



BEGINNING OF CONTACT
10/01/2009

VOICE OF THE CUSTOMER TRACKING SYSTEM

08.00.01

REGION: N1 NEW YORK OGC ISSUE
VIN: 1FMZU72K34U [REDACTED] ZONE: A05 CASE NBR: 0444702739
ENGINE: K VEH TYPE: T OPENED: 09/30/2009
CLOSED: 09/30/2009

LAST NAME: [REDACTED] FIRST NAME: [REDACTED] STATUS: CLOSED
TITLE: [REDACTED] MI: N
ADDRESS: [REDACTED]
CITY: BAYONNE STATE: NJ ZIP: [REDACTED]
HOME PHONE: [REDACTED]
MODEL YEAR: 2004 MODEL: EXPLORER XLS 4X4 4-DR
MILEAGE: 101942
DEALER NAME: JERSEY CITY FORD LI SALES CODE: F13060 P & A: 09357
REASON CODE: 0796 LEGAL - ALLEGED INJURY
SYMPTOMS: 503300 A/T ENGAGEMENT SHIFT LVR/LINK.

ORIGIN: CACI38 - US CONCERN CASE BASE COMMUNICATION: PHONE
ACTION: 705 - CONTACT ADVANCED TO OGC
DOCUMENT: ANALYST: FMASON16 MASON (FMASON16),FREDDIE

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

DATE: 09/30/2009 TIME: 12.21.09:
ACTION DATA/COMMENTS:

OCT 01 2009

OFFICE OF THE
GENERAL COUNSEL

CUSTOMER SAID: -CINDY BAWIEC CALLING IN FOR HER MOTHER [REDACTED]
[REDACTED] JERSEY CITY NEW JERSEY [REDACTED] -DAY [REDACTED] -HER MOTH
ER TOOK THE KEY OUT AFTER SHE PUT VEH IN PARK ON LEVEL GROUN
D -THE VEH STARTED ROLLING BACKWARD AND HER MOM WENT TO THE
VEH AND TRIED TO PRESS THE BRAKES AND THE DOOR SWUNG OPEN A
ND KNOCKED HER DOWN-THE VEH HIT A STEEL POLE AND THE VEH CAM
E TO A STOP AT THAT TIME-HER MOTHER GOT SCRAPES AND BRUISES
AND SHE WENT TO HER DOCTOR THE NEXT DAY-HER LEFT ARM IS STIL
L HURTING-TOOK THE VEH TO THE DLRSHIP AND THEY TOLD THEM THAT
THERE IS A CONCERN WITH THE GEAR SILONOID-THE INSURANCE CAM
E AND LOOKED AT THE DOOR-THE ARE NOT SEEKING ANYTHING TO DO
WITH ANYTHING FOR MEDICAL ISSUES-SHE WANT FORD TO PAY FOR TH
E REPAIRS AND THE DAMAGE TO THE VEHDEALER SAID: JERSEY CITY
FORD LINCOLN MERCURY740 RT. 440SJERSEY CITY NJ 07304(800) 78
1-8924CRC ADVISED: I WILL FORWARD YOUR INFORMATION TO FORD'S
OFFICE OF THE GENERAL COUNSEL. YOU SHOULD RECEIVE A WRITTE
N RESPONSE WITHIN 15 BUSINESS DAYS TO YOUR CONCERN.NOTE TO C
CR: REMEMBER TO VERIFY ALL CUSTOMER CONTACT INFORMATION BEFO
RE SENDING ISSUE.



BEGINNING OF CONTACT
06/05/2009

VOICE OF THE CUSTOMER TRACKING SYSTEM

15.15.04

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REGION: S2 CHARLOTTE	OGC ISSUE	CASE NBR: 1428351549
VIN: 1FMZU63E92U [REDACTED]	ZONE: A03	OPENED: 06/03/2009
	ENGINE: E VEH TYPE: T	CLOSED: 06/03/2009

