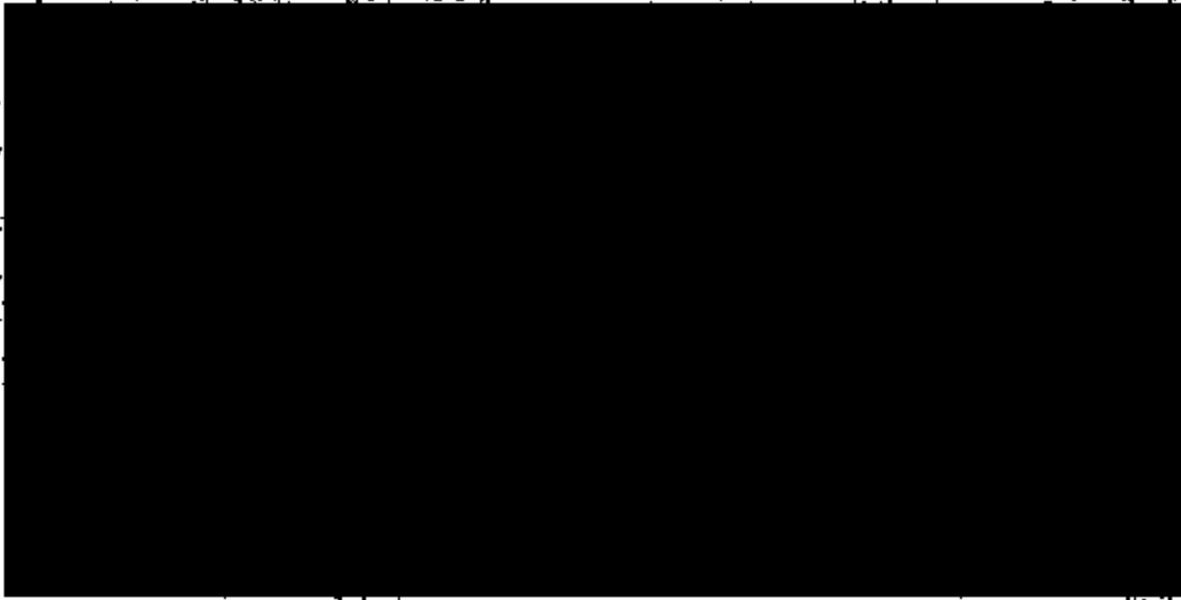
JON SHEFFERLY & ASSOCIATES, P.C.

BY: 

Jon B. Shefferly  
Attorneys for Plaintiff HASTINGS MUTUAL  
INSURANCE COMPANY  
200 Renaissance Center, Suite 2650  
Detroit, Michigan 48243-1315  
Phone No. (313) 568-5555

DATED: December 12, 2003

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# State Farm Insurance Companies®



April 26, 2002

Claim Office  
5830 Shingle Creek Parkway  
Brooklyn Center, MN 55430-2397  
Phone: (763) 569-4936

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



RE: Claim Number: [REDACTED]  
Our Insured: [REDACTED]  
Date of Loss: 4-15-02  
1998 Ford Explorer  
VIN Number: 1FMZU34E5WZ [REDACTED]

To Whom It May Concern:

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

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

Please contact me at 763-569-4936 to set up a time for your inspection.

Sincerely,

A handwritten signature in cursive script that reads "Dianne Novak".

Dianne Novak  
Claim Specialist  
State Farm Mutual Automobile Insurance Company  
(763) 569-4936

DN041/0426020.31

- '98 Expl  
- VIN  
- 4/15/02