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LAST NAME: [REDACTED]	FIRST NAME: [REDACTED]	STATUS: CLOSED
TITLE: [REDACTED]		MI: [REDACTED]
ADDRESS: [REDACTED]		
CITY: GREENSBORO	STATE: NC	ZIP: [REDACTED]
HOME PHONE: [REDACTED]		
MODEL YEAR: 2002	MODEL: EXPLORER XLT 4X2 4-DR	
MILEAGE: 180000		
DEALER NAME: GREEN FORD	SALES CODE: F21221	P & A: 01131
REASON CODE: 0772LEGAL - ACCIDENT		
SYMPTOMS: 503100 AUTO TRANS NO ENGAGEMENT		

ORIGIN: CACI38 - US CONCERN CASE BASE COMMUNICATION: PHONE
ACTION: 791 - ADVISE CUSTOMER INFO WILL BE SENT TO OGC
DOCUMENT: ANALYST: DSUTHE15 SUTHERLAND DEBORAH

DATE: 06/03/2009 TIME: 11.53.54 :
ACTION DATA/COMMENTS:

FIRE / ACCIDENT A
CUSTOMER SAID: -VEH ROLLED FORWARD ON IT'S OWN WHILE IT WAS
IN THE DRIVEWAY AND CAUSED AN ACCIDENT.-IT HIT A LIGHT POST
AND BROKE IT-HIS KIDS WERE IN THE VEH AND ARE DOING OK-THERE
WERE NO KEYS IN THE IGNITION-THE VEH WAS IN THE PARK POSITI
ON-THE VEH WAS PARKED NOSE FACING THE STREET-THE HOUSE IS ON
A HILL -THERE IS A POLICE REPORT # 2009-0601-311-CITY OF GR
EENS BORO POLICE DEPT-INSURANCE COMPANY HAS BEEN CONTACTED-C
UST ONLY HAS LIABILITY COVERAGE-HAVE NO STATUS ON THE CLAIMC
UST THINKS THERE IS A DEFECT IN THE VEH THAT CAUSED THE VEH
TO ROLL-CUST WANTS TO KNOW IF THERE ARE OTHER INCIDENTS OF
EXPLORERS ROLLING FORWARD BEFORECRC ADVISED: I WILL FORWARD
YOUR INFORMATION TO FORD'S OFFICE OF THE GENERAL COUNSEL. Y
OU SHOULD RECEIVE A WRITTEN RESPONSE WITHIN 15 BUSINESS DAYS
TO YOUR CONCERN.NOTE TO CCR: REMEMBER TO VERIFY ALL CUSTOMER
CONTACT INFORMATION BEFORE SENDING ISSUE. [REDACTED]

[REDACTED] GREENSBORO NC [REDACTED]

FORD MOTOR COMPANY
RECEIVED
CLAIMS UNIT

JUN 05 2009

OFFICE OF THE
GENERAL COUNSEL

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces

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1 No. of Units Involved Form **1** of **5** ☐ Supplemental Report ☐ Non-Reportable **20090601311**

3 Date **06/01/2009** County **GUILFORD** Time **16:29** Local Use/Patrol Area **TRACT 194**

2 LOCATION 33 Relation to Roadway Surface **1** Crash occurred ☒ In **GREENSBORO** Municipality or _____ Miles ☐ ☐ ☐ ☐ outside municipality

on **RAINTREE DR** (Highway Number, or Highway, Street, (If ramp or service road, indicate on line) Ramp or Service Road (R.R. Crossing # _____) Miles _____ ft. ☐ ☒ ☐ ☐ N S E W (If available)

at **RAINTREE CT** toward **3817 RRAINTREE DR** Use Highway Number, Street Name or Adjacent County or State Line N S E W Latitude _____ Longitude _____ Altitude _____

UNIT # **1** ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL **20 VEHICLE**

Driver _____ First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____

Same Address on Driver's License? ☐ Yes ☐ No Driver's Phone Numbers H (_____) W (_____)

D.L. # _____ State _____ CDL License ☐

DOB _____ 34 Vision Obstruction _____ 35 Physical Condition _____ 36 D.L. Restrictions _____

37 Alcohol/Drugs Suspended _____ 38 Alcohol/Drugs Test _____ 39 Results (if known) _____ 40 Vehicle Seizure (DWM) ☐

Owner _____ Same as Driver? ☐

Address _____ Same Address as Driver? ☐

City _____ State _____ Zip _____

Plate # _____ State **NC** Plate Year **2010**

VIN **1FMZU63E92U**

Vehicle Make **FORD** Vehicle Year **2002** 41 Vehicle Style (Type) **4** 42 Vehicle Drivable ☒ Yes ☐ No

43 TAD **FC-4** 44 Estimated Damage **\$4,200.00**

Insurance Company **PROGRESSIVE SOUTHEASTERN INS**

Policy # _____

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

45 Cargo Body Type _____ ☐ Same Address as Owner? ☐

Source: ☐ Truck ☐ Shipping papers ☐ Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# _____ ICC# _____ Axles on Vehicle Including Trailers _____

State _____ State# _____ IFTA# _____

FEI# _____ Fleet# _____ Gross Vehicle Weight Rating _____

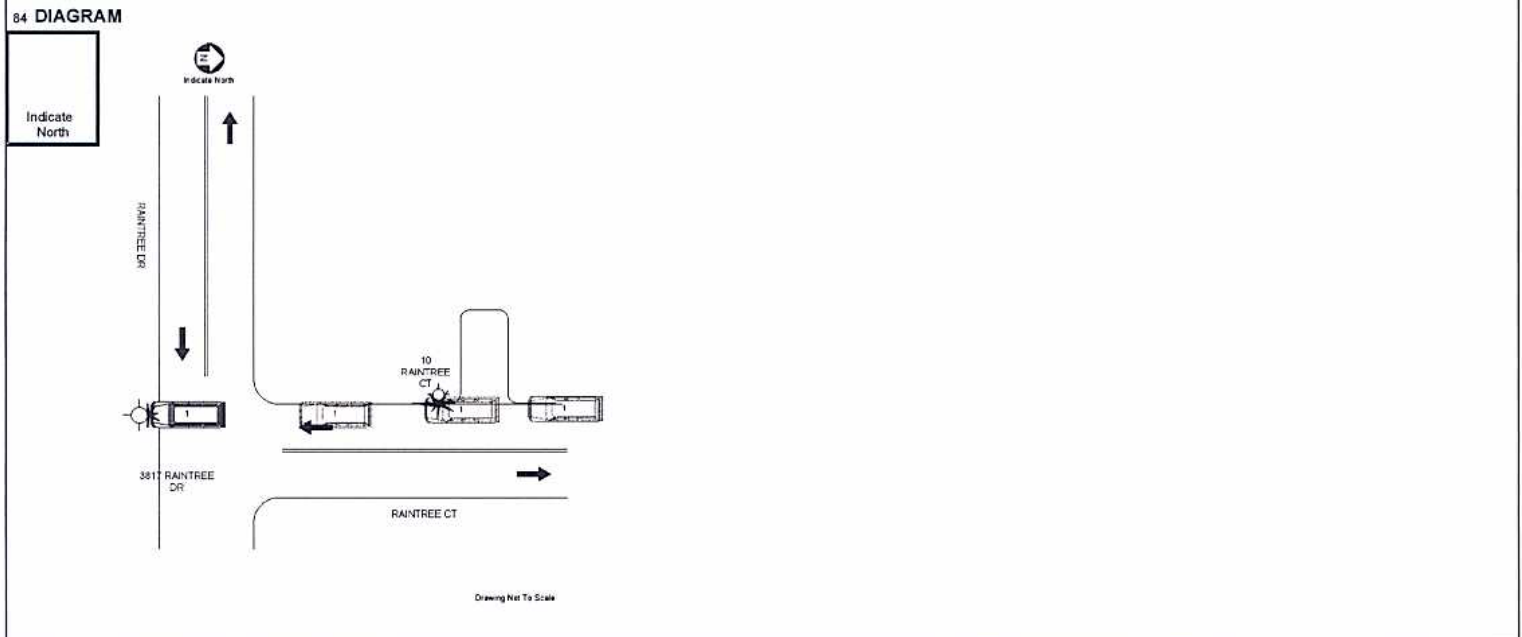
21 22 23 24 25 26 27 28 29 30 31 32												Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver		
A				Unit1-Drv1, Ped1, etc. see above								see above	Veh# <u>1</u> Towed To/By: LEFT AT SCENE	DRIVER
B				Unit2-Drv2, Ped2, etc. see above								see above	Veh# <u> </u> Towed To/By: 	

46 Name of EMS **C,D** **NONE** 46 Name of EMS _____

47 Injured Taken by EMS to **C,D** **N/A** 47 Injured Taken by EMS to _____

(Treatment Facility and City or Town) (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit# <u>1</u> <u>1</u> <u>2</u> <u>3</u>		VEHICLE INFO.		Veh # <u>1</u>	Veh # <u> </u>	ROADWAY INFO.		WORK ZONE RELATED	
		Unit# <u> </u>		60 Authorized Speed Limit		<u>35</u>		69 Road Feature		<u>8</u>	
CRASH SEQUENCE (Unit Level)		Unit# <u>1</u> Unit# <u> </u>		61 Estimate of Original Traveling Speed		<u>20</u>		70 Road Character		<u>3</u>	
49 Vehicle Maneuver/Action		<u>4</u>		62 Estimate of Speed at Impact		<u>20</u>		71 Road Classification		<u>5</u>	
50 Non-Motorist Action		<u>--</u>		63 Tire Impressions Before Impact (ft.)		<u>0.00</u>		72 Road Surface Type		<u>3</u>	
51 Non-Motorist Location Prior to Impact		<u>--</u>		64 Distance Traveled After Impact (ft.)		<u>378FT</u>		73 Road Configuration		<u>2</u>	
52 Crash Sequence - First Event for This Unit		<u>1</u>		65 Emergency Vehicle Use		<u>--</u>		74 Access Control		<u>2</u>	
53 Crash Sequence - Second Event		<u>60</u>		66 Post Crash Fire (if "Yes" check block)		<input type="checkbox"/>		75 Number of Lanes		<u>2</u>	
54 Crash Sequence - Third Event		<u>3</u>		67 School Bus - Contact Vehicle		<input type="checkbox"/>		76 Traffic Control Type		<u>1</u>	
55 Crash Sequence - Fourth Event		<u>34</u>		68 School Bus - Noncontact Vehicle		<input type="checkbox"/>		77 Traffic Control Oper		<u>1</u>	
56 Most Harmful Event for This Unit		<u>34</u>		COMMERCIAL VEHICLE: Hazardous Materials Involvement Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate: Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No							
57 Distance/Direction to Object Struck		<u>8</u>									
58 Vehicle Underride/Override		<u>3</u>									
59 Vehicle Defects		<u>7</u>									
84 DIAGRAM				82 Trailer Type 1st Trailer No. Axles <u>0</u> Width (inches) <u>0.00</u> Length (feet) <u>0.00</u> 2nd Trailer No. Axles <u>0</u> Width (inches) <u>0.00</u> Length (feet) <u>0.00</u> 83 Unit# <u> </u> Overwidth Trailer and Overwidth Mobile Home Overwidth Permit # <u> </u>							



Unit# 1 was: ☒ Traveling ☐ Parked Facing N S E W on RAINTREE CT Unit# was: ☐ Traveling ☐ Parked Facing N S E W on

85 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)

VEHICLE ONE WAS PARKED FACING SOUTH IN THE DRIVEWAY OF 2 RAIN TREE CT. VEHICLE ONE LEFT A PARKED POSITION TRAVELING SOUTH ON RAIN TREE CT AND RAN OFF THE ROAD TO THE RIGHT COLLIDING INTO A FIXED MAIL BOX AT 10 RAIN TREE CT. VEHICLE ONE CONTINUED TRAVELING SOUTH AND PASSED THROUGH THE INTERSECTION OF RAIN TREE DRIVE AND LEFT THE ROADWAY STRAIGHT AND COLLIDED INTO A FIXED UTILITY LIGHT POLE.

UPON ARRIVAL THERE WAS THE VEHICLE OWNER AND CHILDREN OUT OF THE CRASHED VEHICLE AND TWO WITNESSES. THE OWNER OF THE VEHICLE, DOREEN ADZEI HAD GIVEN THE FOLLOWING STATEMENT:

"WHEN I RETURNED FROM THE STORE I BACKED IN TO MY DRIVEWAY TO TAKE OUT MY GROCERIES. MY KIDS WERE HELPING ME AND THEY WERE OUT OF THE CAR. WHEN I WENT BACK TO MY CAR TO GET MORE

86 Type/Owner UTILITY LIGHT POLE Owner Address P.O. PO BOX 1006 1006 CHARLOTTE NC 28201 State Property? ☐ Estimated Damage \$ \$1,000.00

DUKE POWER

WITNESSES

Name Greensboro, NC Phone No. ()

Name Greensboro, NC Phone No. ()

TRAFFIC VIOLATION(S)

Name Charge(s)

Name Charge(s)

Officer Name P2 JONES, G. D. Officer Number P11883 Department 0410200 Date of Report 06/01/2009

ACCIDENT DESCRIPTION (continued)

GROCERIES, I NOTICED MY KIDS WERE GONE AND MY CAR WAS DOWN THE STREET. I DIDN'T LEAVE MY KEYS IN THE CAR, I HAVE NO IDEA WHAT HAPPENED". END STATEMENT.

I INTERVIEWED BOTH WITNESSES ON SCENE, [REDACTED] AND [REDACTED]
[REDACTED] MR. [REDACTED] HAD GIVEN THE FOLLOWING STATEMENT:

"I SEEN MY NEIGHBORS KIDS IN THE CAR PLAYING AROUND AND A FEW SECONDS LATER I NOTICED THE SUV ROLLING DOWN THE STREET APPROXIMATELY TWENTY MILES AN HOUR. THE CAR HIT A MAIL BOX AND THEN HIT THE LIGHT POLE. I RAN DOWN THE STREET TO CHECK ON THE KIDS. THE YOUNG BOY WAS IN THE DRIVERS SEAT AND THE YOUNG GIRL WAS BEHIND THE PASSENGERS SEAT. I NOTICED THERE WASN'T ANY KEYS IN THE IGNITION, BUT THE GEAR SHIFT LOOKED LIKE IT WASN'T ALL THE WAY IN PARK". END STATEMENT.

MR. [REDACTED] HAD GIVEN THE FOLLOWING STATEMENT:

"I SEEN THE CAR ROLL DOWN THE STREET AND HIT THE POLE AND I WENT DOWN TO HELP. I NOTICED THERE WERE TWO KIDS IN THE CAR AND NO ADULTS. I THOUGHT I SEEN KEYS IN THE IGNITION, BUT IM NOT SURE". END STATEMENT.

WHEN I ARRIVED I NOTICED THE VEHICLES GEAR SHIFT WAS IN THE PARKED POSITION AND NO KEYS IN THE IGNITION. WHEN ASKED WHERE THE KEYS WERE LOCATED, MS. ADZEI STATED THE VEHICLE KEYS ARE AT HER RESIDENCE.

NO INJURIES REPORTED AT THE TIME OF THIS REPORT.

NO FURTHER.

[06/01/2009 18:40, JONESG, 859]

ADDITIONAL PROPERTY DAMAGE - CONTINUED

Accident #: 20090601311

86 Type/ Owner	MAIL BOX	Owner Address Phone	GREENSBORO NC	State Property? <input type="checkbox"/>	Estimated Damage	\$150.00
86 Type/ Owner		Owner Address Phone		State Property? <input type="checkbox"/>	Estimated Damage	
86 Type/ Owner		Owner Address Phone		State Property? <input type="checkbox"/>	Estimated Damage	
86 Type/ Owner		Owner Address Phone		State Property? <input type="checkbox"/>	Estimated Damage	
86 Type/ Owner		Owner Address Phone		State Property? <input type="checkbox"/>	Estimated Damage	
86 Type/ Owner		Owner Address Phone		State Property? <input type="checkbox"/>	Estimated Damage	
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86 Type/ Owner		Owner Address Phone		State Property? <input type="checkbox"/>	Estimated Damage	

DIAGRAM

